



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 07/06/2021 10:41 (SGT)  
Date of Accident ..... 06/06/2021 12:50 (SGT)  
Exact Location of Accident ..... Boon Lay Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLQ2896L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ADAM BIN HAMID  
NRIC No ..... SXXXX971H  
Email Address ..... FADHIL001@E.NTU.EDU.SG  
Mobile Phone No ..... (Phone) +65-91715015  
Alternative Phone No ..... +65-91715015

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Attrage  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1200

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5101728531-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMMAD FADHIL BIN ADAM  
NRIC No ..... SXXXX121F



|  |                                    |
|--|------------------------------------|
| Date Of Birth .....  | 21/11/1995                         |
| Occupation .....   | Indoor                             |
| Date Of Driving Pass .....   | 22/06/2016                         |
| Driving experience .....   | 5 YEARS                            |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-91715015               |
| Alt. Phone Number .....  | -                                  |
| Email Address .....  | FADHIL001@E.NTU.EDU.SG             |
| Address .....  | BLK 666B JURONG WEST ST 65 #16-211 |
| Address complement .....   | -                                  |
| Postcode .....   | 642666                             |
| Is the driver the policyholder? .....                              | No                                 |
| If No, Relationship of the Driver with the Insured .....           | Child                              |
| Does Driver Own Other Vehicles? .....                              | No                                 |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                                  |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                                  |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                 |
|--------------------------|-----------------|
| Type of Accident .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 3   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |        |
|--------------|--------|
| Name .....   | Sister |
| Gender ..... | Female |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes   |
| Police Station Name .....                       | Nanyang Neighbourhood Police Centre         |
| Police Station Phone No .....                   | (Phone) +65-18007929999                     |
| Alt. Police Station Phone No .....              | (Fax) +65-67912972                          |
| Police Station Address .....                    | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN / POLICE REPORT

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLT6973E |
| Vehicle Manufacturer .....        | -        |

|   |             |
|---|-------------|
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | -           |
| No. Of Passenger (Including Driver) .....     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SKG2384L    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | -           |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | -           |
| No. Of Passenger (Including Driver) .....     | -           |

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

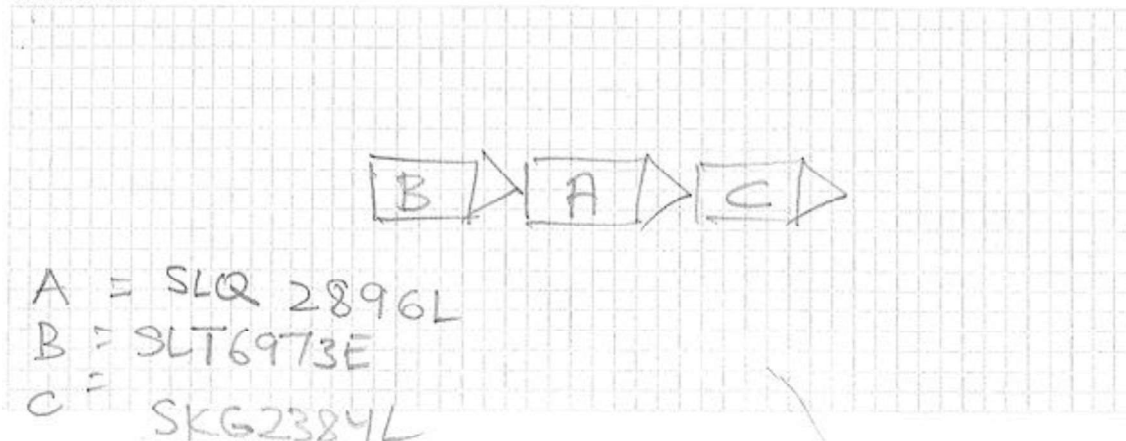


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

AS PER POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel


**SINGAPORE  
POLICE FORCE**


T/20210606/2071

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20210606/2071

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>06/06/2021 22:55 | Vide Report No.: | Station Diary No.:<br>89 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>MUHAMMAD FADHIL BIN ADAM |            |                              | Address:<br>APT BLK 666B JURONG WEST STREET 65 #16-211<br>SINGAPORE 642666 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S9543121F       |            |                              | Contact No.:<br>Home/Office: Mobile: 91715015                              |  |                            |
| Nationality:<br>SINGAPORE CITIZEN              |            |                              | Email:   |  |                            |
| Sex:<br>Male                                   | Age:<br>25 | Date of Birth:<br>21/11/1995 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Indian                                |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>UNEMPLOYED                      |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                     |  |                            |

**General Information of the Accident**

|   |                   |  |   |                                  |
|---|-------------------|--|---|----------------------------------|
| General Information of the Accident                       |                   |  |   |                                  |
| Type of Accident:   | Non-Injury Others | Drink Drive: No                          | Date/Time of Accident: 06/06/2021 12:50 | Type of Location: X-Junction     |
| Location:<br><br>BOON LAY AVENUE                          |                   |  |   |                                  |
| Weather: Sunny  |                   | Road Surface: Dry                        | Road Speed Limit:                       |                                  |
| Traffic Flow: Dual Carriage Way                           |                   | Traffic Control: Traffic Light - Working |   | Traffic Volume: Moderate         |
| Type of Collision: Between Moving Vehicles - Head To Rear |                   |  |   | Anyone conveyed by ambulance: No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition         | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| SKG2384L    | Car  |      |       |       | Slightly Damaged  | 1               |
| SLQ2896L    | Car  |      |       |       | Seriously Damaged | 1               |
| SLT6973E    | Car  |      |       |       | Slightly Damaged  | 1               |





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Report No. T/20210606/2071

## CONTINUATION OF REPORT

| Details of Person Involved        |                          |  |                                   |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                          |  |                                   |
| No. of Pedestrians Injured: NIL   |                          | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                          |  |                                   |
| Name                              | YEAN MING NGOH           | ID No.                                 | S0126295E                         |
| Related Vehicle                   | SKG2384L (Car)           | Contact No.                            | 96492866                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |
| Driver                            |                          |  |                                   |
| Name                              | MUHAMMAD FADHIL BIN ADAM | ID No.                                 | S9543121F                         |
| Related Vehicle                   | SLQ2896L (Car)           | Contact No.                            | 91715015                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |
| Driver                            |                          |  |                                   |
| Name                              | ONG SZE SZE              | ID No.                                 | S7372814B                         |
| Related Vehicle                   | SLT6973E (Car)           | Contact No.                            | 96326024                          |
| Hospital/Clinic                   | NIL                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury                       | NIL                               |

**Brief Details.**

On the 06/06/2021 at around 1250hrs, I was driving my fathers vehicle SLQ2896L along Boon Lay Avenue towards Jalan Boon Lay. I stopped at the traffic light about 50 meters from the Boon Lay Drive road junction, on the second lane. After about 10 seconds, I heard a loud bang and I felt an impact hit the back of my car, and my vehicle moved forward to hit the vehicle in front of me, SKG2384L. I continued to press on the vehicle brake pedal. The vehicle behind, SLT6973E, overtook both our cars and stopped 50 meters at the traffic light junction. A lady exited the vehicle, and walked back to the accident place, claiming to be the owner of the vehicle SLT6973E. We exchange contact details. The driver of vehicle SKG2384L is Yean Ming Ngoh, S0126295E HP:96492866, and the driver of vehicle SLT6973E is Ong



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Report No. T/20210606/2071

**CONTINUATION OF REPORT**

Size Sze S7372814B HP 96326024

The following damage is visible for my vehicle SLQ2896L. Actual damage is to be assessed by the vehicle workshop.

- 1) Rear car bumper has dropped off and is badly damaged.
- 2) Rear body was badly damaged and RHS lamp fitting shattered
- 3) rear boot door difficult to open/close.
- 4) Front bumper moved inwards and engine hood was not flush and raised
- 5) Front, right hand side lamp fitting mounting damaged. Engine fresh air inlet assembly mounting damaged.
- 6) Right hand side, rear passenger door cannot open
- 7) Rear wheel slanted and wobbling when driving
- 8) Steering wheel alignment has shifted about 30 degrees.

No one was injured, no ambulance or police assistance was called for.

I am making this report for insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20210606/2071

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2 Jurong West Avenue 5 SINGAPORE  
649482  
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Report No. T/20210606/2071

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /  
SC2 IHSAN NURHAKIM BIN NOOR ZAKI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/06/2021 22:55

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE