

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 25/06/2021 12:37 (SGT)
Date of Accident 24/06/2021 18:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information (CHANGI)AFT LOR 6 TOA PAYOH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS6919G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD FIRDAUS BIN SELAMAT
NRIC No SXXXX030D
Email Address ZOOMAUTOWERKS@GMAIL.COM
Mobile Phone No (Phone) +65-87510683
Alternative Phone No +65-87510683

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00002092101
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FIRDAUS BIN SELAMAT
NRIC No SXXXX030D

Date Of Birth	21/03/1982
Occupation	Indoor
Date Of Driving Pass	09/10/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87510683
Alt. Phone Number	+65-87510683
Email Address	ZOOMAUTOWERKS@GMAIL.COM
Address	BLK 761 CHOA CHU KANG NORTH 5
Address complement	#02-171
Postcode	680761
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	RASHIDAH BINTE ABDUL RAHIM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210625/7011

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	SMP6853C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD FIRDAUS BIN SELAMAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMS6919G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RASHIDAH BINTE ABDUL RAHIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SMS6919G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Refer to Police Report
T/20210625/2011

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210625/7011

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210625/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS6919G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000020 92101	10/03/2021	09/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	RASHIDAH BINTE ABDUL RAHIM		ID No.	S7915280C
Related Vehicle	SMS6919G (Car)		Contact No.	88921303
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021		Date	24/06/2021
No. of Days granted Medical Leave		04	Degree of	Serious
Driver				
Name	MUHAMMAD FIRDAUS BIN SELAMAT		ID No.	S8209030D
Related Vehicle	SMS6919G (Car)		Contact No.	87510683
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021		Date	24/06/2021
No. of Days granted Medical Leave		07	Degree of	Serious

Brief Details.

ON 24/06/2021 AT ABOUT 18:50HR, I WAS DRIVING MY VEHICLE - SMS6919G, ALONG PIE IN THHE DIRECTION OF CHANGI, WITH MY WIFE IN MY CAR. AFTER THE EXIT TO LORONG 6 TOA PAYOH, I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE HIGHWAY. IT WAS RAINING AND TRAFFIC WAS CONGESTED. FRONT VEHICLE SLOWED DOWN AND I GRADUALLY SLOW DOWN AND CAME TO A COMPLETE STOP. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SMP6853C, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, MY WIFE AND I SEEK MEDICAL ATTENTION AT CHANGI GENERAL HOSPITAL AND WERE GIVEN 4 & 7DAYS MC RESPECTIVELY.



















**SINGAPORE
POLICE FORCE**



T/20210625/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20210625/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2021 11:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FIRDAUS BIN SELAMAT			Address: 761 CHOA CHU KANG NORTH 5 #02-171 SINGAPORE 680761		
ID Type / ID No.: NRIC NO / S8209030D			Contact No.: Home/Office: Mobile: 87510683		
Nationality: SINGAPORE CITIZEN			Email: FIRDAUS.SELAMAT@HOTMAIL.SG		
Sex: Male	Age: 39	Date of Birth: 21/03/1982	Type of Informant: Driver		
Race: Indonesian			Language: English		Institution / School Name:
Occupation: Safety Coordinator			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2021 18:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP6853C	Car				Seriously Damaged	0
SMS6919G	Car	HONDA	VEZEL 1.5X A	Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210625/7011

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210625/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS6919G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000020 92101	10/03/2021	09/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	RASHIDAH BINTE ABDUL RAHIM		ID No.	S7915280C
Related Vehicle	SMS6919G (Car)		Contact No.	88921303
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021		Date	24/06/2021
No. of Days granted Medical Leave	04	Degree of	Serious	
Driver				
Name	MUHAMMAD FIRDAUS BIN SELAMAT		ID No.	S8209030D
Related Vehicle	SMS6919G (Car)		Contact No.	87510683
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021		Date	24/06/2021
No. of Days granted Medical Leave	07	Degree of	Serious	

Brief Details.

ON 24/06/2021 AT ABOUT 18:50HR, I WAS DRIVING MY VEHICLE - SMS6919G, ALONG PIE IN THHE DIRECTION OF CHANGI, WITH MY WIFE IN MY CAR. AFTER THE EXIT TO LORONG 6 TOA PAYOH, I WAS TRAVELLING ON THE EXTREME RIGHT LANE OF THE HIGHWAY. IT WAS RAINING AND TRAFFIC WAS CONGESTED. FRONT VEHICLE SLOWED DOWN AND I GRADUALLY SLOW DOWN AND CAME TO A COMPLETE STOP. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SMP6853C, COLLIDED ONTO MY VEHICLE'S REAR PORTION.

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T/20210625/7011

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Report No. T/20210625/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/06/2021 11:05

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09216P0003 Vehicle Registration No: SM569194
 Name (as shown in NRIC): MUHAMMAD FIRDAUS BIN SEUMAT NRIC/FIN/Passport No: SXXXX0305
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 261 CHOA CHUKANG NORTH 5 #02-171 Singapore (680761)
 Contact (Tel): _____ Mobile No.: 87510683
 Email Address: _____
 Date of Accident: 24/06/21 Time of Accident: 18:50
 Place of Accident: ATE (CHANIGI) AFT LOR 6 TOA PAYOH
 Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICE REPORT

 Policyholder / Driver's Signature
 Date:

shym 25/06/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: