# **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 witholding 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.

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   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**

Honda

Vehicle Registration Number SMS6919G

#### INSURED/POLICYHOLDER

Is company? 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

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 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 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 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) 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? 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? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMP6853C

Vehicle Registration Number

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

INJURED 2	
Name of injured person Address	RASHIDAH BINTE ABDUL RAHIM
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained	- SERIOUS
Injured person in which vehicle? Were seat belts worn?	SMS6919G Yes
Was this injured conveyed to hospital by ambulance?	No

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#### SKETCH PLAN

#### IMPORTANT NOTICE

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- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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;
- (ii) 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

1 1

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
vehicle A: sms	69196	
venicu k : 8M	1P6853C	
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	Refer to Police Report
	7/20210625/7011
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foregoing par	ticulars are true in every respect.
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Driver's Signature (if driver is not the policyholder) / Date & Time

Policyholder's Signature / Date & Time Witnessed by Reporting Centre



T/20210625/7011

Police Station Of Origin: Traffic Police 2 of 3 Report No. T/20210625/7011

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

CONTINUATION OF REPORT

Details of Vo	phicle 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 Perso	The state of the s			1000	1000	
Any Pedestrian Ir	volved: No				-	
No. of Pedestrians Injured: NIL			Use of P	edestriar	Cross	ing: NA
Passenger						
Name	RASHIDAH BINTE ABDUL RAHIM			ID No	).	S7915280C
Related Vehicle	SMS6919G (Car)			Conta	act No.	88921303
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	24/06/2021	24/06/2021 Date			24/06/2021	
No. of Days gran	inted Medical Leave 04		Degree	of Serio		us
Driver						
Name	MUHAMMAD FIRDAUS BIN SELAMAT			ID No	).	S8209030D
Related Vehicle	SMS6919G (Car)			Conta	act No.	87510683
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	24/06/2021 Date		24/0		3/2021	
No. of Days gran	ted Medical Leave	07	Degree	of	Serio	ous

### 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.















