

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 21/06/2021 17:42 (SGT)
Date of Accident 20/06/2021 03:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES AVENUE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS5162R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL JAMAL BIN MOHAMED
NRIC No S1647666H
Email Address JAMAL4911@GMAIL.COM
Mobile Phone No (Phone) +65-90615156
Alternative Phone No (Home) +65-90615156

VEHICLE PARTICULARS

Manufacturer Nissan
Model X-trail
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPV01011996
Cover Note Number -

DRIVER

Name of Driver ABDUL JAMAL BIN MOHAMED
NRIC No S1647666H

Date Of Birth	10/09/1964
Occupation	Indoor
Date Of Driving Pass	30/06/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-90615156
Alt. Phone Number	(Home) +65-90615156
Email Address	JAMAL4911@GMAIL.COM
Address	BLK 160 SIMEI ROAD #03-276 S 520160
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
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	IZHARUL AZHAR BIN RAZIS
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.
 *PHOTO IS NOT AVAILABLE AS THE CAR STILL IN TRAFFIC POLICE COMPOUND.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	ABDUL JAMAL BIN MOHAMED
Address	BLK 160 SIMEI ROAD #03-276 S 520160
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS5162R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	IZHARUL AZHAR BIN RAZIS
Address	BLK 160 SIMEI ROAD #03-276 S 520160
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS5162R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

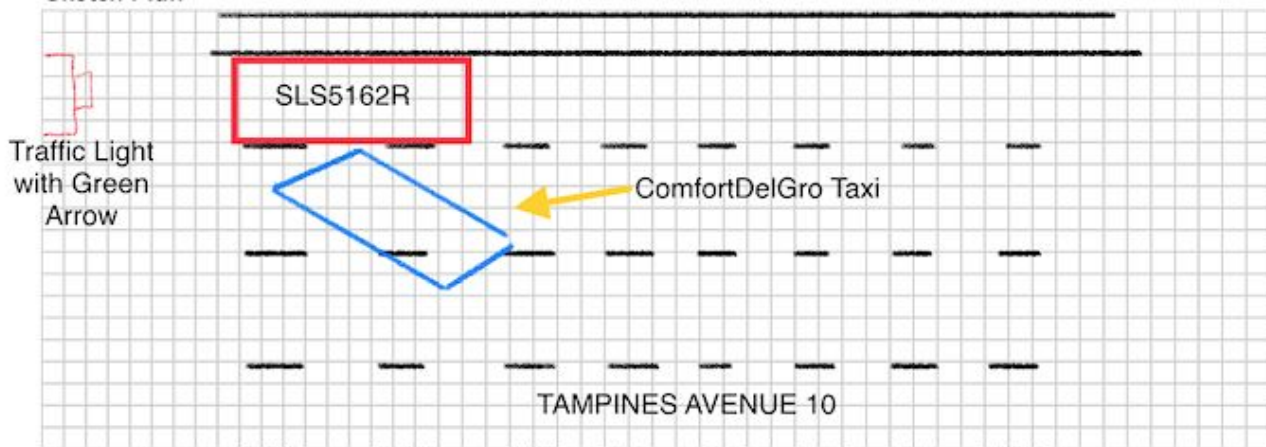
SKETCH PLAN**IMPORTANT NOTICE**

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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' 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;
(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' 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.

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

I was traveling from Tampines Avenue 10 waiting to turn right into Tampines Ave 9. At the Junction of Tampines 10, my car was in a stationary position as i was waiting for the Light Green Arrow. Suddenly me and my passenger felt an impact on the passenger left side of my vehicle Which cause both of us to blackout for a short period. When we regained our conscious we were Unable to move our body and felt pain. My passenger manage to call the ambulance for assistance. When the ambulance arrived the medic assisted me and the passenger out of the Car. We were send to Changi General Hospital via ambulance. I were unable to change any details And particular on the drive that hit my car. But i manage to take a glimpse on the car that hits us. It was a blue ComfortDelGro Taxi. The police officer called me when i was in hospital to inform me that my car is currently in the police compound

Declaration

I/We declare the foregoing particulars are true in every respect.



21/06/2021 1650

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



1 of 3

Report No. G/20210620/7048

Date/Time Report Made 20/06/2021 20:03	Vide Report No.	Station Diary No.		
Name Of Informant ABDUL JAMAL BIN MOHAMED	Address 160 SIMEI ROAD #03-276 SINGAPORE 520160			
ID Type / ID No. NRIC NO / S1647666H	Contact No. Home/Office:	Mobile: 90615156		
Nationality SINGAPORE CITIZEN	Email Address JAMAL4911@GMAIL.COM			
Occupation Assistant mechanical engineer	Sex Male	Age 56	Date of Birth 10/08/1964	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 20/06/2021 03:30 - 20/06/2021 03:40	Location Of Incident Tampines Avenue 10			

At the junction of Tampines Avenue 10 my car was in stationary position as i was waiting for the light Green Arrow. Suddenly me and the passenger felt an impact on the passenger left side of my car which cause both of us to blackout for a short period. When we regained conscious we were unable to move

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time: 20/06/2021 20:03 Classification Of Case:
Not applicable	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

 Accident report **SK0L216L000K**



**SINGAPORE
POLICE FORCE**



G/20210620/7048

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210620/7048

our body as we felt pain in the body. Izharul manage to call the ambulance for assistance.

When the ambulance came the medic assisted me and the passenger out of the car. We were brought over to Changi General Hospital via ambulance.

I were unable to change any details and particular on the drive that hit my car. But i manage to take a glimpse on the car that hit us. It car was a blue ComfortDelGro Taxi

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	ABDUL JAMAL BIN MOHAMED		
ID Type	NRIC NO	ID No	S1647666H
Gender	Male	Age	56
Race	Malay	Language	English
Occupation	Assistant mechanical engineer	Address	160 SIMEI ROAD #03-276 SINGAPORE 520160
Mobile No	90615156	Is Informant A Victim?	Yes
Person Name IZHARUL AZHAR BIN RAZIS			
ID Type	NRIC NO	ID No	S8913531A
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		20/06/2021 20:03	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE
POLICE FORCE**



G/20210620/7048

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210620/7048

Gender	Male	Age	32
Race	Javanese	Language	English
Occupation	MRT operations officer	Address	609B TAMPINES NORTH DRIVE 1 #06-378 SINGAPORE 522609
Mobile No	96814723	Relation To Informant	WORKING COLLEAGUE
Person Name	ABDUL JAMAL BIN MOHAMED (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2021 20:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	