

# 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 ..... 30/06/2021 16:48 (SGT)  
Date of Accident ..... 29/06/2021 18:00 (SGT)  
Exact Location of Accident ..... BKE, Eco-Link @ BKE, Singapore  
Additional Location Information ..... BKE TOWARD SLE EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT7310L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED FIRMANIS BIN MOHAMED ROSLAN  
NRIC No ..... SXXXX231J  
Email Address ..... firskrim@gmail.com  
Mobile Phone No ..... (Phone) +65-91826431  
Alternative Phone No ..... +65-91826431

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Aviva Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 10875339  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED FIRMANIS BIN MOHAMED ROSLAN  
NRIC No ..... SXXXX231J

Date Of Birth .....	22/11/1984
Occupation .....	Indoor
Date Of Driving Pass .....	27/04/2007
Driving experience .....	14 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91826431
Alt. Phone Number .....	+65-91826431
Email Address .....	firskrim@gmail.com
Address .....	180 CANBERRA DRIVE #01-22
Address complement .....	-
Postcode .....	767952
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 .....	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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

REFER TO TP REPORT/ SKETCH PLAN

#### 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 .....	YN8992P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLT7310L  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
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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

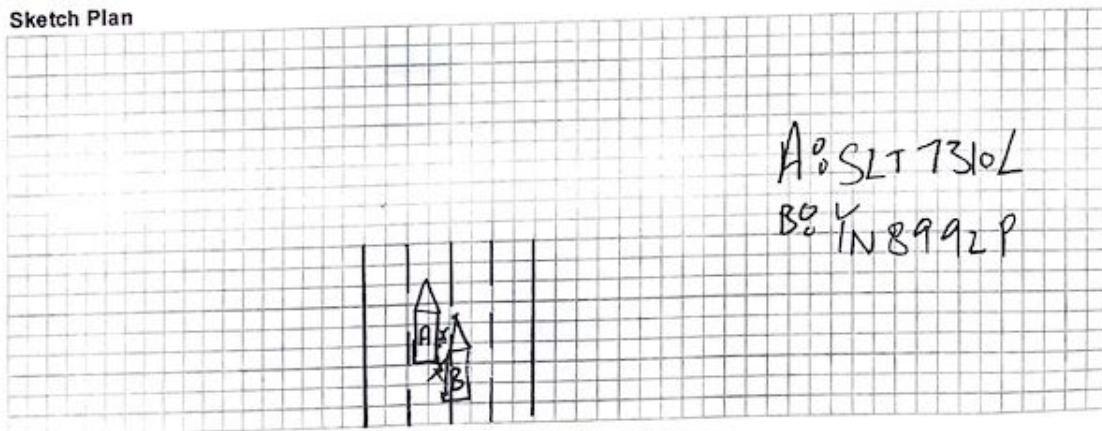
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 @1524hrs  
30/6/21  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



BKE toward SLE

































SINGAPORE  
POLICE FORCE



T/20210629/2113

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

1 of 3

Report No. T/20210629/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2021 20:28	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MOHAMED FIRMANIS BIN MOHAMED ROSLAN		Address: APT BLK 180 CANBERRA DRIVE #01-22 THE VISIONAIRE SINGAPORE 767952	
ID Type / ID No.: NRIC NO / S8438231J		Contact No.: Home/Office: Mobile: 91826431	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 22/11/1984	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/06/2021 18:00	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT7310L	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Seriously Damaged	0
YN8992P	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





SINGAPORE  
POLICE FORCE



T/20210629/2113

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

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Report No. T/20210629/2113

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT7310L	AVIVA LTD	10875339	09/11/2018	08/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED FIRMANIS BIN MOHAMED ROSLAN	ID No.	S8438231J
Related Vehicle	SLT7310L (Car)	Contact No.	91826431
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON 29/06/2021 AT ABOUT 1800HRS

I WAS DRIVING AT BKE TOWARDS SLE, THE TRAFFIC WAS JAMMED. MY VEHICLE WAS STATIONARY WHEN I FELT A HUGE COLLISION COMING FROM MY RIGHT. I WAS TRAUMATIZED BY THE EVENT. MY VEHICLE WAS SERIOUSLY DAMAGED. THE DRIVER SHOWED HAND GESTURES TO ACKNOWLEDGE THE INCIDENT BUT WE DID NOT EXCHANGE ANY PARTICULARS. I HAVE A WITNESS THAT SAW THE INCIDENT BUT HIS FRONT CAMERA WAS NOT ABLE TO CAPTURE THE INCIDENT AS THE TRAILER WAS BLOCKING THE CAMERA FROM CAPTURING. NO AMBULANCE CAME TO SCENE, NO TP CAME TO SCENE AS WELL. THE WITNESS CALLED A TOW TRUCK TO TOW MY VEHICLE TO A WORKSHOP THAT BELONGS TO THE BROTHER OF MY WITNESS, RYDER HV PTE LTD. THE WORKSHOP HAS NOT DONE ANYTHING TO MY VEHICLE YET. WE WILL BE RETRIEVING THE MY VEHICLE FROM THE WORKSHOP. I MIGHT BE SEEKING MEDICAL ATTENTION AFTER THIS PERSONALLY AS I DO NOT FEEL VERY WELL, HOWEVER THERE ARE NO VISIBLE INJURIES. IT COULD BE THE AFTERMATH OF THE INCIDENT.

THAT'S ALL



SINGAPORE  
POLICE FORCE



T/20210629/2113

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

3 of 3  
Report No. T/20210629/2113

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:  
TP /  
SC TOH CHIN XIONG

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
29/06/2021 20:28

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: 