

# 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 ..... 15/03/2021 17:16 (SGT)  
Date of Accident ..... 12/03/2021 23:25 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJP5619E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ASSET LIMO  
Company Reg No ..... 53309913K  
Email Address ..... SOCIALGANGSTER21@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94455005  
Alternative Phone No ..... (Home) +65-94455005

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... VFX/P2382948  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD FAISAL BIN JAPAR  
NRIC No ..... S7701504C  
Date Of Birth ..... 05/02/1977  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/12/1997
Driving experience .....	23 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94455005
Alt. Phone Number .....	-
Email Address .....	SOCIALGANGSTER21@GMAIL.COM
Address .....	614A EDGEFIELD PLAINS #02-323
Address complement .....	-
Postcode .....	821614
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
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

#### REFER TO ATTACHED

#### 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 .....	SMX3344H
Vehicle Manufacturer .....	BMW
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 .....	MOHAMMAD FAISAL BIN JAPAR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJP5619E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



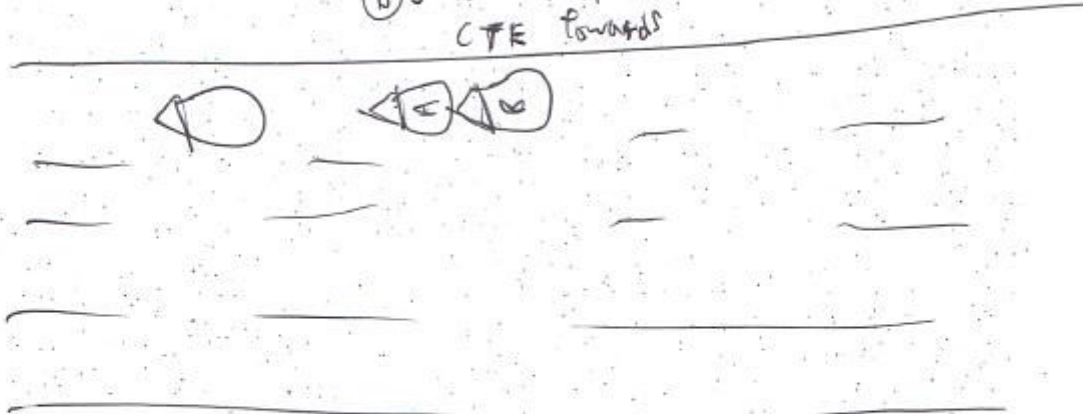
Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

① SJP 5619E  
 ② SMX 3344H  
 CTE Towards



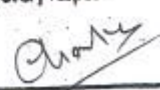
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

✓ We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Person's Signature  
 Name:  
 NRIC/FIN No.:









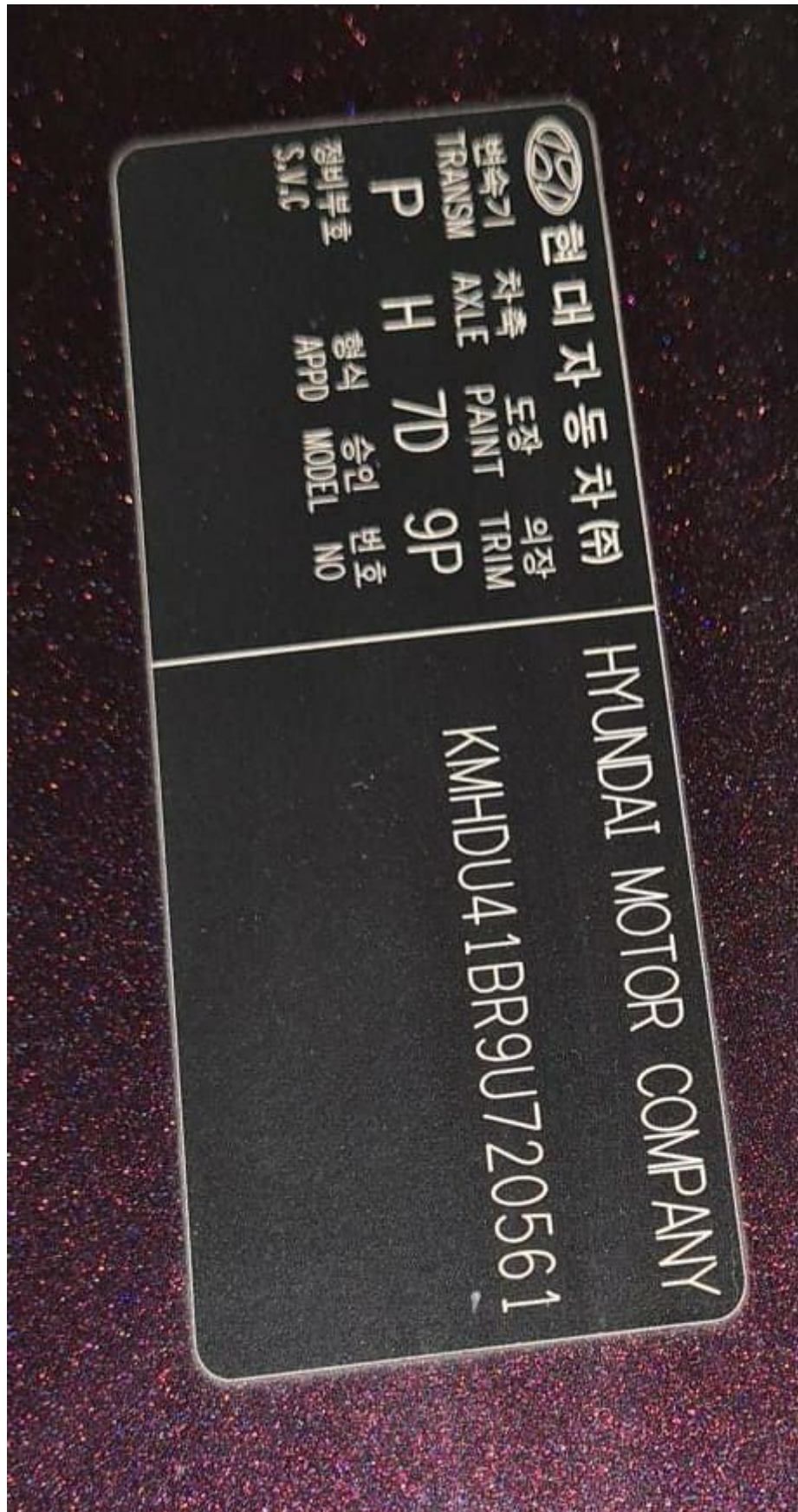


















**SINGAPORE  
POLICE FORCE**



T/20210313/7011

1 of 3

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

Report No. T/20210313/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2021 10:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMMAD FAISAL BIN JAPAR			Address: 614A EDGEFIELD PLAINS #02-323 SINGAPORE 821614	
ID Type / ID No.: NRIC NO / S7701504C			Contact No.: Home/Office:	Mobile: 87508825
Nationality: SINGAPORE CITIZEN			Email: socialgangster21@GMAIL.COM	
Sex: Male	Age: 44	Date of Birth: 05/02/1977	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 23:25	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SJP5619E	Car	HYUNDAI	AVANTE	Maroon	Slightly Damaged	4
SMX3344H	Car	BMW	Z4	Black	Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20210313/7011

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Report No. T/20210313/7011

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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP5619E	AXA INSURANCE SINGAPORE PTE LTD	VFX/P2382948	10/03/2021	09/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD FAISAL BIN JAPAR	ID No.	S7701504C
Related Vehicle	SJP5619E (Car)	Contact No.	87508825
Hospital/Clinic	ANG MO KIO FAMILY MEDICINE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/03/2021	Date	13/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

ON 12 MARCH 2021 AT AROUND 2325HRS, I WAS DRIVING MOTORCAR SJP5619E ALONG CTE TOWARDS SLE BEFORE JALAN BAHAGIA EXIT ON LANE 1. FRONT VEHICLES SLOWED DOWN, I SLOWED DOWN TO A STOP TOO. HOWEVER, VEHICLE B (SMX3344H) COULDN'T STOP IN TIME AND RAMMED ONTO THE REAR OF MY VEHICLE.

I HAD 3 FEMALE PASSENGERS IN MY VEHICLES UNDER GRAB JOB. I SUSTAINED NECK AND BACK PAIN AFTER THE ACCIDENT.

I HAD CONSULTED DOCTOR AT INTEMEDICAL 24HRS CLINIC (MEMBER OF DA CLINIC GROUP) AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

MY MOTORCAR HAD DAMAGES ON THE REAR PORTION.





**SINGAPORE  
POLICE FORCE**

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



T/20210313/7011

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Report No. T/20210313/7011

**CONTINUATION OF REPORT**

Sketch 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:  
13/03/2021 10:58

Classification Of Case:

