

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	12/07/2021 17:43 (SGT)
Date of Accident	07/07/2021 13:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY (PIE CHANGI) SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6960G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Company Reg No	2XXXXX970Z
Email Address	muhammad.b.rosli@gmail.com
Mobile Phone No	(Phone) +65-91373768
Alternative Phone No	+65-91373768

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 - Reporting only
Vehicle Category	Private hire
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	DMHCSNA00004192100
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD BIN ROSLI
NRIC No	SXXXX864B

Date Of Birth	02/05/1989
Occupation	Indoor
Date Of Driving Pass	11/12/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91373768
Alt. Phone Number	-
Email Address	muhammad.b.rosli@gmail.com
Address	BLK 557 WOODLANDS DRIVE 53 #03-73
Address complement	-
Postcode	730557
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SITI NAFISAH BTE ROSLI
Gender	Female

PASSENGER 2

Name	AURELIA TAHIRAH
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

PLEASE REFER TO POLICE REPORT T/20210707/7023

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	SGW4303X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE8734X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKE8218E
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 BIN ROSLI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN

Injured person in which vehicle? SLC6960G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No


INJURED 2

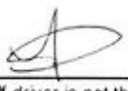
Name of injured person NAFISAH BTE ROSLI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BACK AND NECK PAIN
Injured person in which vehicle? SLC6960G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

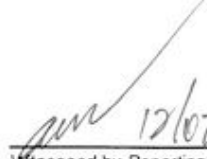
SKETCH PLAN

IMPORTANT NOTICE

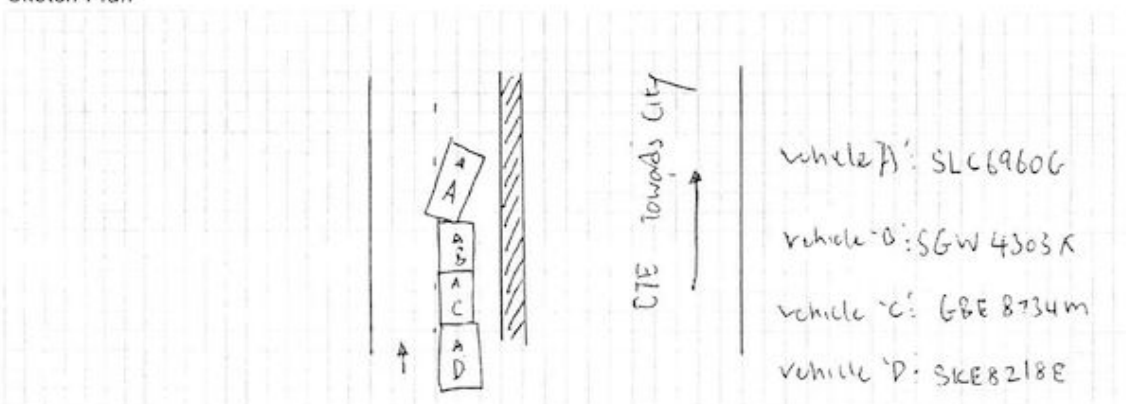
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.


Policyholder's Signature / Date & Time


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

 12/07/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Handwritten notes in the accident description box:

Refer to traffic report
 7/2021 0707/7023

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

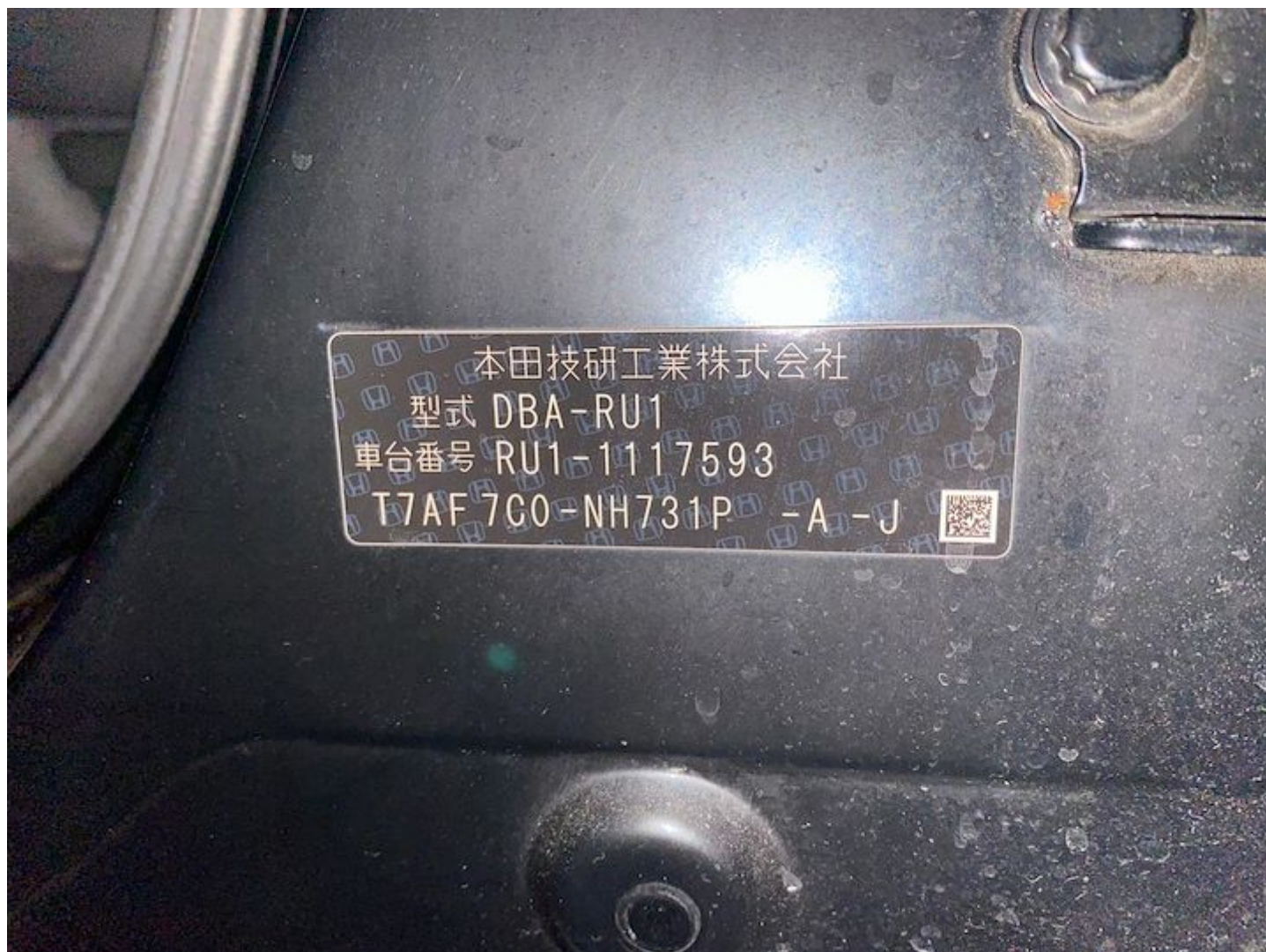

 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel






















**SINGAPORE
POLICE FORCE**


T/20210707/7023

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

1 of 3

Report No. T/20210707/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2021 15:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD BIN ROSLI			Address: 557 WOODLANDS DRIVE 53 #03-73 SINGAPORE 730557		
ID Type / ID No.: NRIC NO / S8914864B			Contact No.: Home/Office: Mobile: 91373768		
Nationality: SINGAPORE CITIZEN			Email: MUHAMMAD.B.ROSLI@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 02/05/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Flight engineer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2021 13:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC6960G	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210707/7023

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

2 of 3

Report No. T/20210707/7023

CONTINUATION OF REPORT

Passenger			
Name	SITI NAFISAH BTE ROSLI		ID No. S9245603Z
Related Vehicle	SLC6960G (Car)		Contact No. 97579614
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	07/07/2021		Date 07/07/2021
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	MUHAMMAD BIN ROSLI		ID No. S8914864B
Related Vehicle	SLC6960G (Car)		Contact No. 91373768
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	07/07/2021		Date 07/07/2021
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I was driving along cte exit into pie Changi. As the traffic was heavy I slow down my car as all vehicles comes to a stop. I stop my car as usual n out of a sudden I felt n impact onto the rear of my car. A total of 4 cars were involved. I myself n my sister had neck n back pain due to the accident n was given 2days medical leave. Vehicle involved, 2nd vehicle SGW4303X, 3rd vehicle GBE8734M and last SKE8218E



SINGAPORE POLICE FORCE

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



T/20210707/7023

3 of 3

Report No. T/20210707/7023

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
07/07/2021 15:32

Classification Of Case:

