



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	23/07/2021 16:57 (SGT)
Date of Accident	22/07/2021 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML9415K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR FAIZAH BINTE IBRAHIM
NRIC No	S1778195B
Email Address	haaakim7@gmail.com
Mobile Phone No	(Phone) +65-94388742
Alternative Phone No	+65-96523029

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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119621103
Cover Note Number	28/10/2020 - 11/09/2021

DRIVER

Name of Driver	AMIRUL HAKIM BIN WAGIMIN
NRIC No	S9811510B



Date Of Birth	15/04/1998
Occupation	Indoor
Date Of Driving Pass	21/12/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96523029
Alt. Phone Number	-
Email Address	haaakim7@gmail.com
Address	BLK 461 #02-85 CHOA CHU KANG AVENUE 4
Address complement	-
Postcode	680461
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any other vehicle 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	SYABIL FARIEZAN BIN AHMAD RUMAIZI
Gender	Male

PASSENGER 2

Name	MUHD SHAHRIZAN BIN MUHD TAJRI
Gender	Male

PASSENGER 3

Name	MUHAMMAD DINIE BIN MOHD SAID
Gender	Male

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 SKETCH PLAN / POLICE REPORT

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	GBF9447E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	REGUPATHY RENGARAJ
Passport No/FIN	G7936603Q
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	AMIRUL HAKIM BIN WAGIMIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML9415K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SYABIL FARIEZAN BIN AHMAD RUMAIZI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML9415K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MUHD SHAHRIZAN BIN MUHD TAJRI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML9415K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	MUHAMMAD DINIE BIN MOHD SAID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	SML9415K
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.

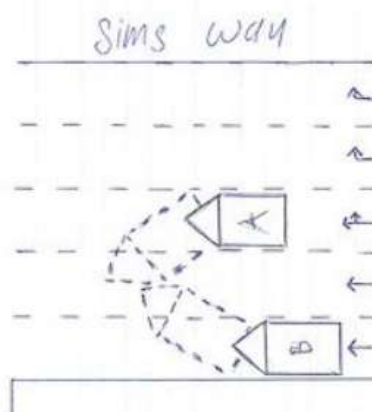

Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

veh A - SML 9415K
veh B - GBF 9447E



Describe Circumstances of the Accident

Please refer to police Report NO : 7/2021023/7004

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/20210723/7024

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

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Report No. T/20210723/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 16:24	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AMIRUL HAKIM BIN WAGIMIN			Address: 461 CHOA CHU KANG AVENUE 4 #02-85 SINGAPORE 680461		
ID Type / ID No.: NRIC NO / S9811510B			Contact No.: Home/Office: Mobile: 96523029		
Nationality: SINGAPORE CITIZEN			Email: HAAAKIM7@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 15/04/1998	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Psa technician			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: 22/07/2021 21:00	Type of Location: X-Junction
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SML9415K	Car	HONDA	Vezel	White	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML9415K	NTUC Income Insurance Co-Operative Limited	5119621103	28/10/2020	11/09/2021



**SINGAPORE
POLICE FORCE**



T/20210723/7024

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

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Report No. T/20210723/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMIRUL HAKIM BIN WAGIMIN	ID No.	S9811510B
Related Vehicle	SML9415K (Car)	Contact No.	96523029
Hospital/Clinic	CENTRAL 24-HR CLINIC (CLEMENTI)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	23/07/2021	Date	23/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date, I am traveling along lane 3 in my vehicle (SML9415K) planning to cut into lane 2. While merging into lane 2, I felt an impact on my left side of the car. Hence i realise that the lorry (GBF9447E) on the lane 1 cut into lane 2 and hit onto my car. I went down to see the accident damage, exchange particular and left the scene shortly. I went to central 24HR clinic at Jurong west to see doctor and gotten 3 days of MC. My 3 passengers went to the clinic and gotten 2 days of mc.



**SINGAPORE
POLICE FORCE**

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



T/20210723/7024

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Report No. T/20210723/7024

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:
23/07/2021 16:24

Classification Of Case: