

# 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 .....	21/07/2021 13:59 (SGT)
Date of Accident .....	19/07/2021 13:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF UPPER BUKIT TIMAH ROAD AND OLD JURONG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT7949H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FAST & FURIOUS AUTOMOTIVE
Company Reg No .....	53295371A
Email Address .....	NOEMAIL@EMAIL.COM
Mobile Phone No .....	(Phone) +65-82999970
Alternative Phone No .....	+65-82999970

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Stream
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 hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5118263312
Cover Note Number .....	drivo CLASSIC

### DRIVER

Name of Driver .....	MURUGASON S/O MUTHUSAMY
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NRIC No .....	S7705800A
Date Of Birth .....	05/03/1977
Occupation .....	Indoor
Date Of Driving Pass .....	06/05/2010
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86268628
Alt. Phone Number .....	-
Email Address .....	murugason@msn.com
Address .....	BLK 477 TAMPINES STREET 43 #04-166
Address complement .....	-
Postcode .....	520477
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 vehicle 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 .....	LIZAWATI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	SGX1010E
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Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Outlander
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	ADRIAN
Contact Number .....	(Phone) +65-96893735
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MURUGASON S/O MUTHUSAMY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT7949H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LIZAWATI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT7949H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 21/07/2021 / 13:41

Report No: MT/ \_\_\_\_\_

D.O.A: 19/07/2021Vehicle No: SMT7949H Reporting Type: \_\_\_\_\_Time: 13:25 hrs**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



21/07/21 / 13:41

Policyholder's Signature / Date &amp; Time

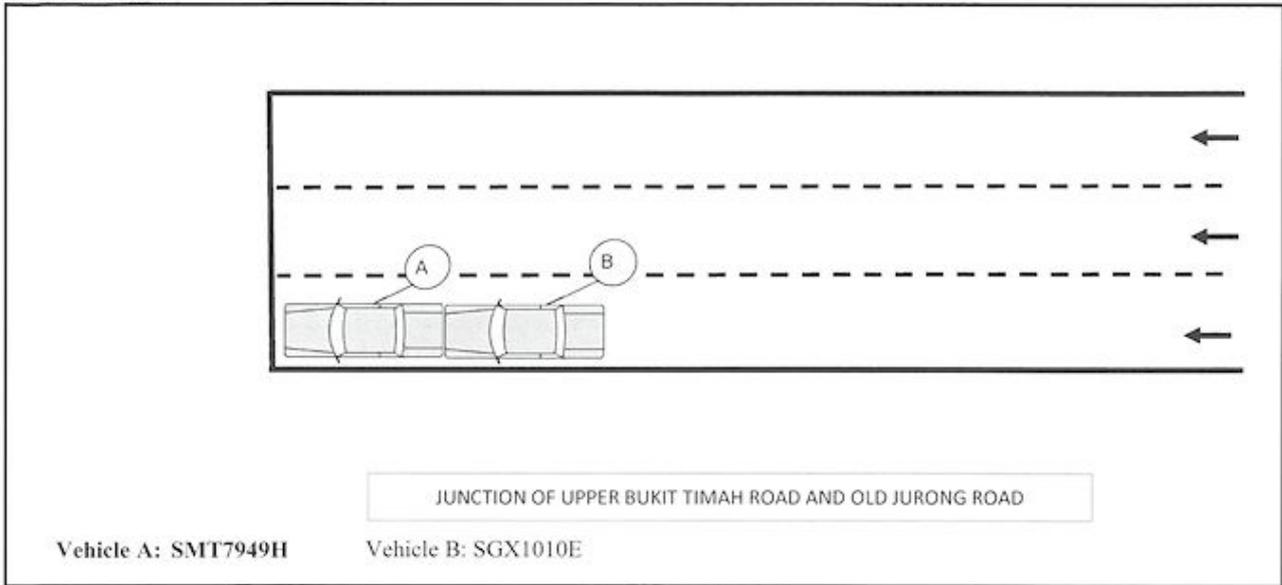
21/07/21 / 13:41

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

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN

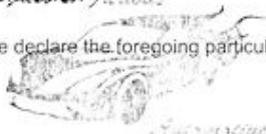


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20210720/2000

Declaration

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



Reg No 532955/1A

21/07/21 / 13:41

Policyholder's Signature / Date & Time

21/07/21 / 13:41

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

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel


















**SINGAPORE  
POLICE FORCE**


T/20210720/2000

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20210720/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2021 00:05	Vide Report No.:	Station Diary No.: 2
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**Informant's Particulars**

Name of Informant: MURUGASON S/O MUTHUSAMY		Address: APT BLK 477 TAMPINES STREET 43 #04-166 SINGAPORE 520477	
ID Type / ID No.: NRIC NO / S7705800A		Contact No.: Home/Office: Mobile: 86268628	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 05/03/1977	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: ADMIN EXECUTIVE		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: 19/07/2021 13:25	Type of Location: T-Junction
Location: UPPER BUKIT TIMAH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX1010E	Car					0
SMT7949H	Car	HONDA	Stream	Blue	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210720/2000

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20210720/2000

**CONTINUATION OF REPORT**

Driver			
Name	MURUGASON S/O MUTHUSAMY	ID No.	S7705800A
Related Vehicle	SMT7949H (Car)	Contact No.	86268628
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/07/2021	Date Discharge	19/07/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	LIZAWATI BINTE ABDUL RAHIM	ID No.	S7500787F
Related Vehicle	SMT7949H (Car)	Contact No.	90751353
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/07/2021	Date Discharge	19/07/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the 19/07/2021, I was driving a rental car ( Blue Honda stream, carplate no. SMT7949H, rented from Fast and Furious Automotive). With me in the car was my friend, Lizawati Binte Abdul Rahim, 90751353

At about 1322hr, I was waiting at the T traffic junction of Upper Bukit Timah Road and Old Jurong Road. The traffic light was red. Suddenly, I felt a bang from behind my car. I came out of the vehicle and saw that my car has been rear-ended by a car from behind. The car is a red Mitsubishi Outlander bearing the car plate SGX1010E.

I inspected my car and saw that the car boot area has several dents, a result of the rear-ending by the SGX1010E car.

I exchanged particulars with the driver, Adrian, phone 96893735. I did not manage to get his NRIC number.

I did not notice any damages to any government property. Only myself, my friend and the other driver, Adrian, were involved in the accident.

Later in the day, I felt sore and sought medical treatment at Horizon Medical Pte Ltd, and I was given 4 days medical leave.



**SINGAPORE  
POLICE FORCE**



T/20210720/2000

Police Station Of Origin:  
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Tel No: 1800-5852999

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Report No. T/20210720/2000

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210720/2000

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
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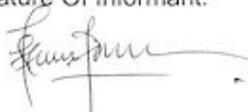
Report No. T/20210720/2000

**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: G / Insp NG JIAN PENG, JEROME	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2021 00:05
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: 
Authentication Stamp NP168	

