

# 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 ..... 30/07/2021 09:21 (SGT)  
Date of Accident ..... 18/07/2021 09:00 (SGT)  
Exact Location of Accident ..... Lim Liak St, Singapore  
Additional Location Information ..... TOWARDS KIM PHONG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC8414G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PERFECTKOH LIMO  
Company Reg No ..... -  
Email Address ..... HAFISSAHRUDIN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-89221149  
Alternative Phone No ..... +65-89221149

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Bus  
Transmission ..... Auto  
CC ..... 2800

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNW00007242100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMED HAFIS BIN SAHRUDIN  
NRIC No ..... SXXXX659H

Date Of Birth .....	24/02/1986
Occupation .....	Outdoor
Date Of Driving Pass .....	10/01/2020
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89221149
Alt. Phone Number .....	-
Email Address .....	HAFISSAHRUDIN@GMAIL.COM
Address .....	BLK 25 JALAN BERSEH #06-130
Address complement .....	-
Postcode .....	200025
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Female

#### PASSENGER 2

Name .....	-
Gender .....	Female

#### PASSENGER 3

Name .....	-
Gender .....	Female

#### PASSENGER 4

Name .....	-
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210728/2075

## 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 ..... -  
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) ..... -

**SKETCH PLAN**

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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.  
(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.

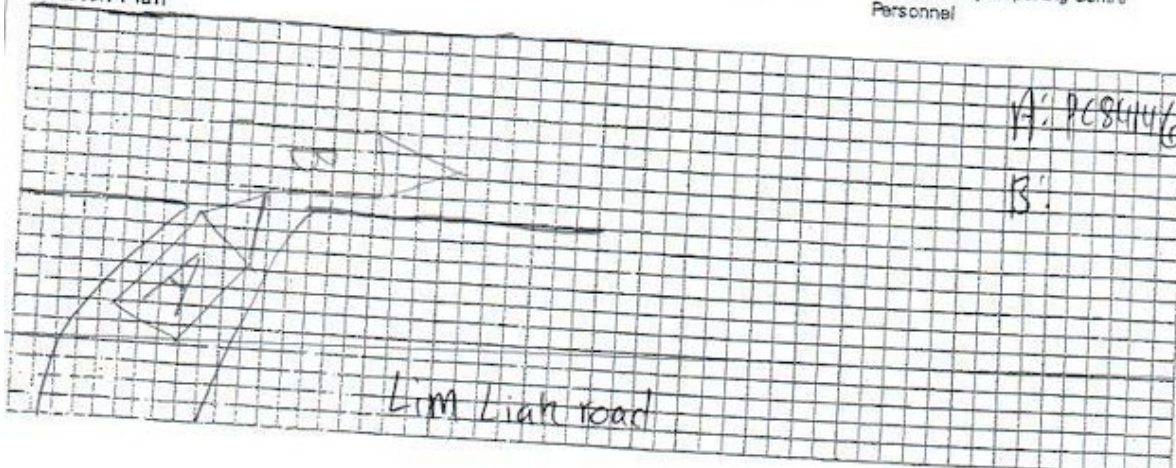


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstances of the Accident

Refer to police report NO 1/20210728/7095

Lined area for describing the circumstances of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel



















**SINGAPORE  
POLICE FORCE**



T/20210728/2075

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210728/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/07/2021 16:48	Vide Report No.:	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: MOHAMMED HAFIS BIN SAHRUDIN	Address: APT BLK 25 JALAN BERSEH #06-130 SINGAPORE 200025		
ID Type / ID No.: NRIC NO / S8604659H	Contact No.: Home/Office: Mobile: 89221149		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 24/02/1986	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/07/2021 09:00	Type of Location: T-Junction
Location:  KIM PONG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8414G	Van	TOYOTA	HIACE COMMUTER GL 2.8 AUTO	White	Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
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T/20210728/2075

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210728/2075

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMED HAFIS BIN SAHRUDIN	ID No.	S8604659H
Related Vehicle	PC8414G (Van)	Contact No.	89221149
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/07/2021 at about 0900hrs i was driving along Lim Liak Road toward Kim Pong Road. While driving along Lim Liak Road as I was inching out about to turn to Kim Pong Road, a white 7 seater Toyota that was driving along Kim Pong Road drove straight scraping the left side of my bumper with the right rear wheel of his vehicle.

Both parties went to the side of the road to asses the damage. My vehicle left side front bumper had suffered scratches from the incident. While, the other parties vehicle had suffered scratches on the rear right side wheel of his vehicle.

No Traffic Police attended to the incident. No one was conveyed. Neither me nor the other party got injured during the incident.

As it was my first time in an accident i did not know what particulars to exchange with the other driver. We only exchanged names and contact number as he agreed to settle the matter amongst ourselves.

The contact details of the other party is as follows:

Name: Mr Lee  
HP: 81022534

My employer and I have tried to contact Mr Lee however to no avail. Additionally I do not know the vehicle details of the said vehicle.

REF No.:

TP/IP/35215/2021



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20210728/2075

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Report No. T/20210728/2075

**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:

A /

Sgt 2 MUHAMMAD ZAIISZ BIN ZAINI

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:

28/07/2021 16:48

Classification Of Case: