

# 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 .....              | 13/04/2021 15:17 (SGT)                    |
| Date of Accident .....                | 12/04/2021 16:00 (SGT)                    |
| Exact Location of Accident .....      | Singapore                                 |
| Additional Location Information ..... | PIE Changi after Paya Lebar Road Entrance |
| Country/State of Loss .....           | Singapore                                 |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SJM5501B |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                             |
|--------------------------------|-----------------------------|
| Is company? .....              | No                          |
| Name Of Registered Owner ..... | ABDILLAH MURSYID BIN MANSOR |
| NRIC No .....                  | S8230965I                   |
| Email Address .....            | ABDILLAH.MURSYID@YMAIL.COM  |
| Mobile Phone No .....          | (Phone) +65-94350610        |
| Alternative Phone No .....     | +65-94350610                |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Fit                       |
| 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 .....   | 1400                      |

### INSURANCE COMPANY

|                                 |  |
|---------------------------------|--|
| Name of Insurance Company ..... | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage .....          | Comprehensive                          |
| Fleet Policy .....              | No                                     |
| Policy Number .....             | 5090042528-04                          |
| Cover Note Number .....         | drivo CLASSIC (E.W)                    |

### DRIVER

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver ..... | ABDILLAH MURSYID BIN MANSOR |
| NRIC No .....        | S8230965I                   |

|  |                            |
|--|----------------------------|
| Date Of Birth .....  | 06/10/1982                 |
| Occupation .....   | Indoor                     |
| Date Of Driving Pass .....   | 03/03/2003                 |
| Driving experience .....   | 18 YEARS AND 1 MONTH       |
| Gender .....   | Male                       |
| Mobile Number .....  | (Phone) +65-94350610       |
| Alt. Phone Number .....  | +65-94350610               |
| Email Address .....  | ABDILLAH.MURSYID@YMAIL.COM |
| Address .....  | BLK 498H #10-460           |
| Address complement .....   | TAMPINES STREET 45         |
| Postcode .....   | 526498                     |
| Is the driver the policyholder? .....                              | Yes                        |
| If No, Relationship of the Driver with the Insured .....           | -                          |
| 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 material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### 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

#### 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 ..... | SLK3016K     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | Private hire |

|   |                      |
|---|----------------------|
| Name of Driver .....                          | CHAN                 |
| Contact Number .....                          | (Phone) +65-96273727 |
| 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 .....             | YN4286X            |
| 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 .....             | GBG3064K           |
| 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) .....     | -                  |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |                             |
|---|-----------------------------|
| Name of injured person .....                              | ABDILLAH MURSYID BIN MANSOR |
| Address .....   | -                           |
| Address Complement .....                                  | -                           |
| Post Code .....   | -                           |
| Approximate Age Years Old .....                           | -                           |
| Injuries Sustained .....                                  | -                           |
| Injured person in which vehicle? .....                    | SJM5501B                    |
| Were seat belts worn? .....                               | Yes                         |
| Was this injured conveyed to hospital by ambulance? ..... | No                          |

INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 13-04-2021 / 15:03

Report No: MT/

D.O.A: 12/04/2021

Time: 16:00 hrs

Vehicle No: SJM5501B

Reporting Type:

**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.



13/04/21 / 15:03

Policyholder's Signature / Date &amp; Time

13/04/21 / 15:03

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

 Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre



Witnessed by Reporting Centre Personnel

# SKETCH PLAN

PIE Changi after Paya Lebar Road Entrance

Vehicle A: SJM5501B      Vehicle B: SLK3016K      Vehicle C: YN4286X      Vehicle D: GBG3064K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## Declaration

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

  
 13/04/21 / 15:03  
 Policyholder's Signature / Date & Time

13/04/21 / 15:03  
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre  
  
 Witnessed by Reporting Centre Personnel



























**SINGAPORE  
POLICE FORCE**



T/20210412/2141

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

1 of 3

Report No. T/20210412/2141

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>12/04/2021 22:23 | Vide Report No.: | Station Diary No.:<br>170 |
|--|------------------|---------------------------|

**Informant's Particulars**

|   |            |                              |  |  |                            |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>ABDILLAH MURSYID BIN MANSOR |            |                              | Address:<br>APT BLK 498H TAMPINES STREET 45 #10-460 SINGAPORE 526498 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S82309651          |            |                              | Contact No.:<br>Home/Office: Mobile: 94350610                        |  |                            |
| Nationality:<br>SINGAPORE CITIZEN                 |            |                              | Email:   |  |                            |
| Sex:<br>Male                                      | Age:<br>38 | Date of Birth:<br>06/10/1982 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Malay                                    |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>ENGINEER                           |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:     |  |                            |

**General Information of the Accident**

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident                          |                  |                                    |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>12/04/2021 16:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>PAN-ISLAND EXPRESSWAY                       |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make  | Model      | Color | Condition         | No of Passenger |
|-------------|-------|-------|------------|-------|-------------------|-----------------|
| GBG3064K    | Van   |       |            |       |                   | 0               |
| SJM5501B    | Car   | HONDA | FIT 1.3G A | Red   | Seriously Damaged | 0               |
| SLK3016K    | Car   |       |            |       |                   | 0               |
| YN4286X     | Lorry |       |            |       |                   | 5               |



**SINGAPORE  
POLICE FORCE**



T/20210412/2141

2 of 3

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

Report No. T/20210412/2141

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SJM5501B                     | NTUC Income Insurance Co-Operative Limited | 5090042528-04 | 08/01/2021 | 07/01/2022  |

| Details of Person Involved        |                             |  |   |
|-----------------------------------|-----------------------------|--|---|
| Any Pedestrian Involved: No       |                             |  |   |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA         |   |
| Driver                            |                             |  |   |
| Name                              | ABDILLAH MURSYID BIN MANSOR | ID No.                                 | S8230965I                               |
| Related Vehicle                   | SJM5501B (Car)              | Contact No.                            | 94350610                                |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL      | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 12/04/2021                  | Date Discharge                         | 12/04/2021                              |
| No. of Days granted Medical Leave | 03                          | Degree of Injury                       | Slight                                  |

**Brief Details.**

On 12/04/2021 at about 1600hrs, I (SJM5501B) was driving along PIE towards Changi and exited at Jalan Eunos. As the traffic was heavy, it was slow moving and there was a lorry (YN4286X) in front of me that came to a stop. As such, I also came to a stop, that is when I felt an impact at the rear of my vehicle. Due to the impact, I was in a daze. After a few minutes, I came out of my vehicle and someone had informed me about what happened. He informed me that there was one vehicle that stopped behind my vehicle (SLK3016K) and another vehicle (GBG3064K) had hit onto the vehicle (SLK3016K). Due to the impact, the vehicle (SLK3016K) behind me hit onto my vehicle and my vehicle hit onto the lorry (YN4286X) in front of me. The damages to my vehicle the rear bonnet of my vehicle was dented in, driver and passenger side door unable to open, the IU unit came off, engine bonnet dented. I also suffered injuries due to the accident. The injuries were whiplash on the back of my body and neck.

I would like to also mention that I was asked to sign a few documents by Shi Ying from Kim Chwee Auto Pte Ltd. I don't really know what documents it is as I was still in a daze.



**SINGAPORE  
POLICE FORCE**



T/20210412/2141

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Report No. T/20210412/2141

**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 MOHAMED RAFHAN BIN MOHAMED  
ABDUL KADER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2021 22:23

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE