# **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 witholding 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.

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   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**

Honda

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

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 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 Kapor Road Singapore 208678 Was notice of intended Prosecution given? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI K3016K Vehicle Manufacturer Vehicle Model

Private hire

Vehicle Variant
Vehicle Colour
Vehicle Category

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  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour  Vehicle Category  Name of Driver  Contact Number  Address  Address complement  Postcode  Insurance Company Name  Nature Of Damage	YN4286X Commercial vehicle
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	ABBIELA II I MONOTID BIIV III/ INCOTT
	-
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 & Start Time: 13/04/2021 / 15:03	
Report No; MT/	D.O.A: <u>12/04/2021</u> Time: <u>16:00</u> <u>hrs</u>	Vehicle No. SJM5501B Reporting Type:	

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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

13/04/21 / 15:03

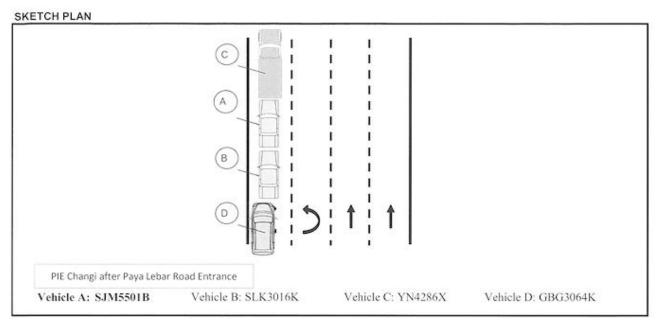
(ii) for complying with requirements under any regulations, laws or court orders.

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

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

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronne



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report		
THE PERSON NAMED OF THE PE		

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

### Declaration

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

Policyholder's Signature / Date & Time

13/04/21 / 15:03

Customer Care Executive

Motor Service Centre

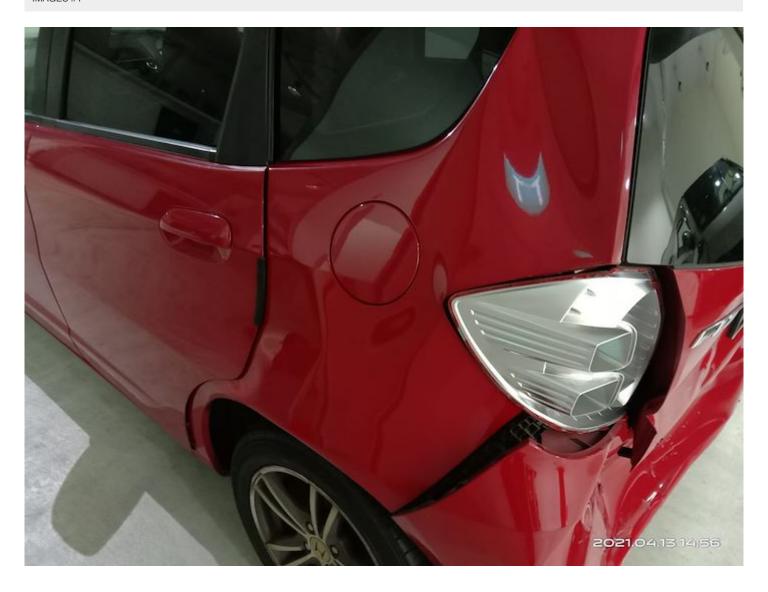
Alan Tang (S098825)

Witnessed by Reporting Centre Personnel





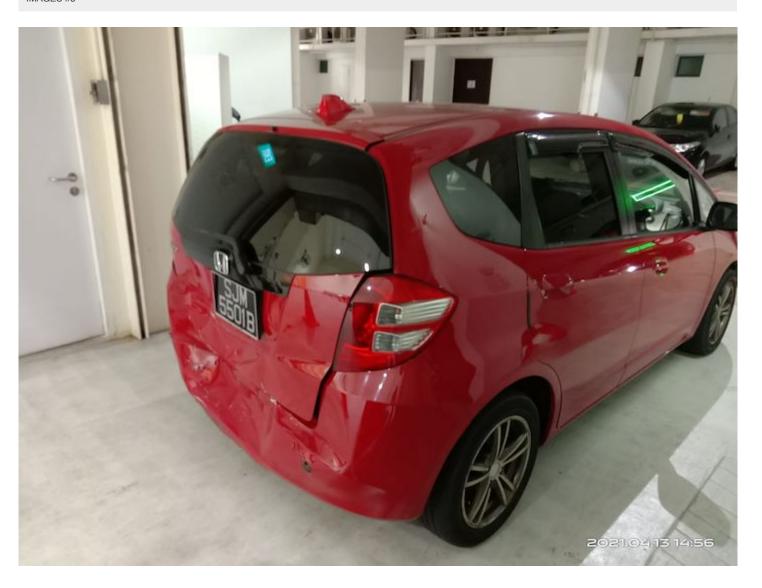
















T/20210412/2141

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Report No. T/20210412/2141

Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

Police Station Of Origin:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 12/04/2021 22:23

12/04/2021 22:23 Informant's Particulars Name of Informant: ABDILLAH MURSYID BIN MANSOR APT BLK 498H TAMPINES STREET 45 #10-460 SINGAPORE 526498 ID Type / ID No .: Contact No .: NRIC NO / S8230965I Home/Office: Mobile: 94350610 Nationality: Email: SINGAPORE CITIZEN Type of Informant: Sex: Age: Date of Birth: Male 38 06/10/1982 Driver Race: Language: Institution / School Name: Malay Occupation: Driving Licence Information: **ENGINEER** Class: 2B,2A,2,3 Date of Expiry:

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/04/2021 16:00	Type of Location: Straight Road	
Location: PAN-ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

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





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Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Report No. T/20210412/2141

Tel No: 1800-2949999

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 Perso						
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Driver			N. S.			
Name	ABDILLAH MURSYID BIN MANSOR			ID No		S8230965I
Related Vehicle	SJM5501B (Car)			Conta	ct No.	94350610
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/04/2021 Date D			charge	12/04	/2021
No. of Days gran	nted Medical Leave 03		Degree o	of Injury	Sligh	

### 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.





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Report No. T/20210412/2141

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

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.

CONTINUATION OF REPORT

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 SINGAPORS POLICE FORCE	]