

# 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 ..... 31/07/2021 10:15 (SGT)  
Date of Accident ..... 29/07/2021 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT TIMAH RD RIGHT U-TURN TWDS DUNEARN RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ5907E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHAIRUL ANUAR BIN ABDUL RAZAK  
NRIC No ..... S8218736G  
Email Address ..... ANFIARHUKAHI@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87778369  
Alternative Phone No ..... +65-87778369

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Accord  
Variant ..... HONDA / ACCORD 2.0 A  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115726858-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KHAIRUL ANUAR BIN ABDUL RAZAK  
NRIC No ..... S8218736G

Date Of Birth .....	16/06/1982
Occupation .....	Indoor
Date Of Driving Pass .....	25/06/2019
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87778369
Alt. Phone Number .....	+65-87778369
Email Address .....	ANFIARHUKAHI@GMAIL.COM
Address .....	APT BLK 691A PUNGGOL DRIVE
Address complement .....	08-783
Postcode .....	821619
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 .....	Collision - U-Turn
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 .....	TANIA ELIZABERTH
Gender .....	Female

#### 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

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	PASS TO OWN WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SML9798E
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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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KHAIRUL ANUAR BIN ABDUL RAZAK
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJJ5907E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	TANIA ELIZABERTH
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJJ5907E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# 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 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:

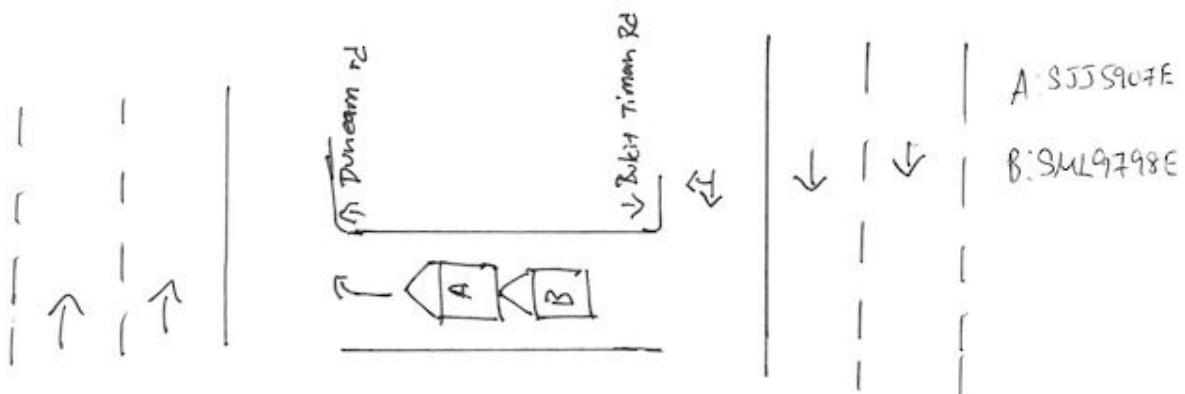
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

 31/7/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

On 29/7/2021 at about 7pm I was driving along Bukit fimah Rd  
~~towards~~ making a U-turn towards Puncam rd Suddenly, I felt a  
 huge impact from the rear of my car. After which I stop and went  
 down and have a look and realise vehicle SUL9798E had hit on  
 to my rear of my vehicle 35J 5907E. This incident I would like  
 to make against the third party insurance.

Claim at Amn Auto mega mall Pte Ltd

Declaration claim

We declare the foregoing particulars are true in every respect.

[Signature]  
 Policyholder's Signature / Date &  
 Time

[Signature] 31/7/21  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

[Signature] 31/7/21  
 Witnessed by Reporting Centre  
 Personnel





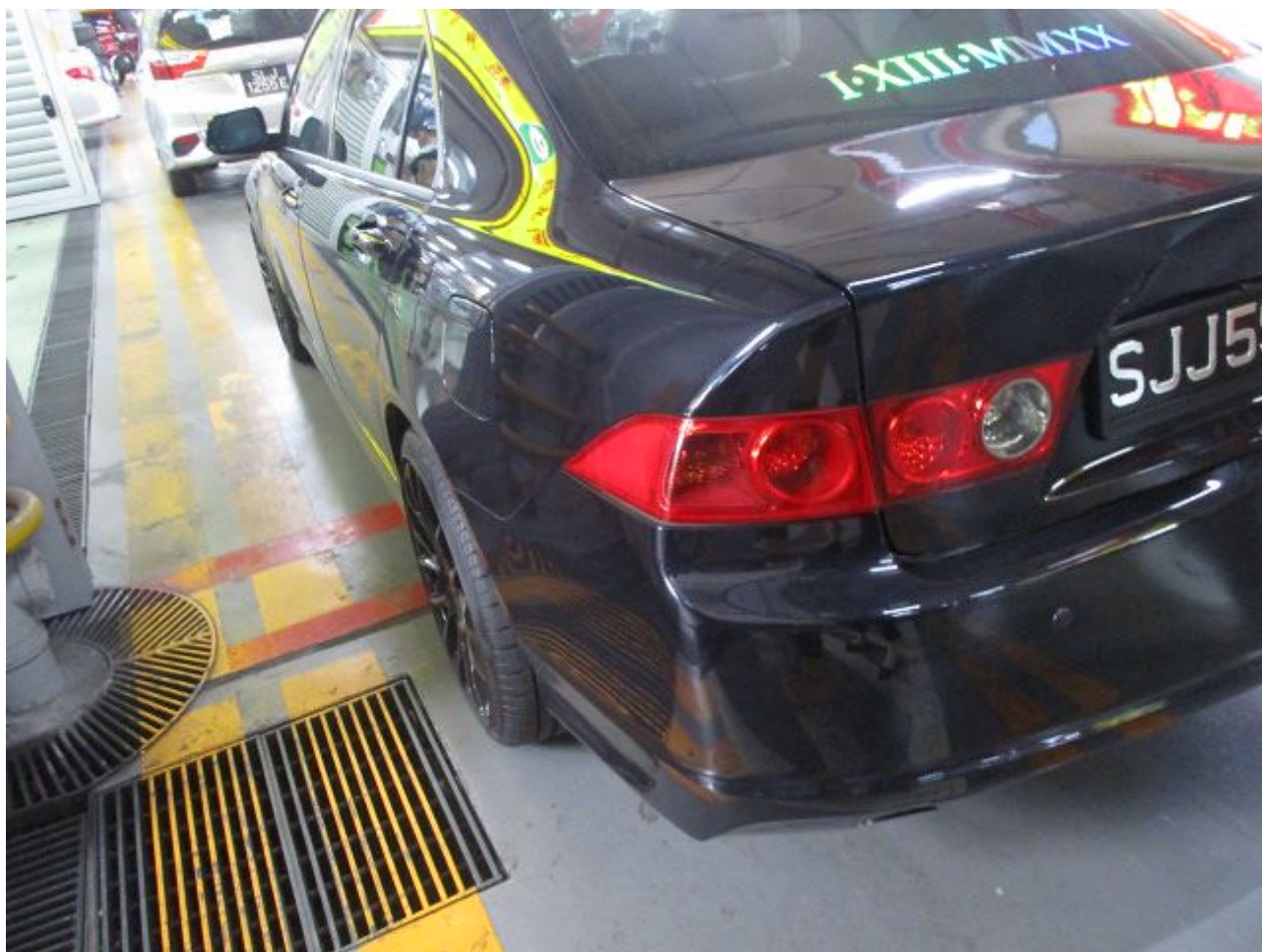
















**SINGAPORE  
POLICE FORCE**



T/20210730/7014

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

1 of 3  
Report No. T/20210730/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/07/2021 16:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KHAIRUL ANUAR BIN ABDUL RAZAK		Address: 619A PUNGGOL DRIVE #08-783 SINGAPORE 821619	
ID Type / ID No.: NRIC NO / S8218736G		Contact No.: Home/Office: Mobile: 87778369	
Nationality: SINGAPORE CITIZEN		Email: ANFIARHUKHAI@GMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 16/06/1982	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: EVENT		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2021 19:00	Type of Location: U-TURN
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJJ5907E	Car	HONDA	ACCORD 2.0 A	Black	Seriously Damaged	1
SML9798E	Car	TOYOTA	TOYOTA NOAH	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210730/7014

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

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Report No. T/20210730/7014

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ5907E	NTUC Income Insurance Co-Operative Limited	5115726858-01	18/03/2021	17/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TANIA ELIZABETH FOBROGO		ID No.	S8923510C
Related Vehicle	SJJ5907E (Car)		Contact No.	87882012
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/07/2021		Date	30/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	KHAIRUL ANUAR BIN ABDUL RAZAK		ID No.	S8218736G
Related Vehicle	SJJ5907E (Car)		Contact No.	87778369
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	29/07/2021		Date	30/07/2021
No. of Days granted Medical Leave	03	Degree of	Slight	

**Brief Details.**

ON 29/07/2021 AT ABOUT 1900 HRS I WAS DRIVING ALONG BUKIT TIMAH ROAD MAKING A U-TURN TOWARDS DUNEARN RD SUDDENLY I FELT AN IMPACT ON THE REAR OF MY CAR AND REALISE VEHICLE SML9798E HAD HIT ON TO THE REAR OF MY VEHICLE SJJ5907E . AFTER THE ACCIDENT BOTH ME AND MY WIFE FELT PAIN ON CERTAIN PORTION OF OUR BODY AND CONSULTED A DOCTOR.



**SINGAPORE  
POLICE FORCE**



T/20210730/7014

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

3 of 3

Report No. T/20210730/7014

**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 / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

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:  
30/07/2021 16:07

Classification Of Case: