Your NCD will be affected due to late reporting

# 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.
**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 | 03/08/2021 14:11 (SGT) |
| Date of Accident | 30/07/2021 19:30 (SGT) |
| Exact Location of Accident | Braddell Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SMJ7039L |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | JUHARI BIN SAKOM |
| NRIC No | SXXXX371G |
| Email Address | juhari56@gmail.com |
| Mobile Phone No | (Phone) +65-98316259 |
| Alternative Phone No | +65-98316259 |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Hyundai |
| Model | Accent |
| 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 | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | A 80481906 QMY |
| Cover Note Number | - |

### DRIVER

| | |
|---|---|
| Name of Driver | MUHAMMAD AIDIL BIN JUHARI |
| NRIC No | SXXXX303C |

| | |
|---|---|
| Date Of Birth | 24/03/1993 |
| Occupation | Indoor |
| Date Of Driving Pass | 16/10/2012 |
| Driving experience | 8 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-961700700 |
| Alt. Phone Number | - |
| Email Address | maidilj93@gmail.com |
| Address | BLK 670 JALAN DAMAI |
| Address complement | #04-45 |
| Postcode | 410670 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 - Change/cross lane |
| 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) | 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 | 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

PLS REFER TO THE POLICE REPORT:T/20210731/7000

## 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 | XE1996J |
| 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 | MUHAMMAD AIDIL BIN JUHARI |
| Gender | Male |
| Phone No | (Phone) +65-96170070 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SMJ7039L |
| Were seat belts worn? | Yes |
| 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.
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. 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.
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.

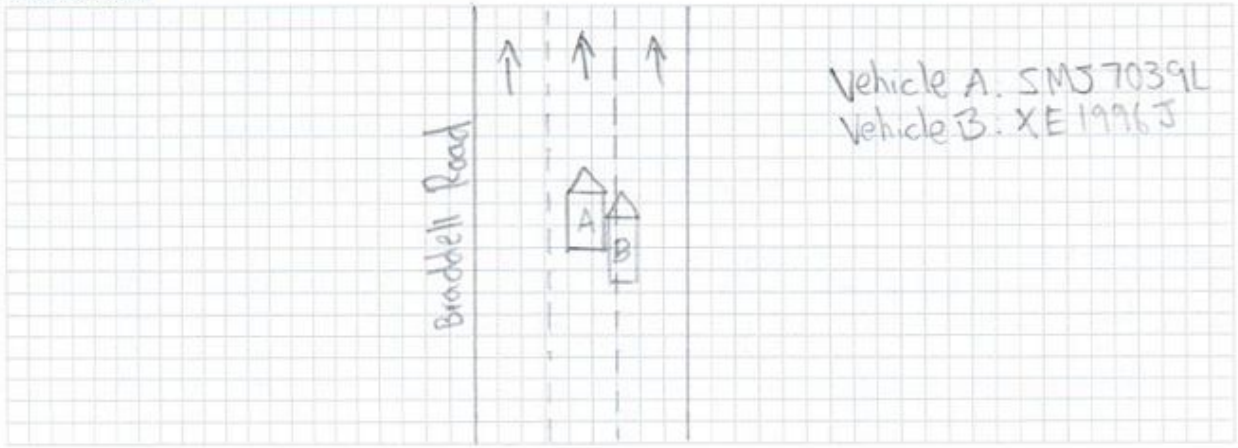
(collectively the "**Purposes**")

(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 | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|
| 30/7/21 | 30/7/21 | 03/08/21 |

**Sketch Plan**



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT

**Declaration**

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

| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|
| | 30/7/21 | 03/08/21 |

SINGAPORE POLICE FORCE

T/20210731/7000

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



CONTINUATION OF REPORT

| Details of Person Involved | | | |
|---|---|---|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MUHAMMAD AIDIL BIN JUHARI | ID No. | S9310303C |
| Related Vehicle | SMJ7039L (Car) | Contact No. | 96170070 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date | 30/07/2021 | Date | 30/07/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

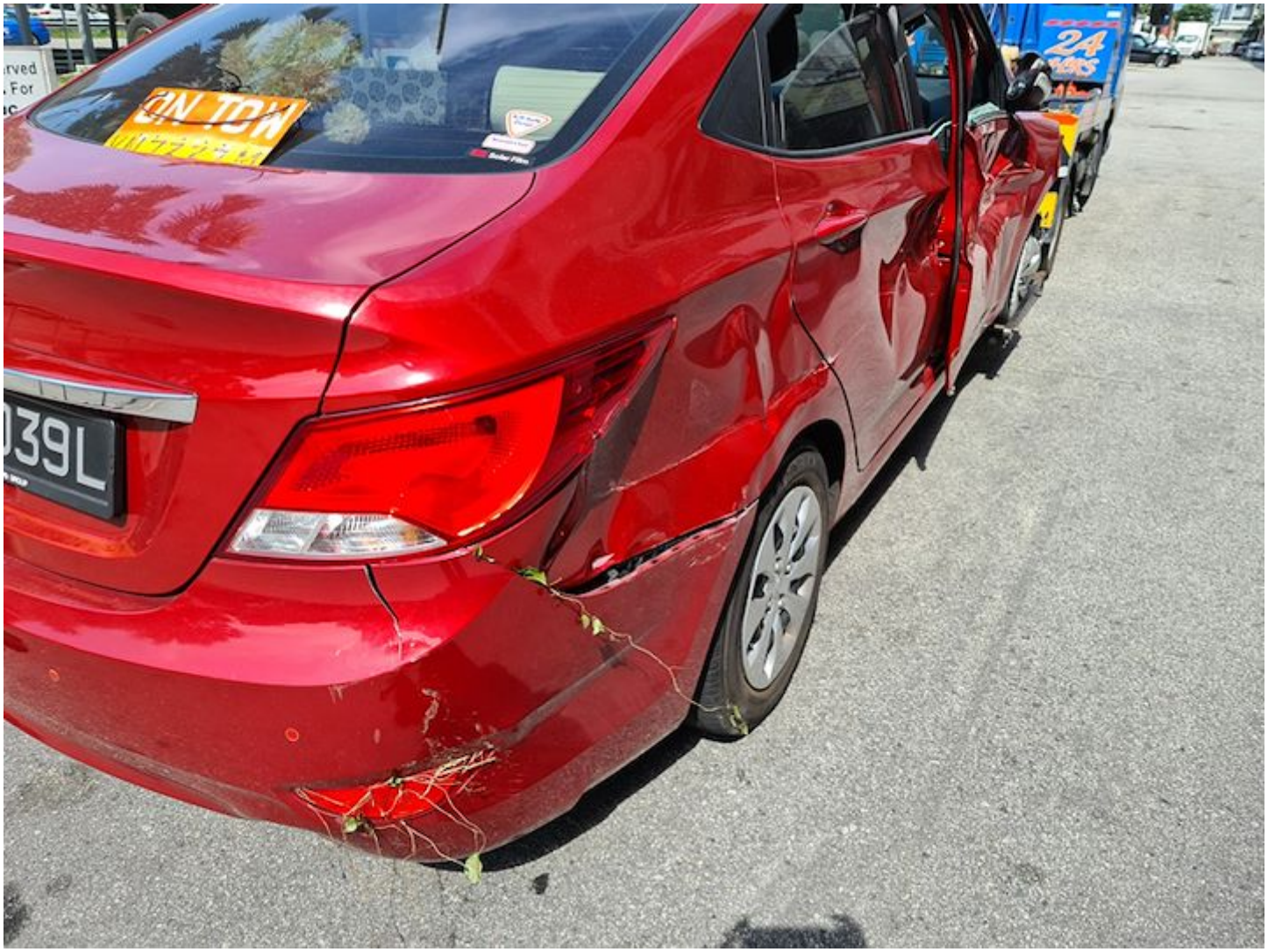
Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING PLATE SMJ7039L WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2.
SUDDENLY, VEHICLE B, BEARING LORRY PLATE XE1996J DASH OUT OF LANE AND BANG ONTO THE RIGHT PORTION OF MY VEHICLE, AND I LOST CONTROL AND MY VEHICLE WAS DRAG INTO THE FIRST LANE.
DUE TO THE POWERFUL IMPACT, I SUFFERED INJURIES AND FELT DISCOMFORT NECK AND SHOULDER SO I WENT TO INTEMEDICAL 24HR CLINIC. AND WAS GIVEN 3 DAYS OF MC DUE TO THE INJURIES FROM THE ACCIDENT.

IMAGES


ON TOW
ACCENT
SMJ7039L
idac
Reserved Lots For idac Vehicles

IMAGES #2



IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


20
km/h
Reserved
Lots For
idac
Vehicles
idac
Reserved
Lots For
idac
Vehicles

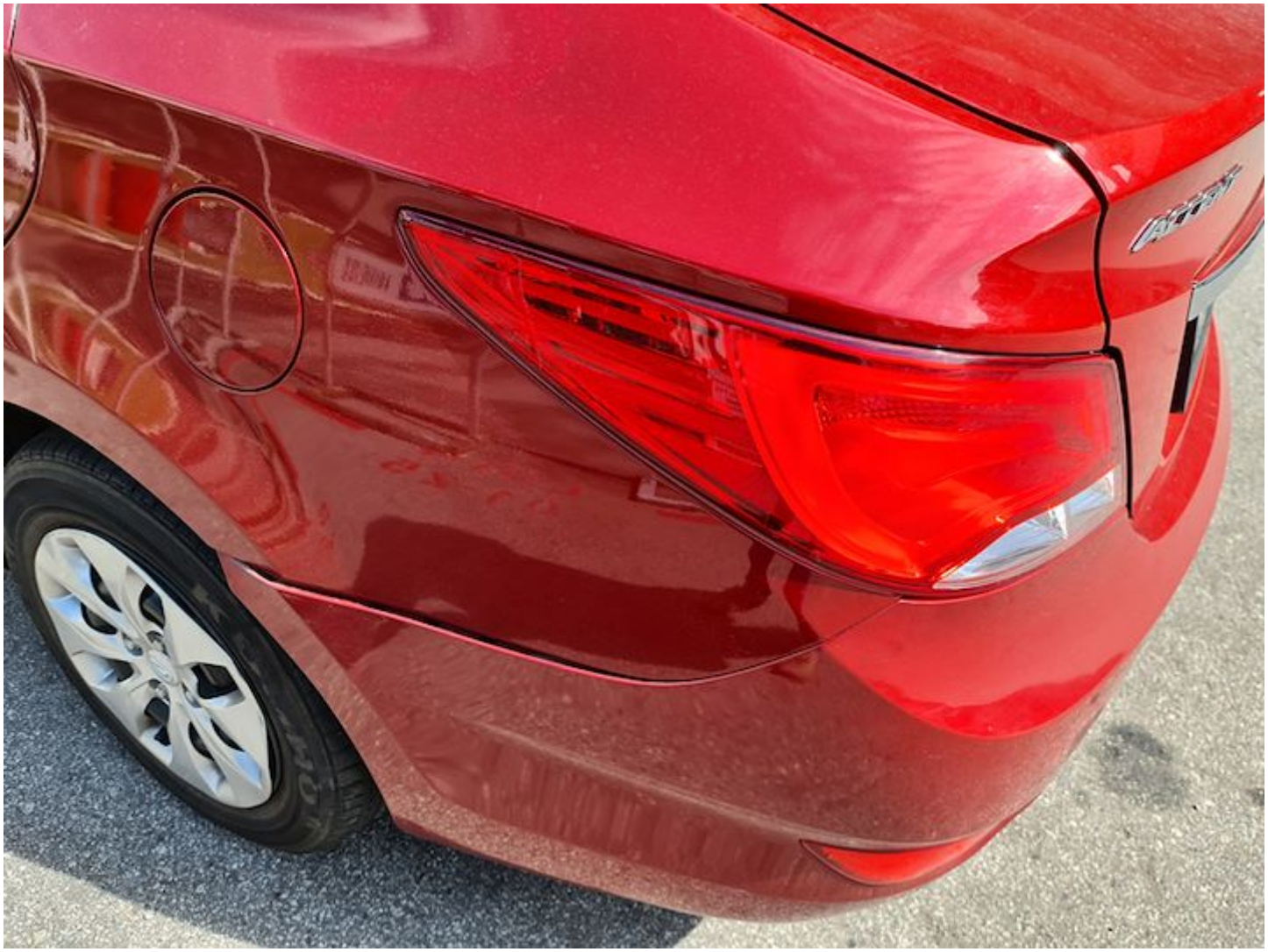
IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11




현대자동차㈜
HYUNDAI MOTOR COMPANY
변속기 TRANSM
차축 AXLE
도장 PAINT
의장 TRIM
Y2R RY
KMHCU41BTKU465067
정비부호 S.V.C
형식 승인 번호 APPD MODEL NO
BUILT FEB 19

IMAGES #13

SINGAPORE POLICE FORCE

T/20210731/7000

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



Report No. T/20210731/7000

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 31/07/2021 00:16 | F/20210730/0219 | |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>MUHAMMAD AIDIL BIN JUHARI | | | Address:<br>670 JALAN DAMAI #04-45 SINGAPORE 410670 | |
| ID Type / ID No.:<br>NRIC NO / S9310303C | | | Contact No.:<br>Home/Office: Mobile: 96170070 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email:<br>Maidilj93@gmail.com | |
| Sex:<br>Male | Age:<br>28 | Date of Birth:<br>24/03/1993 | Type of Informant:<br>Driver | |
| Race:<br>Javanese | | | Language:<br>English | Institution / School Name: |
| Occupation:<br>Other physical science professionals | | | Driving Licence Information:<br>Class: 3 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury<br>Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>30/07/2021 19:30 | Type of Location:<br>Straight Road |
|---|---|---|---|---|
| Location:<br>BRADDELL ROAD | | | | |
| Weather:<br>Clear | | Road Surface:<br>Dry | | Road Speed Limit:<br>70 Km/h |
| Traffic Flow:<br>One Way | | Traffic Control:<br>Not Controlled | | Traffic Volume:<br>Moderate |
| Type of Collision:<br>Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|---|---|---|---|---|---|---|
| SMJ7039L | Car | | | | | 0 |
| XE1996J | Lorry | SCANIA | P360 | Multi-Colored | Slightly Damaged | 0 |

SINGAPORE POLICE FORCE

T/20210731/7000

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



Report No. T/20210731/7000

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|---|---|---|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MUHAMMAD AIDIL BIN JUHARI | ID No. | S9310303C |
| Related Vehicle | SMJ7039L (Car) | Contact No. | 96170070 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date | 30/07/2021 | Date | 30/07/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING PLATE SMJ7039L WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2.
SUDDENLY, VEHICLE B, BEARING LORRY PLATE XE1996J DASH OUT OF LANE AND BANG ONTO THE RIGHT PORTION OF MY VEHICLE, AND I LOST CONTROL AND MY VEHICLE WAS DRAG INTO THE FIRST LANE.
DUE TO THE POWERFUL IMPACT, I SUFFERED INJURIES AND FELT DISCOMFORT NECK AND SHOULDER SO I WENT TO INTEMEDICAL 24HR CLINIC. AND WAS GIVEN 3 DAYS OF MC DUE TO THE INJURIES FROM THE ACCIDENT.

SINGAPORE POLICE FORCE

T/20210731/7000

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



CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| | |
|---|---|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>31/07/2021 00:16 |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>MUHAMMAD NOOR BIN ABDUL RAHMAN<br>Contact No.: 65476201 | Classification Of Case: |

Authentication Stamp

NP168