

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 02/08/2021 16:24 (SGT)
Date of Accident 31/07/2021 16:50 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information ALONG GEYLANG ROAD NEAR LORONG 16
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ4051U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED BORHAN BIN MOHAMED JAAFAR
NRIC No SXXXX118Z
Email Address BORHAN@HOMEOFSEAFOOD.COM
Mobile Phone No (Phone) +65-91816811
Alternative Phone No (Home) +65-91816811

VEHICLE PARTICULARS

Manufacturer Lexus
Model Rx350
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118316327
Cover Note Number -

DRIVER

Name of Driver MOHAMED BORHAN BIN MOHAMED JAAFAR
NRIC No SXXXX118Z

Date Of Birth	13/11/1979
Occupation	Indoor
Date Of Driving Pass	29/07/1998
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-91816811
Alt. Phone Number	(Home) +65-91816811
Email Address	BORHAN@HOMEOFSEAFOOD.COM
Address	APT BLK 202B SENGKANG EAST ROAD #08-74
Address complement	-
Postcode	542202
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SHC8170D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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 2

Vehicle Registration Number	PMA
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PMA
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN**IMPORTANT NOTICE**


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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.


 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



A-SMJ4051U
 B-SHC8170D
 C-PMA
 (Personal Mobility Aids)
 Date 31/07/2021
 Time 1650

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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)


 Reporting Centre Person's Signature
 Name:



















1 of 2

Report No. F/20210801/7018

Date/Time Report Made 01/08/2021 12:49	Vide Report No.		Station Diary No.	
Name Of Informant MOHAMED BORHAN BIN MOHAMED JAAFAR	Address 202B SENGKANG EAST ROAD #08-74 SINGAPORE 542202			
ID Type / ID No. NRIC NO / S7933118Z	Contact No. Home/Office: Mobile: 91816811			
Nationality SINGAPORE CITIZEN	Email Address BORHAN_BOB79@YAHOO.COM.SG			
Occupation Working proprietor (restaurant and other catering services)	Sex Male	Age 41	Date of Birth 13/11/1979	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 31/07/2021 16:50 - 31/07/2021 16:50	Location Of Incident 202B SENGKANG EAST ROAD #08-74 SINGAPORE 542202			

I was driving along Geylang Road near Lorong 16 under above mentioned date and time. Traffic was slow as I drove, a PMA suddenly dashed towards my front right. I jammed my brake but the PMA still collided into my front right. A taxi behind couldn't stop in time and collided into my rear. My vehicle number is SMJ4051U Lexus RX350 and the taxi is SHC8170D. I do not have the particulars of the PMA rider as I called the ambulance immediately for assistance. The ambulance arrived, attended to him and

 Accident report **SY0A21820004**



**SINGAPORE
POLICE FORCE**



F/20210801/7018

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210801/7018

took him away.

Traffic police gave me a case card with a report number of G/185.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	MOHAMED BORHAN BIN MOHAMED JAAFAR		
ID Type	NRIC NO	ID No	S7933118Z
Gender	Male	Age	41
Race	Indian	Language	English
Occupation	Working proprietor (restaurant and other catering services)	Address	202B SENGKANG EAST ROAD #08-74 SINGAPORE 542202
Mobile No	91816811	Is Informant A Victim?	Yes
Person Name MOHAMED BORHAN BIN MOHAMED JAAFAR (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2021 12:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



F/20210801/7018

2 of 2

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