

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 26/07/2021 14:02 (SGT)
Date of Accident 24/07/2021 13:45 (SGT)
Exact Location of Accident Holland Dr, Singapore
Additional Location Information Near Lampost 14
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG4107X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Craft Leasing Pte Ltd
Company Reg No 201718381N
Email Address kh@craftleasing.com
Mobile Phone No (Phone) +65-98449132
Alternative Phone No +65-98449132

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MFL0005172
Cover Note Number -

DRIVER

Name of Driver Teo Hai Hoon
NRIC No S1619845E

Date Of Birth	05/09/1963
Occupation	Outdoor
Date Of Driving Pass	14/05/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98449132
Alt. Phone Number	-
Email Address	williamteo37@gmail.com
Address	Blk 64 Lorong 5 Toa Payoh
Address complement	#11-336
Postcode	310064
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Motorcyclist
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	Boon Teck Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002549999
Alt. Police Station Phone No	(Fax) +65-63554310
Police Station Address	Blk 207 Toa Payoh North #01-1231 Singapore 310207
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report: T/20210724/2052

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	Video with Traffic Police
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH7612Y
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	Mohamad Mahdzar Bin Samsudin
NRIC No	S6819757J
Contact Number	(Phone) +65-90920712
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	Mohamad Mahdzar Bin Samsudin
Gender	Male
Phone No	(Phone) +65-90920712
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH7612Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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: 26/7/21

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/7/21

Reporting Centre Personnel's Signature

Name: Fui

NRIC/FIN No.:















**SINGAPORE
POLICE FORCE**



T/20210724/2052

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20210724/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2021 16:09		Vide Report No.: D/20210724/0071		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: TEO HAI HOON			Address: APT BLK 64 LORONG 5 TOA PAYOH #11-336 SINGAPORE 310064		
ID Type / ID No.: NRIC NO / S1619845E			Contact No.: Home/Office: Mobile: 98449132		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 05/09/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2021 13:45	Type of Location: T-Junction
Location: HOLLAND DRIVE				
Lamp Post Number: 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7612Y	Motorcycle	YAMAHA	FZ16ST	Red	Slightly Damaged	0
SLG4107X	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	0



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Report No. T/20210724/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD MAHDZAR BIN SAMSUDIN	ID No.	S6819757J
Related Vehicle	FBH7612Y (Motorcycle)	Contact No.	90920712
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEO HAI HOON	ID No.	S1619845E
Related Vehicle	SLG4107X (Car)	Contact No.	98449132
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/07/2021 at about 1345hrs, I was travelling in my vehicle bearing plate number SLG4107X along Holland Drive towards Holland Avenue. I was driving along the left lane out of 2 lanes, behind one SBS bus. However, as I wanted to turn right ahead, I made a quick check and changed to the right lane.

Suddenly, I felt an impact from my driver side, and noticed that I had collided onto one motorcycle bearing plate number FBH7612Y. Immediately, I stopped my vehicle and observed no visible injuries on myself. I then alighted from my vehicle to make a check on the motorcyclist as he was already on the road.

The said motorcyclist then informed me that his legs was swollen, and he then called for ambulance to make a check. While waiting for the ambulance, we then exchanged particulars and also took pictures of the accident. We also shifted our vehicle to a side to not block the traffic flow.

Shortly later, the Ambulance and Traffic Police also arrived at scene to assist us. The said motorcyclist was also conveyed by the ambulance after being assessed by the paramedics.

I then informed to the Traffic Police of what happened and I was told to provide my SD card of my vehicle's dashcam. I was then issued an acknowledgement slip and also a case card vide D/20210724/0071 by officer SSGT T130106 Khairulanwar.

I was then told that I could leave the incident location together with my vehicle and to lodge a Police



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T/20210724/2052

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Report No. T/20210724/2052

CONTINUATION OF REPORT

report immediately.



**SINGAPORE
POLICE FORCE**



T/20210724/2052

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207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20210724/2052

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: E / Sgt 1 CHAN JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2021 16:09
Officer In Charge Of Case: TP / GIT / Sgt 3 ABDUL MUHAJMIN BIN HUSSAIN Contact No.: 65476090	Classification Of Case:
Authentication Stamp NP168	SN 62
SIGNATURE	

