

## 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 .....	28/09/2021 10:52 (SGT)
Date of Accident .....	21/09/2021 06:53 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPP EAST COAST RD SLIP RD JOINING BEDOK SOUTH AVE 1
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA9527D
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SAN'S TOURS & CAR RENTALS
Company Reg No .....	0XXXX300K
Email Address .....	ronnie@sanstours.com.sg
Mobile Phone No .....	(Phone) +65-97348553
Alternative Phone No .....	+65-97348553

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Accent
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1368

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	D21MTRENT000353
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	HISHAM SAAD
NRIC No .....	SXXXX509J

Date Of Birth .....	05/10/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	26/04/1999
Driving experience .....	22 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97348553
Alt. Phone Number .....	-
Email Address .....	10zka100@hotmail.com
Address .....	22 BAYSHORE ROAD #30-01
Address complement .....	-
Postcode .....	469970
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 .....	Collision - Head to Rear
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 .....	MAXIMUS GEORGE JACOB SAAD
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanah Merah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004499999
Alt. Police Station Phone No .....	(Fax) +65-62447251
Police Station Address .....	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLL9375D
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MARGARETHA
NRIC No .....	SXXXX083I
Contact Number .....	(Phone) +65-93873552
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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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 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:
  - (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.

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

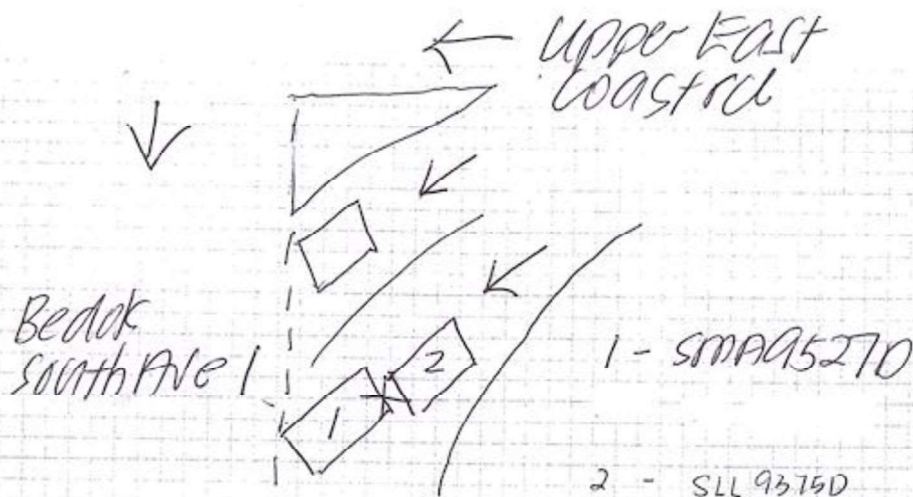
Policyholder's Signature  
 Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st Sep 2021 @ 0653hrs. I was travelling at upper east coast road slip road towards Bedok South Ave 1. my car was stationary waiting for traffic to clear at Bedok South Ave 1. suddenly the car behind me SLL 9375D hit the back of my car.

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:

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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





**SINGAPORE  
POLICE FORCE**



T/20210927/2104

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Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

Report No. T/20210927/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/09/2021 20:19	Vide Report No.:	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: HISHAM SAAD			Address: 22 BAYSHORE ROAD #30-01 SINGAPORE 469970	
ID Type / ID No.: NRIC NO / S2772509J			Contact No.: Home/Office: Mobile: 97348553	
Nationality: AUSTRALIAN			Email: lozka100@hotmail.com	
Sex: Male	Age: 54	Date of Birth: 05/10/1966	Type of Informant: Driver	
Race: Arab			Language: English	Institution / School Name:
Occupation: DESIGN MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

General Information: About Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2021 06:55	Type of Location: Slip Road
Location:  UPPER EAST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL9375D	Car	HONDA	CIVIC IMA 1.3L CVT	Blue		2
SMA9527D	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red	Slightly Damaged	1

**Details of Person Involved**

Details of Pedestrian Involved:	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20210927/2104

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Report No. T/20210927/2104

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MARGARETHA	ID No.	S7864083I
Related Vehicle	SLL9375D (Car)	Contact No.	91857796
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
<b>Driver</b>			
Name	HISHAM SAAD	ID No.	S2772509J
Related Vehicle	SMA9527D (Car)	Contact No.	97348553
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	MAXIMUS GEORGE JACOB SAAD	ID No.	T1235787C
Related Vehicle	SMA9527D (Car)	Contact No.	NIL
Hospital/Clinic	WOODS MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2021	Date Discharge	25/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I had been renting a red Hyundai Accent 1.4 from SANS Tours for about a year and a half. On 21/09/2021 about 0653hrs, I was driving the rented car along Upper East Coast Road. I was sending my son to Tanjong Katong Primary School and he was seated at the left side rear passenger seat. I stopped at the slip road after Upper East Coast Road towards Bedok South Ave 1, beside Eastern Lagoon 1 to see the incoming traffic from the main road at Bedok South Ave 1. Suddenly, the car from behind knocked onto us. I came out to meet the car driver and to check the damages. The driver was a female and her car was seated with two children. She informed me that she is in a rush to send her children to the school. Therefore, I took her particulars and contact number and left the location. I sent my son to school and went back home. After school lessons ended, my son returned home and informed my wife that he felt pain on his neck. We monitored his pain on both days. On 23/09/2021, my wife took him to see a doctor at Woods Medical Clinic and he was given 3 days. I wish to state that there are some scratches on the



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T/20210927/2104

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Report No. T/20210927/2104

**CONTINUATION OF REPORT**

rear bonnet and slight of it came off as well. There is front in-car camera recording during the accident when it took place.





**SINGAPORE  
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T/20210927/2104

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Report No. T/20210927/2104

**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  
G /  
Staff Sgt CHIN YONG PEI,  
DESMOND

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/09/2021 20:19

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168