

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 08/10/2021 13:22 (SGT)
Date of Accident 07/10/2021 11:15 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS TUAS,BETWEEN EUNOS AND PAYA LEBAR
EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2732M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUR RASHEED BIN ABDUL BUHARI
NRIC No SXXXX750F
Email Address RASHEED-82@HOTMAIL.COM
Mobile Phone No (Phone) +65-97858124
Alternative Phone No +65-97858124

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070137828
Cover Note Number -

DRIVER

Name of Driver ABDUR RASHEED BIN ABDUL BUHARI

NRIC No	SXXXX750F
Date Of Birth	19/08/1982
Occupation	Indoor
Date Of Driving Pass	28/11/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97858124
Alt. Phone Number	+65-97858124
Email Address	RASHEED-82@HOTMAIL.COM
Address	BLK 59 CHAI CHEE ROAD #10-852
Address complement	-
Postcode	460059
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU1160K
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	JOSEPHINE LIM SIEW LAN
Contact Number	(Phone) +65-96565685
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	2ND CAR
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME7380B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WAN DEAN
Contact Number	(Phone) +65-93821706
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	3RD CAR
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUR RASHEED BIN ABDUL BUHARI
Gender	Male
Phone No	(Phone) +65-97858124
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN AT BACK AREA
Injured person in which vehicle?	SMV2732M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 :

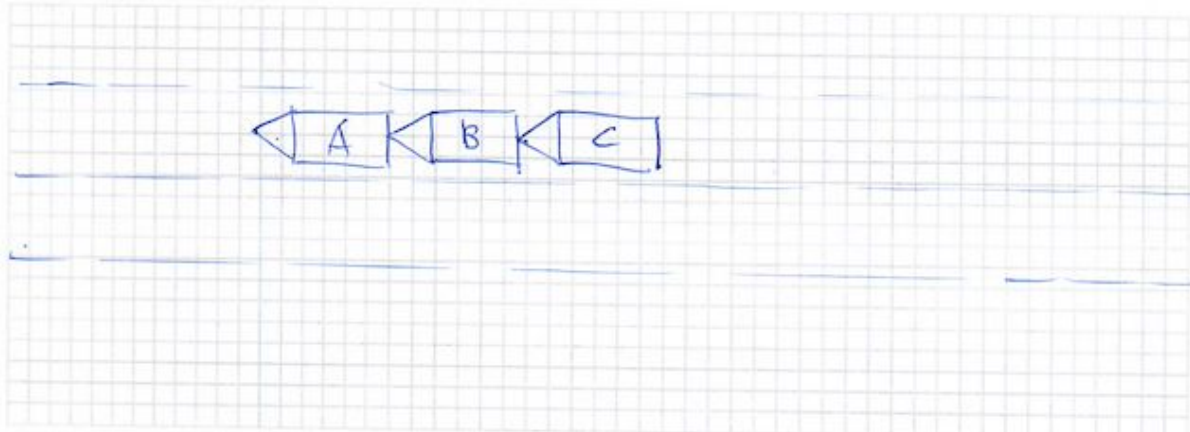
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Pd. 08/10/2021 1056hrs

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer To Police Report .

Declaration

We declare the foregoing particulars are true in every respect.

h.

Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20211007/2096

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20211007/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 19:31		Vide Report No.:	Station Diary No.: 41
Informant's Particulars			
Name of Informant: ABDUR RASHEED BIN ABDUL BUHARI		Address: APT BLK 59 CHAI CHEE ROAD #10-852 SINGAPORE 460059	
ID Type / ID No.: NRIC NO / S8226750F		Contact No.: Home/Office: Mobile: 97858124	
Nationality: SINGAPORE CITIZEN		Email: rasheed-82@hotmail.com	
Sex: Male	Age: 39	Date of Birth: 19/08/1982	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Accountant		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2021 11:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
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	Condition	No of Passenger
SJU1160K	Car	KIA	CERATO FORTE	Purple	Slightly Damaged	0
SME7380B	Car	TOYOTA	COROLLA ALTIS	Black	Slightly Damaged	0
SMV2732M	Car	KIA	CERATO 1.6(A) SUNROOF	Grey	Slightly Damaged	0



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Report No. T/20211007/2096

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV2732M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070137828	24/09/2020	23/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	JOSEPHINE LIM SIEW LAN		ID No.	S1692437G
Related Vehicle	SJU1160K (Car)		Contact No.	NIL
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	WAN DEAN		ID No.	S2645422J
Related Vehicle	SME7380B (Car)		Contact No.	NIL
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	ABDUR RASHEED BIN ABDUL BUHARI		ID No.	S8226750F
Related Vehicle	SMV2732M (Car)		Contact No.	97858124
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/10/2021		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight



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T/20211007/2096

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Tel No: 1800-2448999

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Report No. T/20211007/2096

CONTINUATION OF REPORT

Brief Details.

On the 07/10/2021 at about 1117hrs, I was driving alone in my vehicle, a Kia Cerato (SMV2732M) on the second lane along the PIE (Tuas) near the Paya Lebar/Eunos area. It was raining heavily at that point in time.

I then noticed the vehicle in front of me was slowing down, almost to a stop, as such I applied the brakes also and slowed down also. However, I suddenly felt a strong impact from the rear of the car. I then alighted and noticed that the vehicle behind my car, a purple coloured Kia Cerato Forte (SJU1160K) had collided with the rear of my car. The impact caused the rear sensors and rear bumper of my car to be damaged.

Upon further checking, I then realized, there was another vehicle, a black coloured Toyota Corolla Altis (SME7380B) that had collided with the rear of the purple Kia Cerato Forte. The impact caused some damage on the front and rear portion of the other 2 cars.

All the drivers then exchanged particulars and took photos of the incident before leaving the incident location.

At that point in time, I did not feel any pain however later in the day, I felt pain at my back area. As such, I went to Parkway East Hospital for a checkup and was given 3 days of MC (07/10/2021 to 09/10/2021).

I wish to state that at that I have footages of the incident and have saved it in my phone.



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Report No. T/20211007/2096

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 /

Sgt 3 MUHAMMAD
NURUL'OMARALI BIN SUPRAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2021 19:31

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

SIGNATURE