

# 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 .....	25/10/2021 18:27 (SGT)
Date of Accident .....	22/10/2021 13:00 (SGT)
Exact Location of Accident .....	Jln Eunus, Singapore
Additional Location Information .....	TOWARDS PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJM3977A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD NUR WAHDINI BIN ADNAN
NRIC No .....	SXXXX226I
Email Address .....	xinhuaworkshop@gmail.com
Mobile Phone No .....	(Phone) +65-87687425
Alternative Phone No .....	+65-87687425

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	D21MPC0000043
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD NUR WAHDINI BIN ADNAN
NRIC No .....	SXXXX226I

Date Of Birth .....	20/01/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	16/06/2015
Driving experience .....	6 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87687425
Alt. Phone Number .....	+65-87687425
Email Address .....	xinhuaworkshop@gmail.com
Address .....	BLK 802 WOODLANDS STREET 81 #02-81
Address complement .....	-
Postcode .....	730802
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	SITI NURHIDAYAH BTE RAZALI
Gender .....	Female

#### 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

PLEASE REFER TO POLICE REPORT T/20211023/7009

#### 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 .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBJ30L
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Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	C200
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 NUR WAHDINI BIN ADNAN
Gender .....	Male
Phone No .....	(Phone) +65-87687425
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK PAIN
Injured person in which vehicle? .....	SJM3977A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


### INJURED 2

Name of injured person .....	SITI NURHIDAYAH BTE RAZALI
Gender .....	Female
Phone No .....	(Phone) +65-87525868
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK PAIN
Injured person in which vehicle? .....	SJM3977A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

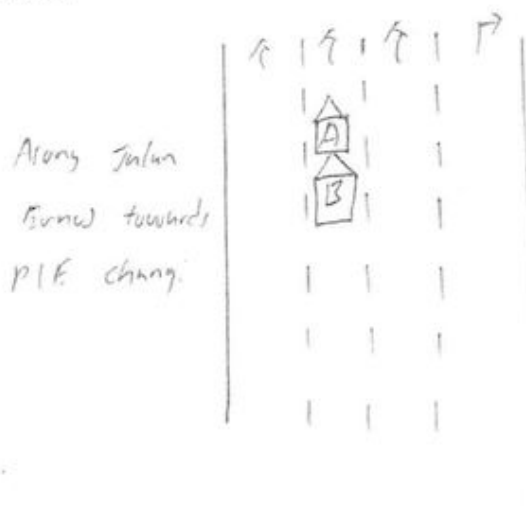
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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' law firms/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' law firms/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 law firms/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

Sketch Plan

A - 55m 3979 A  
B - SBJ 30L


## Describe Circumstances of the Accident


Please refer to police report T / 2021/023 / 7009

## 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















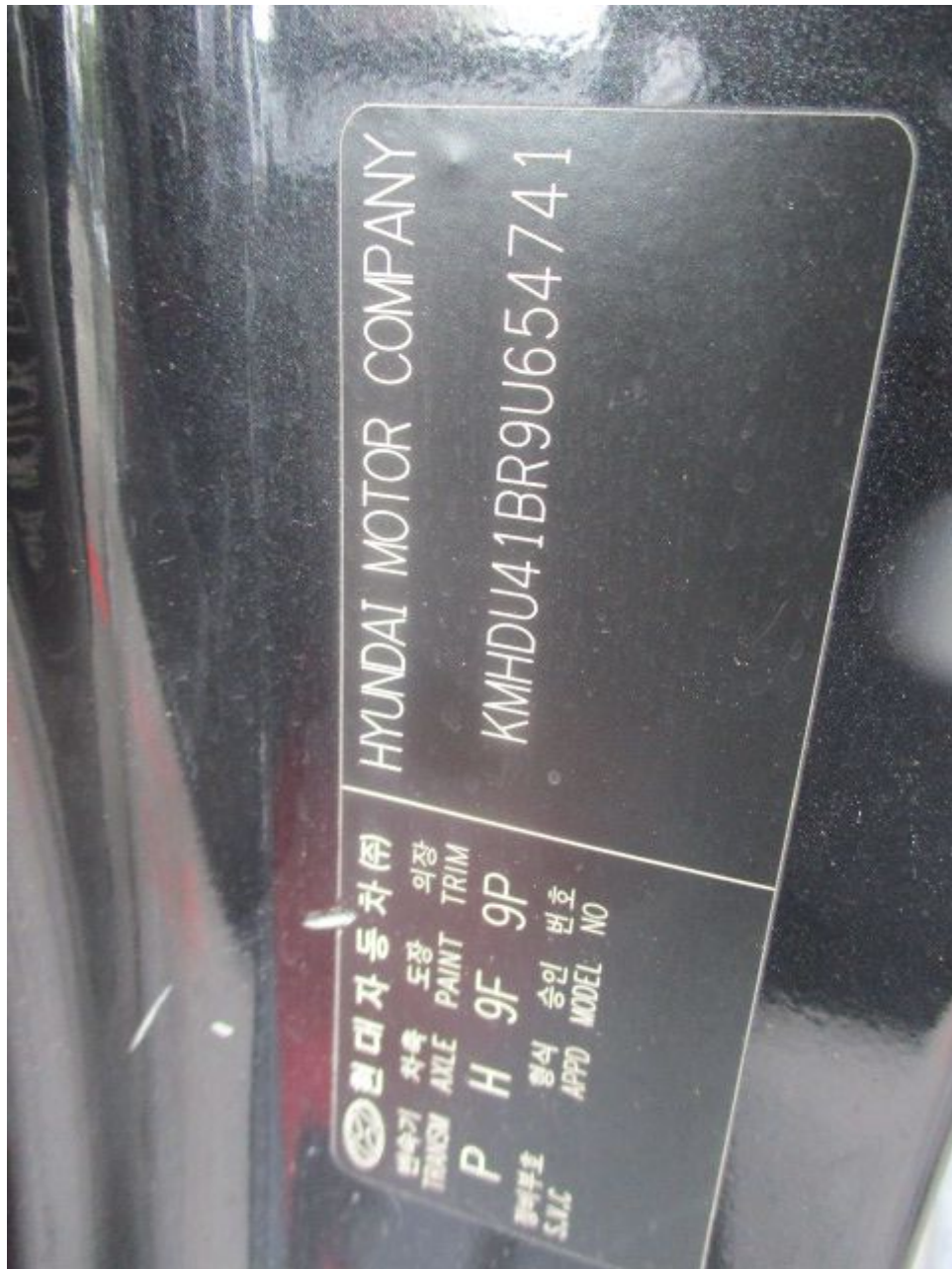














**SINGAPORE  
POLICE FORCE**



T/20211023/7009

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

Report No: T/20211023/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2021 10:47	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD NUR WAHDINI BIN ADNAN			Address: 802 WOODLANDS STREET 81 #02-81 SINGAPORE 730802		
ID Type / ID No.: NRIC NO / S92022261			Contact No.: Home/Office: Mobile: 87687425		
Nationality: SINGAPORE CITIZEN			Email: wadbangau@gmail.com		
Sex: Male	Age: 29	Date of Birth: 20/01/1992	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: GRAB FOOD RIDER			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2021 13:00	Type of Location: Straight Road
Location:  JALAN EUNOS				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBJ30L	Car	MERCEDES BENZ		Silver	Slightly Damaged	0
SJM3977A	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20211023/7009

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

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Report No. T/20211023/7009

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM3977A	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MPC0000043	15/01/2021	14/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SITI NURHIDAYAH BYE RAZALI		ID No.	S9219828F
Related Vehicle	SJM3977A (Car)		Contact No.	87525868
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	23/10/2021		Date	23/10/2021
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	MUHAMMAD NUR WAHDINI BIN ADNAN		ID No.	S9202226I
Related Vehicle	SJM3977A (Car)		Contact No.	87687425
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	23/10/2021		Date	23/10/2021
No. of Days granted Medical Leave		05	Degree of	Slight

## Brief Details.

On 22/10/2021 at about 1300 Hrs, i was driving my vehicle SJM3977A along jalan Eunus towards PIE with my wife as a front seat passenger. While i drive near to the Junction of Jalan Eunus and Sim Ave, due to the traffic in front of me a car stopped so i follow and slow down my vehicle and come to a complete stopped. Suddenly i felt a great impact from behind and the impact surged my vehicle forward but i didn't collide with the in front vehicle. After the accident, i alighted my vehicle and discover that a car SBJ30L cannot stop on time and rear ended my vehicle rear portion and cause damage and dented to my vehicle rear section. I request to exchange particular but the lady driver refuse to exchange. I and my wife felt the pain on the neck and back due to the impact of the accident and today when we wake up the pain more worse so i and my wife consult doctor and was given 5 days MC for both of us from 23/10/2021 to 27/10/2021.



**SINGAPORE  
POLICE FORCE**

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



T/20211023/7009

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Report No. T/20211023/7009

CONTINUATION OF REPORT





# SINGAPORE POLICE FORCE



T/20211023/7009

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

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Report No: T/20211023/7009

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
23/10/2021 10:47

Classification Of Case: