

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 23/10/2021 13:15 (SGT)
Date of Accident 22/10/2021 16:24 (SGT)
Exact Location of Accident Jalan Bukit Merah, Singapore
Additional Location Information JALAN BUKIT MERAH BEFORE KIM TIAN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT7201E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HILMI BIN JA'AFAR
NRIC No SXXXX703Z
Email Address MHJ_1726@HOTMAIL.COM
Mobile Phone No (Phone) +65-81338434
Alternative Phone No (Home) +65-81338434

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 1986

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10533483R00
Cover Note Number 18/07/2020 TO 21/12/2021

DRIVER

Name of Driver MUHAMMAD HILMI BIN JA'AFAR
NRIC No SXXXX703Z

Date Of Birth	09/10/1987
Occupation	Indoor
Date Of Driving Pass	22/10/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-81338434
Alt. Phone Number	(Home) +65-81338434
Email Address	MHJ_1726@HOTMAIL.COM
Address	298B COMPASSVALE STREET #02-150
Address complement	-
Postcode	542298
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	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)	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SLC7595X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHEN BIXIA
NRIC No	SXXXX619B
Contact Number	(Phone) +65-96509499
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

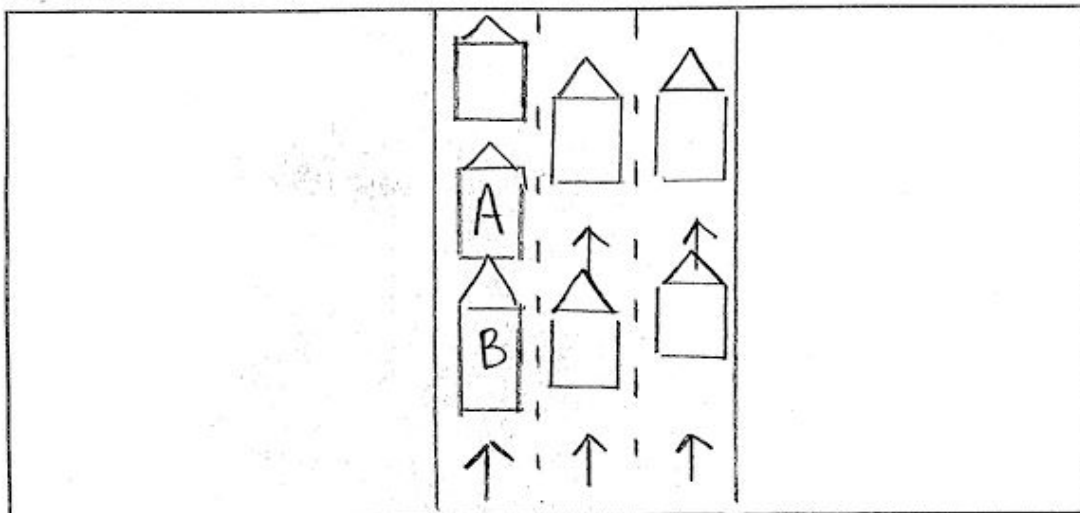
Name of injured person	MUHAMMAD HILMI BIN JA'AFAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN THE NECK AND SHOULDER AREA
Injured person in which vehicle?	SKT7201E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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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.

Sketch Plan




Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
23/10/2021

JALIMOTOR COMPANY

Date of accident: 22/10/2021 Time: 1624 Location: Talan Bukit Merah before Km Tian Road
 My Vehicle A: SKT 7201F Vehicle B: SLC 7595X Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

While driving along Talan Bukit Merah, traffic was heavy. Vehicles are inching forward. My vehicle came to a stop and was stationary at that point of time, when suddenly the vehicle behind me failed to stop in time and collided into the rear of my vehicle at a very fast speed. I felt pain in my neck and shoulder area immediately after the impact. I then exchanged particulars with the other party and informed her I will be claiming insurance against her insurance.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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

23/10/2021

AH LIM MOTOR COMPANY





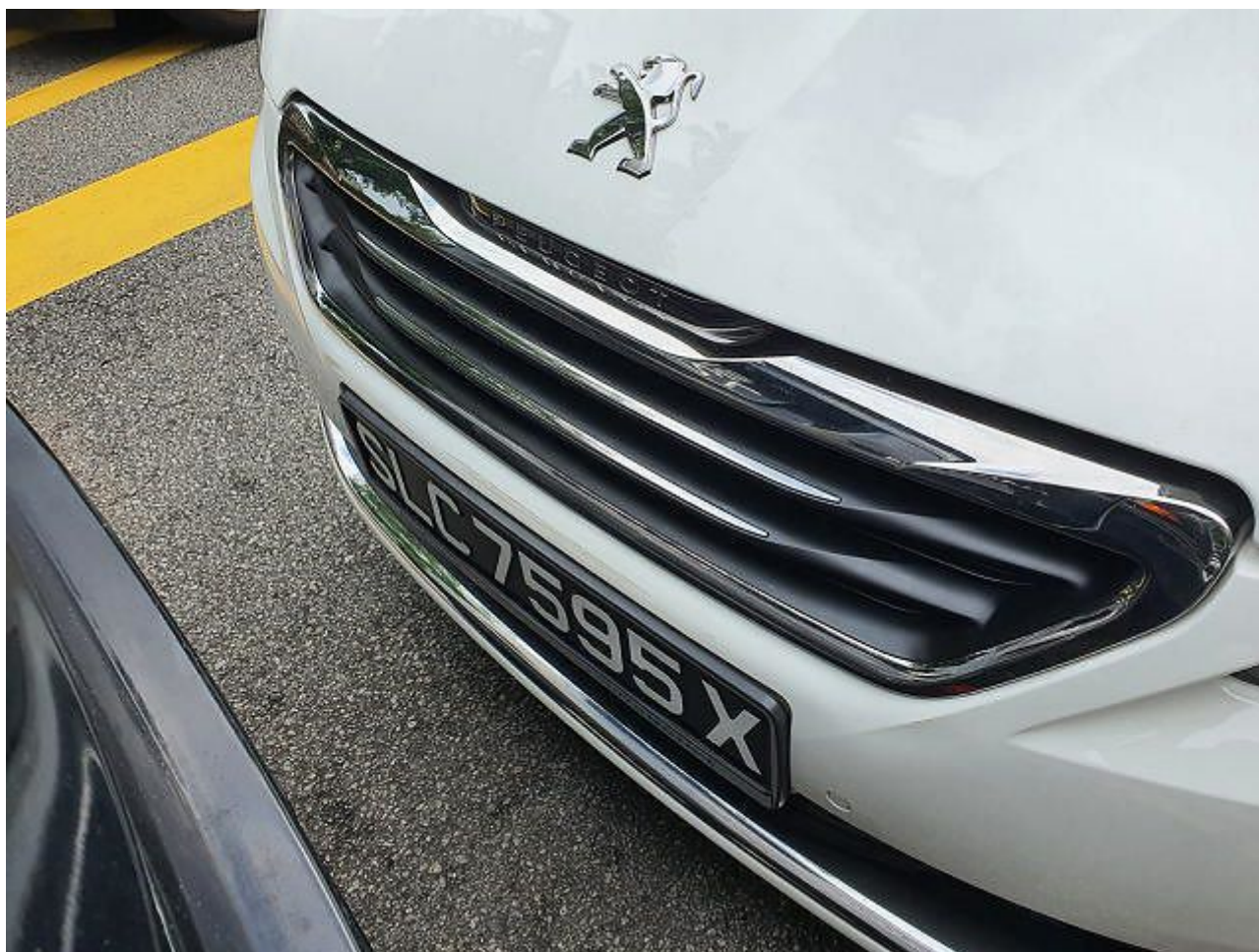
















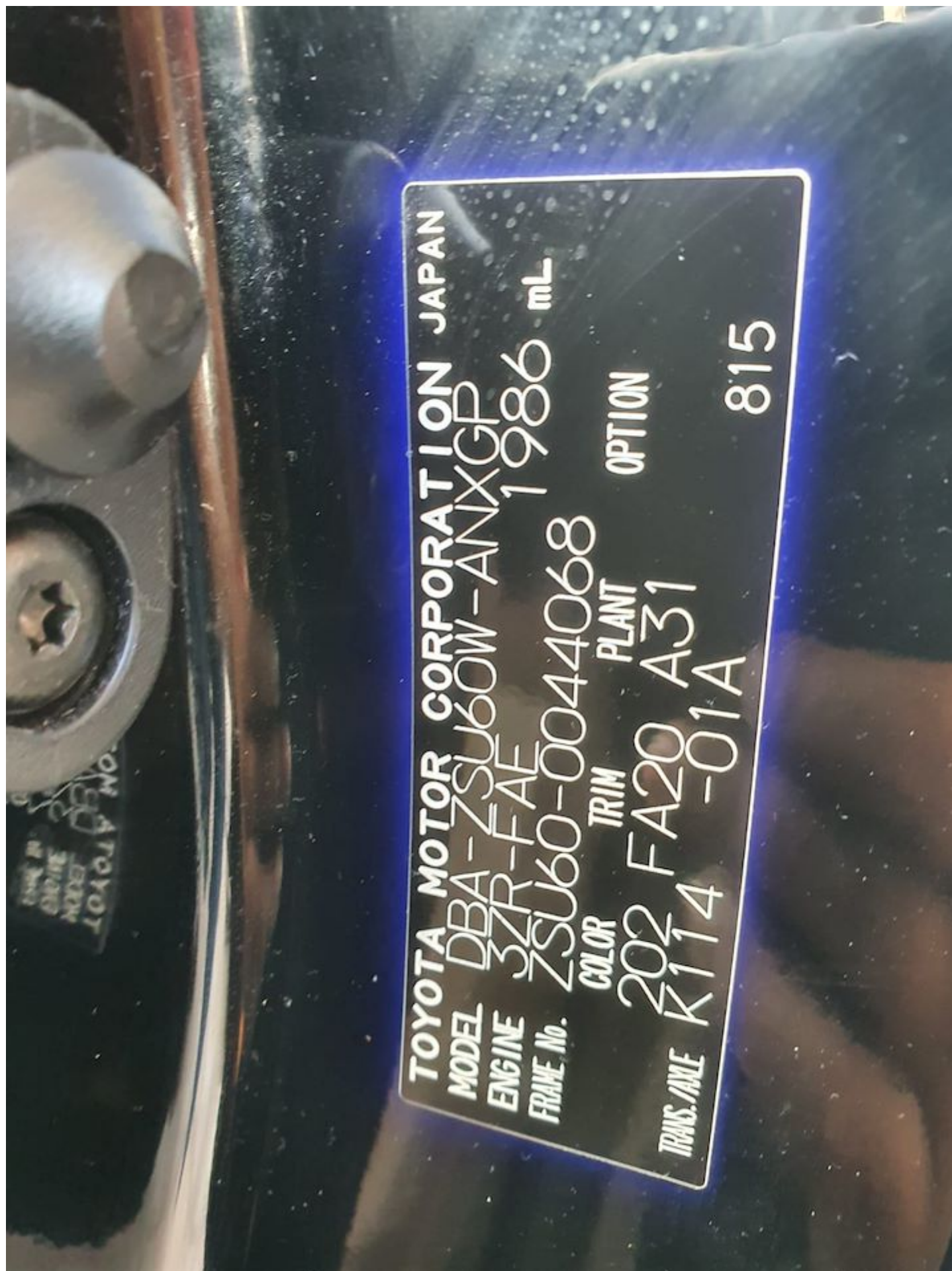















**SINGAPORE
POLICE FORCE**


T/20211023/2016

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20211023/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2021 09:50	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: MUHAMMAD HILMI BIN JA'AFAR			Address: APT BLK 298B COMPASSVALE STREET #02-150 SINGAPORE 542298	
ID Type / ID No.: NRIC NO / S8731703Z			Contact No.: Home/Office:	Mobile: 81338434
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 09/10/1987	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: FACILITIES MANAGER			Driving Licence Information: Class: 2B,2A,2,3 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 16:25	Type of Location: Straight Road
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SKT7201E	Car	TOYOTA	HARRIER 2.0 PREMIUM 2WD CVT	Black	Seriously Damaged	0
SLC7595X	Car	PEUGEOT	308 SW ALLURE PURETECH 1.2 A/T 2WD S/R	White	Seriously Damaged	0

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**SINGAPORE
POLICE FORCE**



T/20211023/2016

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20211023/2016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT7201E	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10533483R00	18/07/2020	21/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HILMI BIN JA'AFAR	ID No.	S8731703Z
Related Vehicle	SKT7201E (Car)	Contact No.	81338434
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/10/2021	Date Discharge	22/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN PECK HAR	ID No.	S7722619B
Related Vehicle	NIL	Contact No.	96509499
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

Brief Details.

On 22/10/2021 at about 1625hrs, I was travelling on the outer most left lane of Jalan Bukit Merah, near EM Services Pte Building. I come to a stop as the traffic was slow and vehicles at the lane was turning left into Kim Tian Road.

After coming to a stop, I suddenly felt a huge impact coming from the rear of my vehicle. I alighted to make a check and a white car, collided with the back of my vehicle. The female driver alighted and make a check with me if I was fine. As I was in a daze and in a state of shock, I informed that I was fine and at that point of time I did not feel any pain. Subsequently we exchanged particulars and left.

About an hour later, I felt some pain on my neck and shoulder. I proceeded to Sengkang General Hospital to make a check and was given 3 days of MC.

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**SINGAPORE
POLICE FORCE**



T/20211023/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20211023/2016

CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20211023/2016

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Report No. T/20211023/2016

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

F /
Sr Staff Sgt TAN YIK MONG,
RYAN

Signature Of Informant:

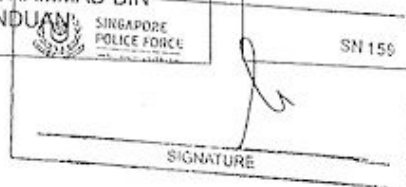
Signature Of Interpreter:
Not applicable

Date/Time:
23/10/2021 09:50

Officer In Charge Of Case:
TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:



SN 159

SIGNATURE

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