

# 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 ..... 08/11/2021 18:16 (SGT)  
Date of Accident ..... 05/11/2021 18:50 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE (TUAS) BEFORE ENG NEO  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJR7040A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... AHMAD ZUHRI BIN FAUZI  
NRIC No ..... SXXXX680D  
Email Address ..... ahmadzuhri@gmail.com  
Mobile Phone No ..... (Phone) +65-85716532  
Alternative Phone No ..... (Home) +65-85716532

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Jazz  
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 ..... 1339

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120116293  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AHMAD ZUHRI BIN FAUZI  
NRIC No ..... SXXXX680D

Date Of Birth .....	02/09/1994
Occupation .....	Indoor
Date Of Driving Pass .....	22/04/2013
Driving experience .....	8 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85716532
Alt. Phone Number .....	(Home) +65-85716532
Email Address .....	ahmadzuhri@gmail.com
Address .....	BLK 442 JURONG WEST AVENUE 1
Address complement .....	#02-748
Postcode .....	640442
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 .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	6
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 .....	NUR ALYAA BINTE JUMAT
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

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED.

#### 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 .....	SMK712S
Vehicle Manufacturer .....	-

Vehicle Model .....	-
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLB1149X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJD1451K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number ..... SHD2021K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
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 ..... AHMAD ZUHRI BIN FAUZI  
Gender ..... Male  
Phone No ..... (Phone) +65-85716532  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... 4 DAYS OF MEDICAL LEAVE  
Injured person in which vehicle? ..... SJR7040A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... NUR ALYAA BINTE JUMAT  
Gender ..... Female  
Phone No ..... (Phone) +65-92388056  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... 3 DAYS OF MEDICAL LEAVE  
Injured person in which vehicle? ..... SJR7040A  
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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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



*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A: SJR7040A  
 Vehicle B: SMK712S  
 Vehicle C: SLB114AX  
 Vehicle D: SJD1451K  
 Vehicle E: UNKNOWN  
 Vehicle F: SHD2021K

PIE (Tmas) before ENGINE



Describe Circumstances of the Accident

- Refer to Police Report -

Declaration

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/20211106/7006

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

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Report No. T/20211106/7006

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR7040A	Car	HONDA	JAZZ 1.3L AT	Yellow	Seriously Damaged	1
SLB1149X	Car				Seriously Damaged	0
SMK712S	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR7040A	NTUC Income Insurance Co-Operative Limited	5120116293	04/12/2020	08/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NUR ALYAA BINTE JUMAT	ID No.	S9633900C
Related Vehicle	SJR7040A (Car)	Contact No.	92388056
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/11/2021	Date	05/11/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	AHMAD ZUHRI BIN FAUZI	ID No.	S9431680D
Related Vehicle	SJR7040A (Car)	Contact No.	85716532
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/11/2021	Date	05/11/2021
No. of Days granted Medical Leave	04	Degree of	Serious



**SINGAPORE  
POLICE FORCE**



T/20211106/7006

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

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Report No. T/20211106/7006

**CONTINUATION OF REPORT**

Brief Details.

ON 05/11/2021 AT ABOUT 18:50HR, I WAS DRIVING MY VEHICLE - SJR7040A, ALONG PIE HEADING TOWARDS TUAS WITH MY FIANCEE IN MY CAR. BEFORE THE EXIT TO ENG NEO, FRONT VEHICLE MADE SUDDEN BRAKE, AND I IMMEDIATELY BRAKE AS WELL. ABOUT 3-4SECONDS LATER, I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION, AND SHORTLY FOLLOWED BY A SECOND IMPACT. SUBSEQUENTLY, WHEN I ALIGHTED MY VEHICLE, I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 6 VEHICLES.

1ST VEHICLE - UNKNOWN  
2ND VEHICLE - SHD2021K  
3RD VEHICLE - SJR7040A  
4TH VEHICLE - SMK712S  
5TH VEHICLE - SLB1149X  
6TH VEHICLE - SJD1451K

MY FIANCEE AND I THEN SEEKED MEDICAL ATTENTION AFTERWARDS AT NG TENG FONG HOSPITAL WERE GIVEN 3 AND 4 DAYS MC RESPECTIVELY.



**SINGAPORE  
POLICE FORCE**



T/20211106/7006

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

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Report No. T/20211106/7006

**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 / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
06/11/2021 10:42

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1E21B000C Vehicle Registration No: SJR7040A  
 Name (as shown in NRIC): AHMAD ZUHRI BIN FAUZI NRIC/FIN/Passport No: S9421880D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 442 JURONG WEST AVENUE 1 #02-74B Singapore ( 640442 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8571 6532  
 Email Address: ahmadzuhri@gmail.com  
 Date of Accident: 05/11/2021 Time of Accident: 18:50  
 Place of Accident: PIC (TUAS) BEFORE ENG N60  
 Insurance Company: NTUC INCOME

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO amend the insurance from HL to NTUC INCOME

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X1	
CERTIFICATE NUMBER : MP317347	
Type of Coverage : Comprehensive	Own Damage Excess : SGD0.00
Sum Insured : Market Value	Windscreen Excess : SGD100.00
1. Index Mark and Registration Number of Vehicle	SLM6855A
Chassis Number of Vehicle	W0LBE8EA3H8043513
2. Name of Policyholder	THAM, LOUIS
3. Effective date of the Commencement of Insurance for the purposes of the Act	05 Apr 2021
4. Date of Expiry of Insurance	05 Apr 2022
5. Persons or Classes of Persons entitled to drive*	
01. THAM, LOUIS	02. CHUUA, SHU HUI
03. N/A	04. N/A
05. N/A	06. N/A
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	
Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.	
This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).	
Hire Purchase Company	: N/A

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Authorized Signature

Issue on: 31 Mar 2021