# **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 witholding 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.

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   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 13/12/2021 12:10 (SGT) Date of Accident 11/12/2021 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information 940 HOUGANG ST. 92 AT THE RUBBISH COLLECTION CTR Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Auto

1499

Vehicle Registration Number SJW6077A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMMAD SUHAIMI BIN JAMIL NRIC No SXXXX058F Email Address imiahus@gmail.com Mobile Phone No (Phone) +65-96853587 Alternative Phone No +65-96853587

VEHICLE PARTICULARS

Manufacturer

Model LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR 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

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00199852101 Cover Note Number 05/10/21 - 04/10/22

DRIVER

CC

Name of Driver MOHAMMAD SUHAIMI BIN JAMIL NRIC No SXXXX058F

Date Of Birth 23/02/1978 Occupation Indoor Date Of Driving Pass 24/03/2000 Driving experience 21 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96853587 Alt. Phone Number +65-96853587 Email Address imiahus@gmail.com Address BLK 217 YISHUN ST. 21 #04-347 Address complement Postcode 760217 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 Fire, explosion or lightning
Weather Conditions Clear
Road Surface Dry

## OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Nο Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SON Gender Male PASSENGER 2 Name SON

Name SON Gender Male

## DETAILS OF POLICE ACTION

Gender

PASSENGER 3

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-68522299

Police Station Address

31 Yishun Central Singapore 768827

Was notice of intended Prosecution given?

No

If yes, against whom?

Male

CIRCUMSTANCES OF ACCIDENT

## REFER TO POLICE REPORT ATTACHED.

\* DRIVER WAS NOT IN THE CAR WHEN INCIDENT HAPPENED.\*

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

SKETCH PLAN

1. VEHICLE NO .: SJW 6077A 2. INSURER CO: China

3.ACCIDENT DATE & TIME: [1

11/12/21 @ 14:00

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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.
- 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)

l 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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

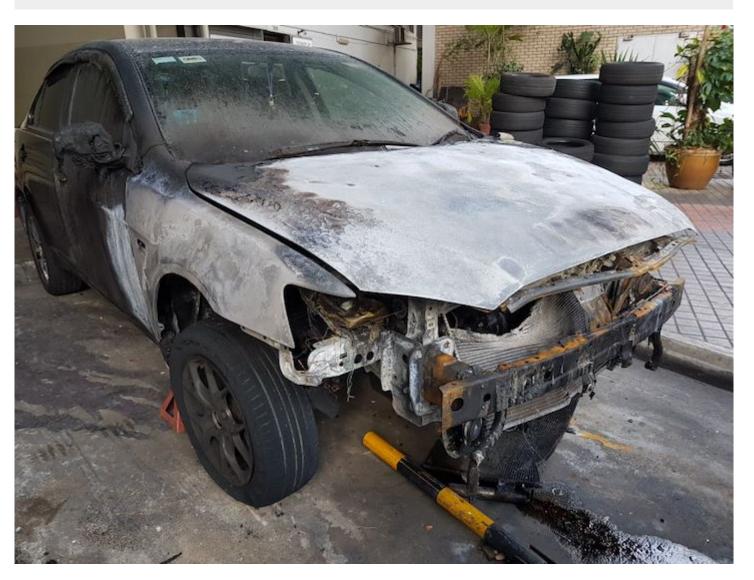
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel / V.

Sketch Plan

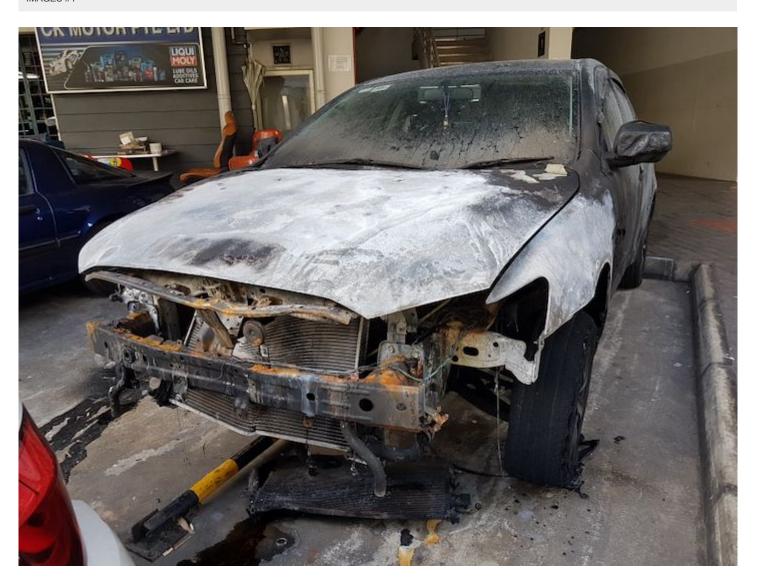
PLEASE
TURNOVER

Sketch Plan	
Refer to scene photos	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to Police Report No: 420211211/	2063
Note : Please note that your insurer may have 14days Time Frame for	you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your p DECLARATION  I/We declare the foregoing particulars are true in every respect.	policy for more information.
Policyholder's Signature Date & Time:  Date & Time:  Claim Own Policy  () Claim Third Party  () Claim OD/TP at other workshop	Reporting Centre Personnel's Signature Name: (YS) Reporting Only

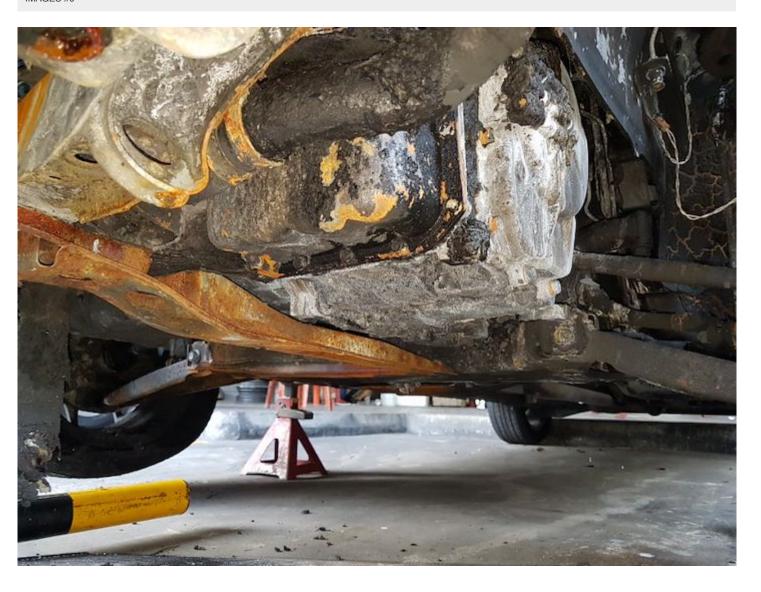


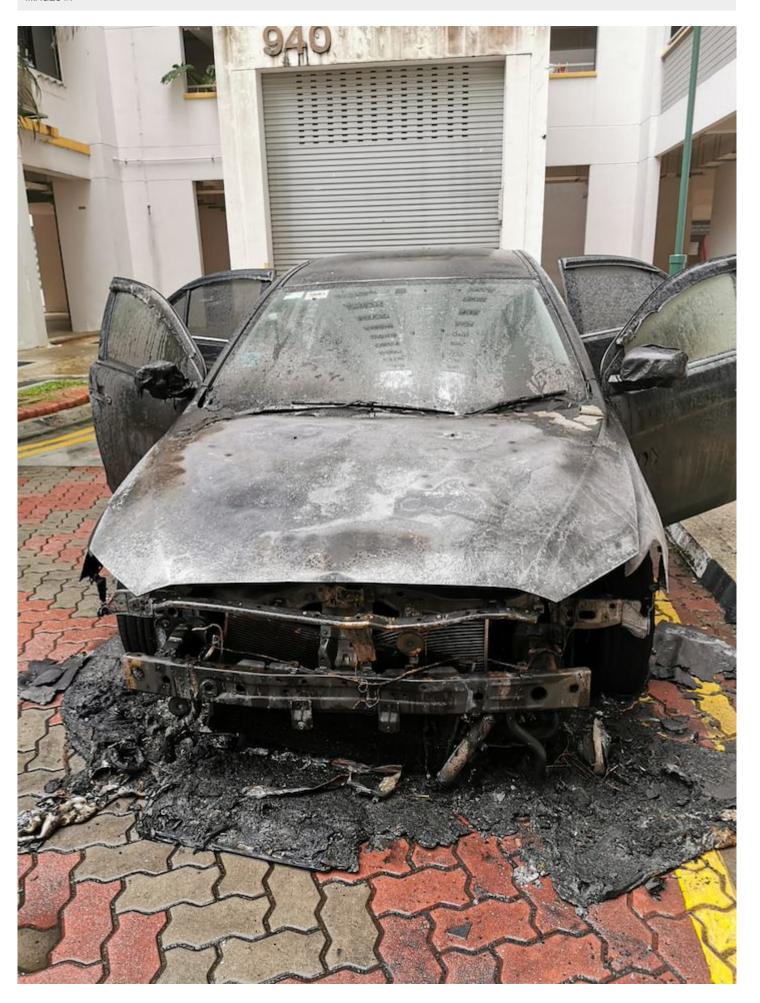


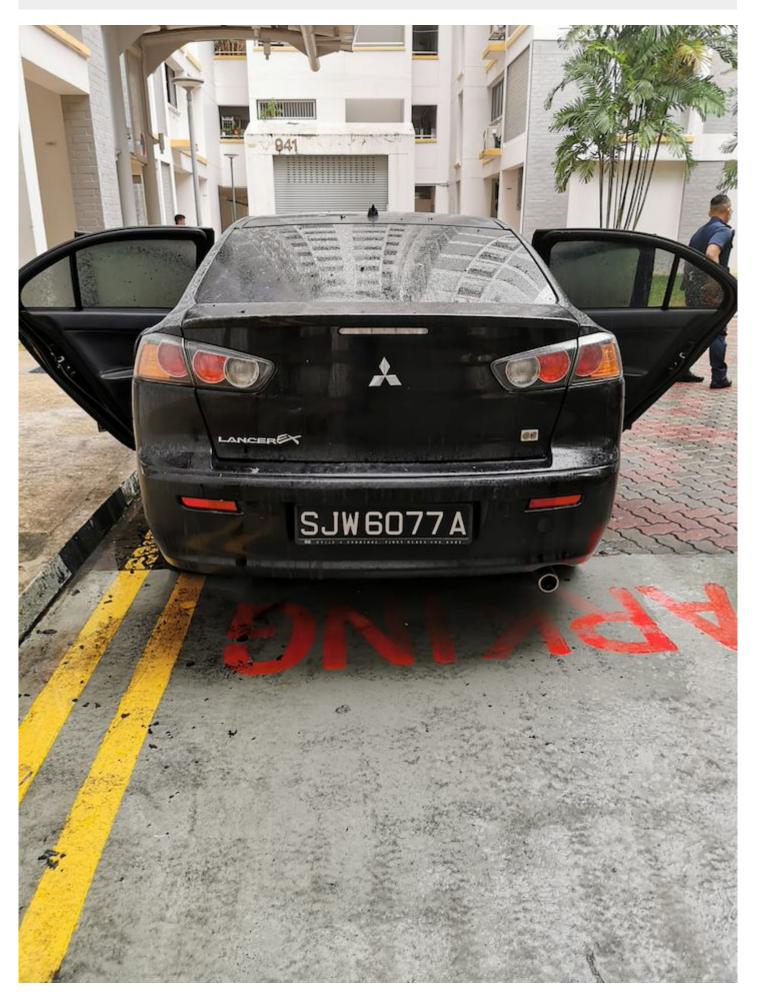


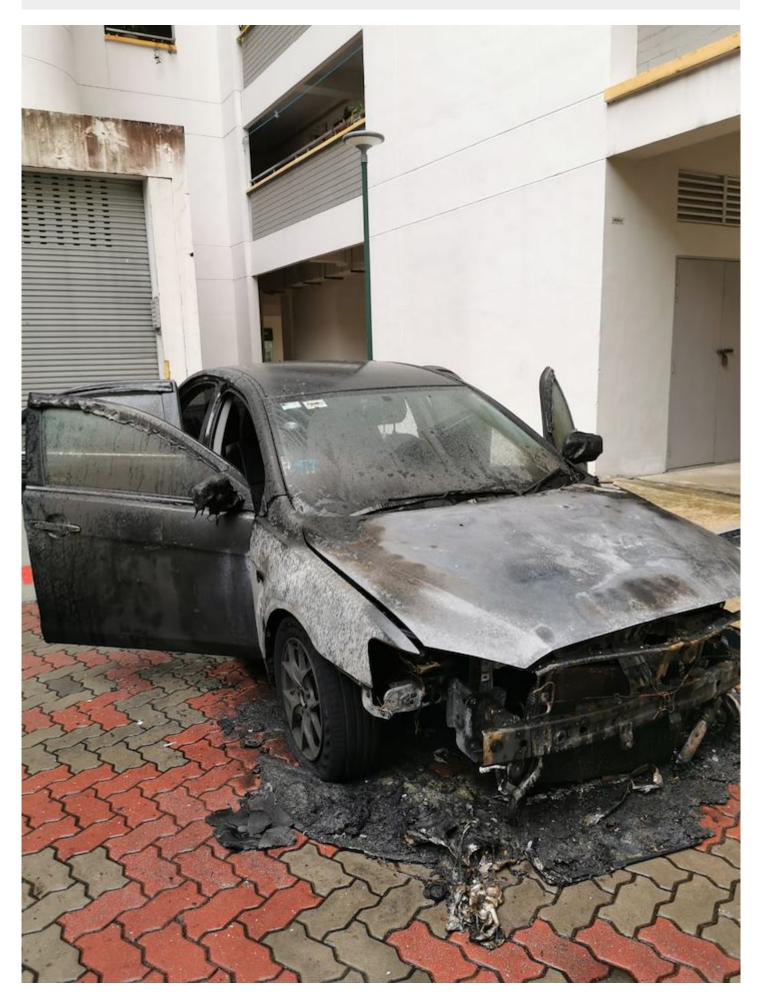


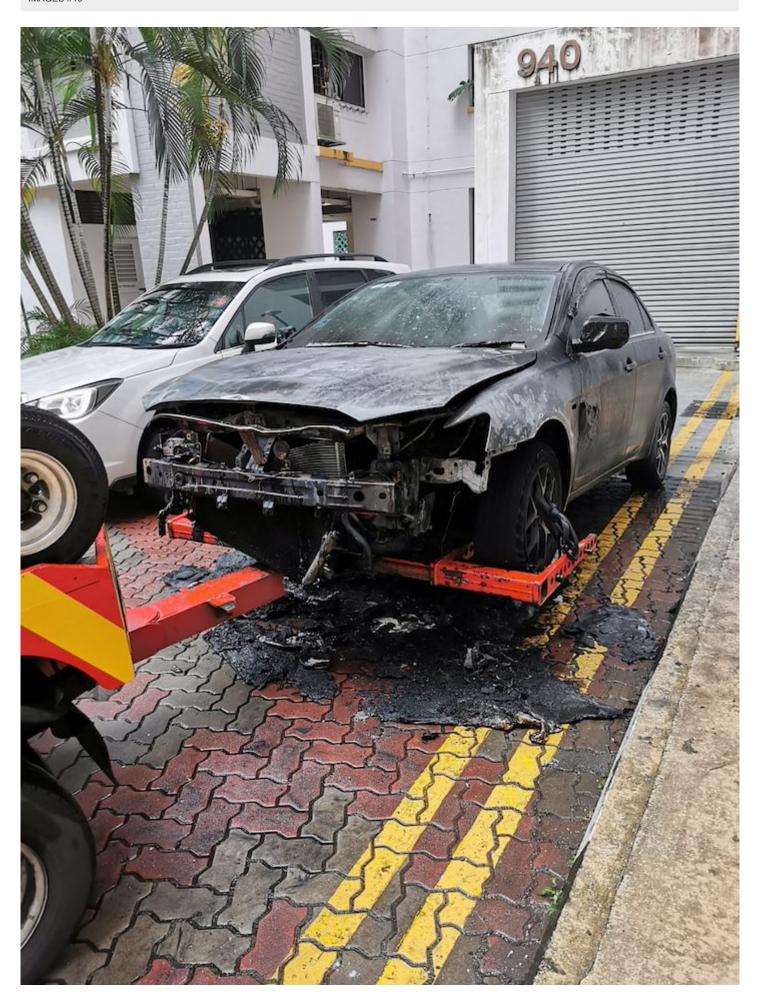
















Report No. L/20211211/2063

## POLICE REPORT (NP299)

Police Station Of Origin Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Date/Time Report Made 11/12/2021 20:57		port No. 211/0134		Station Diary No 123
Name Of Informant	Address			
MOHAMMAD SUHAIMI BIN JAMIL	APT BLK 217 YISHUN STREET 21 #04-347 SINGAPORE 760217			
ID Type / ID No. NRIC NO / S7805058F	Contact No. Home/Office		Mobile 96853587	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Technical Officer	Male	43	23/02/1978	Javanese
Institution/School Name	Language			
Date/Time Of Incident 11/12/2021 13:45 - 11/12/2021 14:00	Location Of Incident 940 HOUGANG STREET 92 HDB-HOUGANG SINGAPORE 530940 Refuse Collection Centre			

## Brief details.

On 11/12/2021 at about 1345hrs, I had parked my car (Mitsubishi Lancer EX / SJW6077A) at the rubbish collection centre area of Blk 940 Hougang.

2) As I was parking temporarily, I kept the engine running whilst I went to pick up items from a unit at the said block. My wife and 4 children were in the car.

Signature Of Officer Recording The Report: L / SI LEE YAO MING, KEVIN GABRIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2021 20:57
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / SNOS Other KHAIRIL AZHAR BIN ABDUL RAHMAN	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211211/2063

- 3) At about 1355hrs. I had called my wife to proceed to meet me for awhile with 1 of my children. My 3 other children were in the car, engine still running.
- 4) At about 1405hrs, we all came down and I saw smoke coming our from the bonnet of my car. The engine was observed to be not running. I checked on my 3 children and found out that they had already evacuated from the car as a passer by had alerted them to. I observed that there was a small fire at the under carriage of the car.
- 5) I called 995 for assistance. While waiting for SCDF, my car caught on fire and subsequently the whole car was engulf in flames.
- 6) I am lodging this report for my insurance claims. That is all.

Date/Time:
11/12/2021 20:57
Classification Of Case: