

# 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 ..... 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

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 ..... Mitsubishi  
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 ..... Auto  
CC ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00199852101  
Cover Note Number ..... 05/10/21 - 04/10/22

### DRIVER

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 .....	Male
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 .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
Number of Passengers (Including Driver) .....	4
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
Gender .....	Male

#### PASSENGER 3

Name .....	SON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. 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? .....	-

#### 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? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No



Sketch Plan

Refer to scene photos

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: L/2021/211/2063

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 policy for more information.

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:

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

☒ Claim Own Policy    ( ) Claim Third Party    ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

13/12/21

(45)









































**SINGAPORE  
POLICE FORCE**



L/20211211/2063

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**POLICE REPORT (NP299)**

Report No. L/20211211/2063

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	Vide Report No. F/20211211/0134	Station Diary No. 123
Name Of Informant MOHAMMAD SUHAIMI BIN JAMIL	Address 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 Technical Officer	Sex Male	Age 43
Institution/School Name	Date of Birth 23/02/1978	Race Javanese
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 / Other KHAIRIL AZHAR BIN ABDUL RAHMAN	Classification Of Case:
Authentication Stamp 	





**SINGAPORE  
POLICE FORCE**



L/20211211/2063

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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 out 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.

Signature Of Officer Recording The Report:  
L / SI LEE YAO MING, KEVIN  
GABRIEL

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
L / Woodlands Police Divisional  
Investigation Branch  
Other KHAIRIL AZHAR BIN ABDUL  
RAHMAN

Authentication Stamp

Singapore Police Force

Signature Of Informant:

Date/Time:  
11/12/2021 20:57

Classification Of Case: