

# 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 ..... 20/12/2021 16:24 (SGT)  
Date of Accident ..... 17/12/2021 08:10 (SGT)  
Exact Location of Accident ..... Simei Street 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJB5783L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JASHIRUDEEN S/O ABDUL RAHIMAN  
NRIC No ..... SXXXX324F  
Email Address ..... ARJASHIR@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-97559140  
Alternative Phone No ..... (Home) +65-97559140

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5097142343-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JASHIRUDEEN S/O ABDUL RAHIMAN  
NRIC No ..... SXXXX324F

Date Of Birth .....	03/10/1965
Occupation .....	Indoor
Date Of Driving Pass .....	20/03/1987
Driving experience .....	34 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97559140
Alt. Phone Number .....	(Home) +65-97559140
Email Address .....	ARJASHIR@YAHOO.COM
Address .....	APT BLK 643 BEDOK RESERVOIR ROAD #06-87
Address complement .....	-
Postcode .....	410643
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 .....	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 ATTACHED

#### 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 .....	SMU3719B
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	JASHIRUDEEN S/O ABDUL RAHIMAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJB5783L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

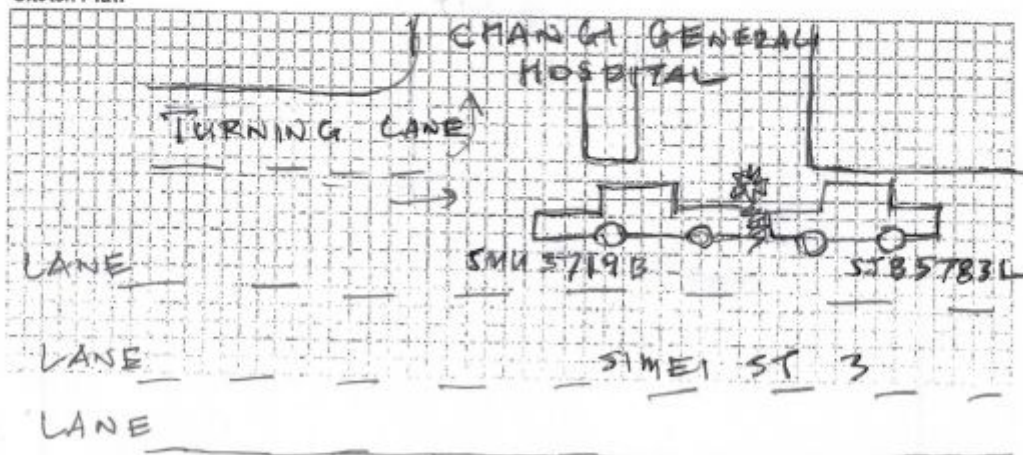
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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(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.

Nash  
Policyholder's Signature / Date & Time

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

MAY  
Witnessed by Reporting Centre Personnel

## Sketch Plan

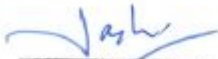


## Describe Circumstances of the Accident

UPON GREEN LIGHT, MOVED CAR  
FORWARD TO FOLLOW FRONT CAR.  
FRONT CAR STOPPED AND I STOPPED.  
CAR BEHIND HIT MY CAR.  
WEATHER WAS CLEAR AND ROAD NORMAL.  
WE DROVE FORWARD FROM JUNCTION  
AND STOPPED.

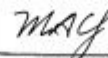
## Declaration

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/20211217/7051

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

1 of 3

Report No. T/20211217/7051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2021 20:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JASHIRUDEEN S/O ABDUL RAHIMAN			Address: 643 BEDOK RESERVOIR ROAD #06-87 SINGAPORE 410643		
ID Type / ID No.: NRIC NO / S1712324F			Contact No.: Home/Office: Mobile: 97559140		
Nationality: SINGAPORE CITIZEN			Email: ARJASHIR@YAHOO.COM		
Sex: Male	Age: 56	Date of Birth: 03/10/1965	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Polytechnic lecturer			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2021 08:10	Type of Location: T-Junction	
Location:  SIMEI STREET 3					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJB5783L	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver		0
SMU3719B	Car	TOYOTA	Vios	Red	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211217/7051

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

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Report No. T/20211217/7051

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB5783L	NTUC Income Insurance Co-Operative Limited	5097142343-03	17/01/2021	16/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JASHIRUDEEN S/O ABDUL RAHIMAN		ID No.	S1712324F
Related Vehicle	SJB5783L (Car)		Contact No.	97559140
Hospital/Clinic	ALLIANCE CLINIC AND PARTNERS PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/12/2021		Date	17/12/2021
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	LEE MAY LI MINA		ID No.	S7042261A
Related Vehicle	SMU3719B (Car)		Contact No.	96412897
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

## Brief Details.

Accident happened outside Changi General Hospital main entrance along Simei Street 3. Car in front of me moved forward upon green light. I followed behind. Car stopped after some distance. I stopped too and car rear of me hit my car. We both move away from the junction. We exchanged info and took pictures. I drove car to workshop. Later I went to see doctor and got 5 days MC. Got incident pictures to show.





**SINGAPORE  
POLICE FORCE**

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



T/20211217/7051

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Report No. T/20211217/7051

**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

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

Date/Time:  
17/12/2021 20:15

Classification Of Case:

This report is lodged at Kampong Glam NPP Kiosk 1  
NP168