

# 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 ..... 27/12/2021 16:20 (SGT)  
Date of Accident ..... 25/12/2021 09:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JLN AHMAD IBRAHIM TWDS AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV8004D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RENT MY CAR SG LLP  
Company Reg No ..... TXXXXX330A  
Email Address ..... rentmycarsg@gmail.com  
Mobile Phone No ..... (Phone) +65-98358413  
Alternative Phone No ..... +65-98358413

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MM000009-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MAS MUHAMMAD ASNAWI BIN MAS GHAZALI  
NRIC No ..... SXXXX520A

Date Of Birth .....	11/01/1997
Occupation .....	Indoor
Date Of Driving Pass .....	14/07/2021
Driving experience .....	5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93893471
Alt. Phone Number .....	-
Email Address .....	rentmycarsg@gmail.com
Address .....	BLK 524 JELAPANG ROAD
Address complement .....	#08-313
Postcode .....	670524
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Side Swipe
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211226/2028

#### 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 .....	SD CARD WITH TRAFFIC OFFICER.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBK7275X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	MAS MUHAMMAD ASNAWI BIN MAS GHAZALI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLV8004D
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.



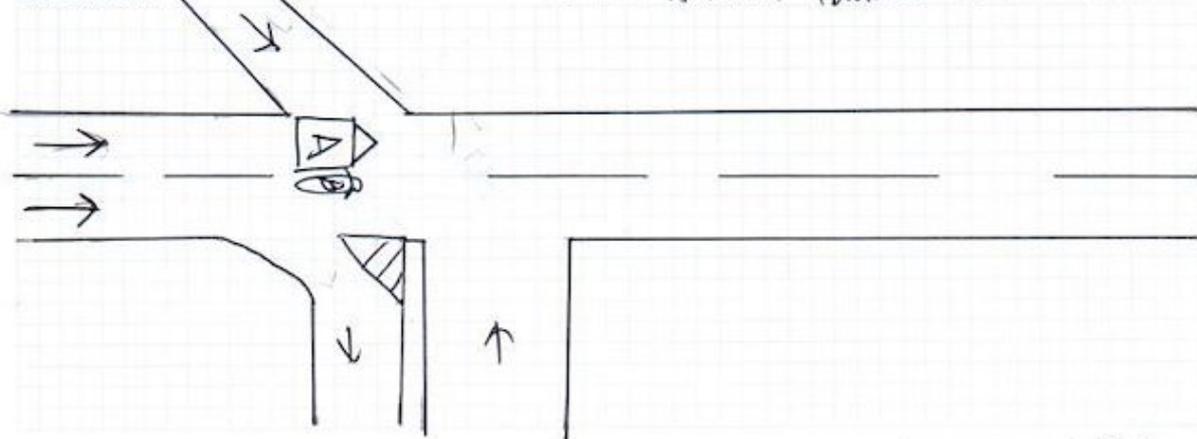
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

*[Signature]* 27/12/21  
 Jalan Ahmad Ibrahim towards AYE

Sketch Plan



(A) SLV8004D  
 (B) FBK 7275X

**Describe Circumstances of the Accident**

Refer to TP Report:  
T/20211226/2028

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.



**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A

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

Slym 27/12/21

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20211226/2028

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3  
Report No. T/20211226/2028

**CONTINUATION OF REPORT**

Driver			
Name	MAS MUHAMMAD ASNAWI BIN MAS GHAZALI	ID No.	S9701520A
Related Vehicle	SLV8004D (Car)	Contact No.	93893471
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/12/2021	Date Discharge	25/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I have rented a vehicle (SLV8004D) from RENTMYCAR SG LLP between the period of 24th December 2021 to 28th December 2021.

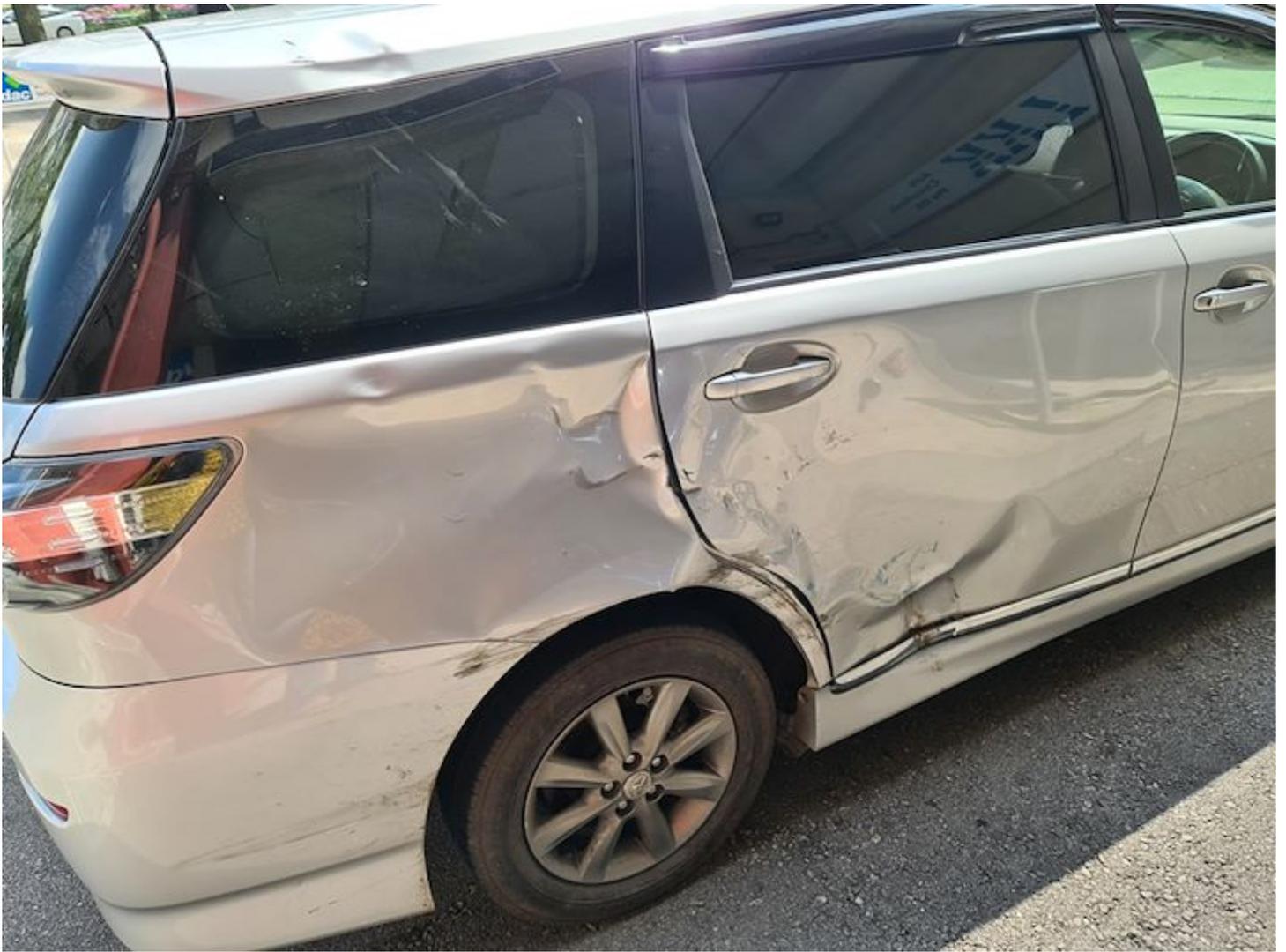
On 25th December 2021 at about 0940hrs, I was driving vehicle (SLV8004D) along Jalan Ahmad Ibrahim going towards AY E. While I was at the split road attempting to join towards AYE, I stop and made a check the convex mirror in front of me to make sure that there were no vehicles coming from my right. I then proceeded forward to the most left lane of the major road to check my right side again. While I move my half of the vehicle to the most left to check the blind spot, I spotted a blue motorcycle at the center of the 2 lanes, coming towards me very fast. As I wanted to avoid him, I quickly accelerate however I could not go directly straight as it was an oncoming lane, therefore I drove towards the most right which turns right. However, even after my half of my vehicle entered the most right lane, the motorcyclist still managed to collide to the right rear of my vehicle. Airbags were deployed in my vehicle. The impact of the airbags has knock onto my head, neck area. I am suffering some pain over the right side of my head and neck area. I am having some problems hearing on my right ear as well. I then exited my vehicle and attended to the motorcyclist however he was not able to move. I then called for police and ambulance for assistance. The motorcyclist was then conveyed to Ng Teng Fong General Hospital. I have CCTV in my vehicle to which the SD Card was handed over to the police officers.

























**SINGAPORE  
POLICE FORCE**



T/20211226/2028

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3  
Report No. T/20211226/2028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2021 13:30	Vide Report No.: J/20211225/0102	Station Diary No.: 51
--------------------------------------------	-------------------------------------	--------------------------

## Informant's Particulars

Name of Informant: MAS MUHAMMAD ASNAWI BIN MAS GHAZALI		Address: APT BLK 524 JELAPANG ROAD #08-313 SINGAPORE 670524	
ID Type / ID No.: NRIC NO / S9701520A		Contact No.: Home/Office: Mobile: 93893471	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 11/01/1997	Type of Informant: Driver
Race: Boyonese		Language:	Institution / School Name:
Occupation: SWABBER		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 25/12/2021 09:40	Type of Location: Straight Road
Location:  JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV8004D	Car				Seriously Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20211226/2028

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2 of 3  
Report No. T/20211226/2028

**CONTINUATION OF REPORT**

Driver			
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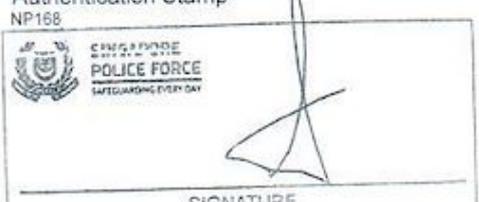
3 of 3  
Report No. T/20211226/2028

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 J / Sgt 3 AUSTIN TAN RI QUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2021 13:30
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168  <p>SIGNATURE</p>	