

# 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 ..... 18/01/2022 18:06 (SGT)  
Date of Accident ..... 17/01/2022 10:18 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE TOWARDS SLE JUST BEFORE THE MOULMEIN EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ5164Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD NOORHIDAYAT BIN IBRAHM  
NRIC No ..... SXXXX534I  
Email Address ..... m.noorhidayatibrahim@gmail.com  
Mobile Phone No ..... (Phone) +65-83223096  
Alternative Phone No ..... +65-83223096

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ21-001223  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD NOORHIDAYAT BIN IBRAHM  
NRIC No ..... SXXXX534I

Date Of Birth .....	06/01/1995
Occupation .....	Indoor
Date Of Driving Pass .....	12/10/2017
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83223096
Alt. Phone Number .....	+65-83223096
Email Address .....	m.noorhidayatibrahim@gmail.com
Address .....	BLK 638 YISHUN STREET 61
Address complement .....	#08-154
Postcode .....	760638
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 .....	Hit by fallen tree / Other objects
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 .....	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

PLS REFER TO THE POLICE REPORT : L/20220117/2048

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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 .....	TYRE
No. Of Passenger (Including Driver) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
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 .....	MUHAMMAD NOORHIDAYAT BIN IBRAHM
Gender .....	Male
Phone No .....	(Phone) +65-83223096
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UPPER BACK AND NECK PAIN
Injured person in which vehicle? .....	SLZ5164Z
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 :

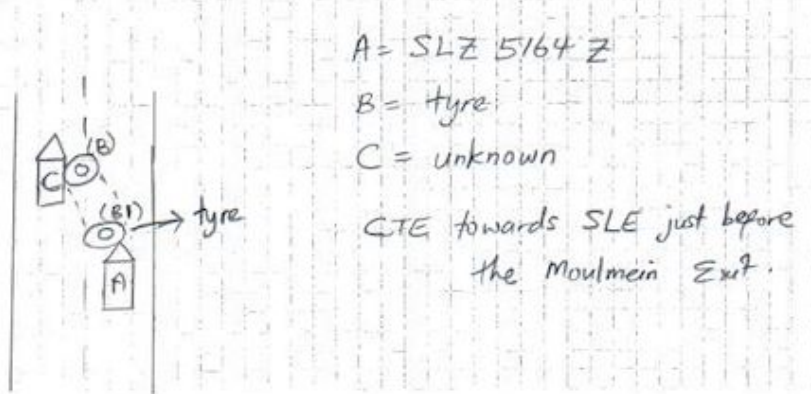
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

*Y Joo*  
 Policyholder's Signature / Date & Time

*Y Joo 18/01/2022*  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*Ru 18/01/22*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstances of the Accident


— Refer to the police report : L/20220117/2048. —

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

 18/01/2022  
Driver's Signature (if driver is not the policyholder) / Date & Time

 18/1/22  
Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



L/20220117/2048

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**POLICE REPORT (NP299)**



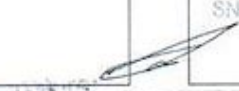
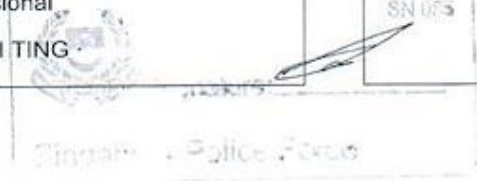
Report No. L/20220117/2048

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

Date/Time Report Made 17/01/2022 16:08	Vide Report No.	Station Diary No. 50
Name Of Informant MUHAMMAD NOORHIDAYAT BIN IBRAHIM	Address APT BLK 638 YISHUN STREET 61 #08-154 SINGAPORE 760638	
ID Type / ID No. NRIC NO / S95005341	Contact No. Home/Office	Mobile 83223096
Nationality SINGAPORE CITIZEN	Email Address m.noorhidayatibrahim@gmail.com	
Occupation Property Officer	Sex Male	Age 27
	Date of Birth 06/01/1995	Race Malay
Institution/School Name	Language	
Date/Time Of Incident 17/01/2022 10:15	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE CTE towards SLE just before the Moulmein Exit	

**Brief details.**

On 17th January 2022 at around 1018hrs I was travelling along CTE towards SLE in the first lane. I saw that there was an object in the second lane a distance away. When I was nearing the object a white SUV in the second lane hit the object causing it to fly towards my car. I immediately applied my emergency brakes but was unable to stop in time. My car ended up going over the object in a jerky motion. I pulled over to the side and saw that my front left bumper had a huge dent to it and my front left tire was punctured. My front left tire rims was also scratched. I also suffered upper back and neck pain due to this

Signature Of Officer Recording The Report: L / Sgt 2 ANGELO MARCEL THOMAS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2022 16:08
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp (2) KRISTINE NG KAI TING Contact No.: 67360059 	Classification Of Case: SN 073
Authentication Stamp IBCC: 63647559 	



**SINGAPORE  
POLICE FORCE**



L/20220117/2048




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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220117/2048

incident. I went to Greenlink Medical Clinic and was given 2 days MC. I was also given a referral letter to KTPH by the doctor in the event that the pain doesn't go away. I wish to state that the object looked like a spare tire, the kind that lorries used.

Signature Of Officer Recording The Report: L / Sgt 2 ANGELO MARCEL THOMAS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2022 16:08
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp (2) KRISTINE NG KAI TING Contact No.: 67360059	Classification Of Case: 
Authentication Stamp 