

# 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 ..... 03/02/2022 15:56 (SGT)  
Date of Accident ..... 28/01/2022 14:20 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS BETWEEN EUNOS AND PAYA LEBAR  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH7291X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ORANGE CARS  
Company Reg No ..... 5XXXX768M  
Email Address ..... KIM@FRESHCARS.SG  
Mobile Phone No ..... (Phone) +65-96645677  
Alternative Phone No ..... +65-96645677

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00012282101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NUR IRSYAD FARIS BIN NAHAR  
NRIC No ..... SXXXX594F

Date Of Birth .....	10/10/1990
Occupation .....	Outdoor
Date Of Driving Pass .....	14/03/2015
Driving experience .....	6 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96645677
Alt. Phone Number .....	-
Email Address .....	NURIRSYADHARIS@HOTMAIL.CO.UK
Address .....	BLK 415 EUNOS ROAD 5
Address complement .....	#08-54
Postcode .....	400415
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 .....	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 THE POLICE REPORT : T/20220129/7003

#### 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 .....	SLE7014X
Vehicle Manufacturer .....	Citroen
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	HO JIA CHUEN
NRIC No .....	SXXXX205I
Contact Number .....	(Phone) +65-92313411
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 .....	NUR IRSYAD FARIS BIN NAHAR
Gender .....	Male
Phone No .....	(Phone) +65-96645677
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, HEADACHE (SLIGHT)
Injured person in which vehicle? .....	SLH7291X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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7. By the lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

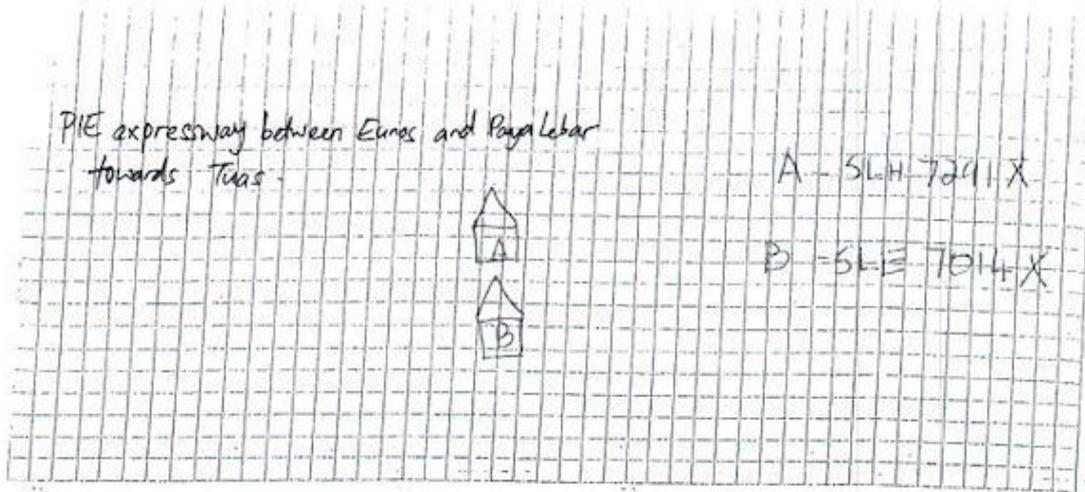


Policyholder's Signature  
Date & Time:

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

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

*R* 03/2/2022

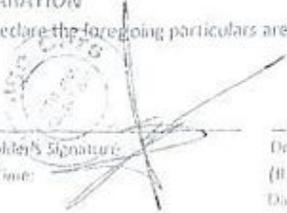


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO: T/20220129/7003

DECLARATION

(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:

 03/2/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FBI No.:



















**SINGAPORE  
POLICE FORCE**



T/20220129/7003

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

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Report No. T/20220129/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2022 08:49	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NUR IRSYAD FARIS BIN NAHAR		Address: 415 EUNOS ROAD 5 #08-54 SINGAPORE 400415	
ID Type / ID No.: NRIC NO / S9037594F		Contact No.: Home/Office:                      Mobile: 96645677	
Nationality: SINGAPORE CITIZEN		Email: nurirsyadfarris@hotmail.co.uk	
Sex: Male	Age: 31	Date of Birth: 10/10/1990	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Electronics engineer (general)		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2022 14:20	Type of Location: PIE EXPRESSWAY
Location:  PAN ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE7014X	Car	CITROEN		Blue	Slightly Damaged	0
SLH7291X	Car	HONDA	VezeL+Hybrid	Black	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220129/7003

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

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Report No. T/20220129/7003

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO JIA CHUEN	ID No.	S8112205I
Related Vehicle	SLE7014X (Car)	Contact No.	92313411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	NUR IRSYAD FARIS BIN NAHAR	ID No.	S9037594F
Related Vehicle	SLH7291X (Car)	Contact No.	96645677
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/01/2022	Date	28/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

I was travelling at PIE expressway between Eunos and Paya Lebar heading towards Tuas on 28/1/22 at 2:20pm when accident occurred. Traffic was heavy and the car behind me was unable to brake in time and hit me from the rear. Nobody was hurt but i sustained minor injury.



**SINGAPORE  
POLICE FORCE**



T/20220129/7003

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

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Report No. T/20220129/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/01/2022 08:49

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168

