

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	12/02/2022 12:04 (SGT)
Date of Accident	09/02/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9187B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYAFIEE BIN MOHAMED DELI
NRIC No	SXXXX282B
Email Address	MUHDSYAFIEE@GMAIL.COM
Mobile Phone No	(Phone) +65-82242455
Alternative Phone No	+65-82242455

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	5119203801-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SYAFIEE BIN MOHAMED DELI
NRIC No	SXXXX282B



Date Of Birth	13/11/1992
Occupation	Indoor
Date Of Driving Pass	29/10/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82242455
Alt. Phone Number	+65-82242455
Email Address	MUHDSYAFIEE@GMAIL.COM
Address	799B WOODLANDS DR #04-129
Address complement	-
Postcode	732799
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR FATIAH BINTE SIRAJUDDIN
Gender	Female

PASSENGER 2

Name	MEDINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1141P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV9187B
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' law yers/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' law yers/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 law yers/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

Sketch Plan



(A) 5 JV 918TB
(B) 8/B 1141P

Refer to Police Report no: 5/2022/210/2074

I/We declare the foregoing particulars are true in every respect.

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20220210/2054

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Report No: T/20220210/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2022 15:29	Video Report No.:	Station Diary No.: 46
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Informant's Particulars			
Name of Informant: MUHAMMAD SYAFIEE BIN MOHAMED DELI		Address: APT BLK 799B WOODLANDS DRIVE 60 #04-129 SINGAPORE 732799	
ID Type / ID No.: NRIC NO / S9241282B		Contact No.: Home/Office: Mobile: 82242455	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 13/11/1992	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: ENGINEERING TECHNICIAN		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: 09/02/2022 17:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 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	Condition	No of Passenger
SHB1141P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon	Slightly Damaged	0
SJV9187B	Car	KIA	CERATO FORTE KOUP 2.0 SX AT D/AB 2WD SR	Red	Slightly Damaged	2



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Report No: T/20220210/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV9187B	NTUC Income Insurance Co-Operative Limited	5119203801-01	28/09/2021	21/08/2022

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name		CHOI HENG LOONG		ID No.	S7632001B	
Related Vehicle		SHB1141P (Car)		Contact No.	91702038	
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment		NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL	
Driver						
Name		MUHAMMAD SYAFIEE BIN MOHAMED DELI		ID No.	S9241282B	
Related Vehicle		SJV9187B (Car)		Contact No.	82242455	
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment		NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL		Degree of Injury	Slight	

Brief Details.

On 09/02/2022 at about 1730hrs, I was driving my vehicle SJV9187B with my wife and my 1-month-old baby in the car, I was travelling on the first lane at CTE towards woodlands while I was near the BCA academy, the vehicle I was driving was being hit from the rear. I got into a state of shock thus, I am unable to feel any pain at that point of time. I then exited my vehicle and saw that my vehicle plate placed on the rear dented and the rear bumper suffered from crack, scratches and dent. The other vehicle SHB1141P that hit my rear vehicle, I observed that there are scratches on the front.

Me and the other driver exchanged particulars and left the scene. Subsequently, at night I felt pain on my lower back and knee, while my wife felt pain on her lower back.

On 10/02/2022 I realized that my baby was crying non-stop, and I was worried that my baby was suffering from any injuries that wasn't visible, thus, I bring my wife and child to woodlands mart banyan clinic to see a doctor and me and my wife was given MC for 3 days and the doctor informed me to observe my daughter for this few days.



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T/20220210/2054

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Report No. T/20220210/2054

CONTINUATION OF REPORT

I then came to lodge a police report for official claim purposes.



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POLICE FORCE**

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20220210/2054

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Report No: T/20220210/2054

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:
L / SGT 2 BRANDON NEO ZHEN
YAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/02/2022 15:29

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

SN 130

NP168



Signature:

Singapore Police Force