# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 21/02/2022 14:17 (SGT) Date of Accident 19/02/2022 13:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE towards Changi near Lor 6 Toa Payoh Exit Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLV6453D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

Nordin Bin Mohamad NRIC No. S1365096I

Email Address ridhwan 88@hotmail.com Mobile Phone No (Phone) +65-86992352

Alternative Phone No +65-86992352

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Attrage

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 1193

**INSURANCE COMPANY** 

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο

Policy Number GA503870/1 Cover Note Number

DRIVER

Name of Driver Muhammad Ridhwan Bin Zulkiffli Abdul Ghani NRIC No. S8850530A

Date Of Birth 19/12/1988 Occupation Indoor Date Of Driving Pass 07/06/2019 Driving experience 2 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97371347 Alt. Phone Number Email Address ridhwan 88@hotmail.com Address BLK 429 Bukit Panjang Ring Road #12-719 Address complement Postcode 670429 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMG77M

Vehicle Registration NumberSMG77MVehicle ManufacturerLexusVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-



Address	<del>-</del>
Address complement	<del>-</del>
Postcode	<del>-</del>
Insurance Company Name	·····
Nature Of Damage	
Details of property damaged in accider	nt
No. Of Passenger (Including Driver)	<del>.</del>

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLK493K Vehicle Manufacturer Mercedes Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Duncan Contact Number (Phone) +65-82238897 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 Ridhwan Bin Zulkiffli Abdul Ghani Gender Male Phone No (Phone) +65-97371347 Address Address Complement Post Code Approximate Age Years Old 33 Injuries Sustained Injured person in which vehicle? SLV6453D 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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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:
  - 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.

8 xx

Policyholder's Signature Date & Time:

Commercial Commercial

1443

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN					
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7				A: SLV6453 D	
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		1 1		C : 114493K	
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# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

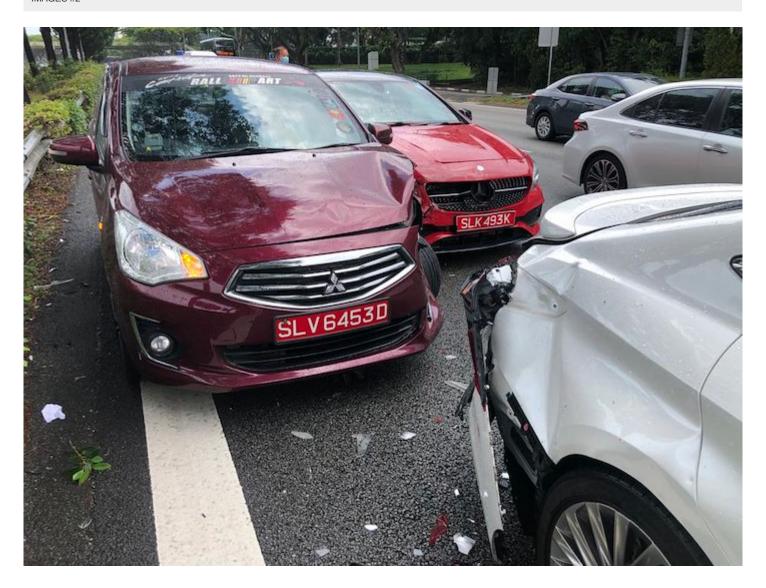
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Palm

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date & Time:





















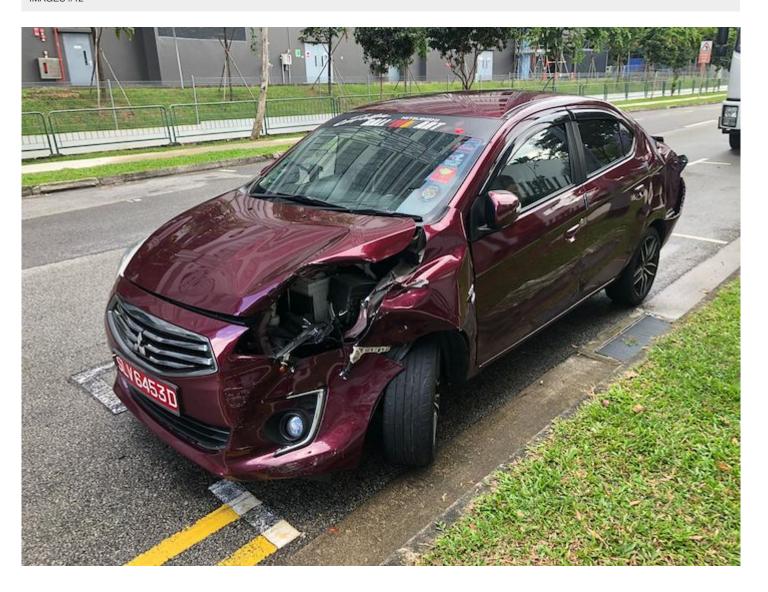
















3 013 Report No. T/20220220/2024

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

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:
*	\$25yr
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2022 13:12
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:
NP168	



T20220220204

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/20220220/2024

CONTINUATION OF REPORT

Details of Perso	The second secon	15 30000				
Any Pedestrian Ir No. of Pedestrian	P TOTAL PROPERTY OF THE PROPER		Use of Pe	destrian	Cross	ing: NA
Driver	5 Injured, INIL	Parameter 1	OSE OF FE	destriar	01033	ing. 147
Name	Unknown Driver		ID No	NIL		
Related Vehicle	SLK493K (Car)		Conta	82238897		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Da		g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Date Discharge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	
Driver		H. Walley				
Name	MUHAMMAD RIDHI ABDUL GHANI	WAN BIN 2	ZULKIFFLI	ID No.		S8850530A
Related Vehicle	SLV6453D (Car)					97371347
Hospital/Clinic	OneCare Clinic Buki		Class of Driving Licence & Expiry Date		Class; 3 Date of Expiry: NIL	
Date Treatment	20/02/2022		Date Dis	charge	20/02	/2022
	ted Medical Leave	03	Degree o	of Injury	NIL	

#### Brief Details.

On 19th Feb 2022 at about 1pm, I was driving my vehicle (SLV6453D) at PIE towards Changi near to Lorong 6 Toa Payoh exit along the most right lane. While I was driving, a vehicle (SMG77M) which was in front of me stop all of a sudden, to which I quickly apply the brake and manage to stop in time. However, another vehicle (SLK493K) from my rear collided with me, causing my vehicle to move forward and collided to the vehicle (SMG77M) in front of me.

We then got down to take photos of the accident and wanted to exchange particulars. However, the owner of SMG77M took photos and left the scene immediately without engaging anyone. Shortly after, police officers arrived at scene. No one was injured. I have CCTV footages in my vehicle.





1 of 3 Report No. T/20220220/2024

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

REPORT OF A TRAFFIC ACCIDENT

	e Report M 22 13:12	lade:	Vide Report No.: E/20220219/0111	Station Diary No.: 37			
Informa	nt's Particu	ılars					
MUHAM	Informant: MAD RIDH LI ABDUL		Address: APT BLK 429 BUKIT PANJANG RING ROAD #12-719 SINGAPORE 670429				
ID Type			Contact No.: Home/Office: Mobile: 97371347				
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age:	Date of Birth: 19/12/1988	Type of Informant: Driver				
Race: Malay			Language: Institution / School Nam				
Occupat			Driving Licence Information: Class: 3	Date of Expiry:			

seneral inform	nation of the Accident		D. I. Time of	Type of Location
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2022 13:00	Straight Road
Location:	EVENTERIMAN			
PAN-ISLAND	EXPRESSWAY			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
	sion:			Anyone conveyed by

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK493K	Car				Seriously Damaged	
SLV6453D	Car				Seriously Damaged	
SMG77M	Car				Seriously Damaged	