

# 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 ..... 22/02/2022 13:26 (SGT)  
Date of Accident ..... 21/02/2022 13:54 (SGT)  
Exact Location of Accident ..... 180 Ang Mo Kio Ave 8, Singapore 569830  
Additional Location Information ..... NAYANG POLY EXIT TO ANG MO KIO AVE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMC7360U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BIS MOTORING PTE LTD  
Company Reg No ..... 2XXXXX055D  
Email Address ..... keiftan@bismotoring.com.sg  
Mobile Phone No ..... (Phone) +65-86881311  
Alternative Phone No ..... (Office) +65-86881311

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Carens  
Variant ..... KIA CARENS  
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 ..... 1700

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... COI-SOMF1000000413-SMC7360U  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HO SIEW NAM  
NRIC No ..... SXXXX974G

Date Of Birth .....	20/12/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	01/04/1980
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86869832
Alt. Phone Number .....	-
Email Address .....	ho1520974@gmail.com.sg
Address .....	885, TAMPINES ST 83 #08-23
Address complement .....	-
Postcode .....	520885
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 - Cross Junction
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 .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRING STRAIGHT AFTER TRAFFIC LIGHT TURN GREEN , VEHICLE SLE6781X CAME FROM OPPOSITE DIRECTION TRY TO MAKE A TURN RIGHT AND HIT ONTO MY VEHICLE

#### 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 .....	SLE6781X
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

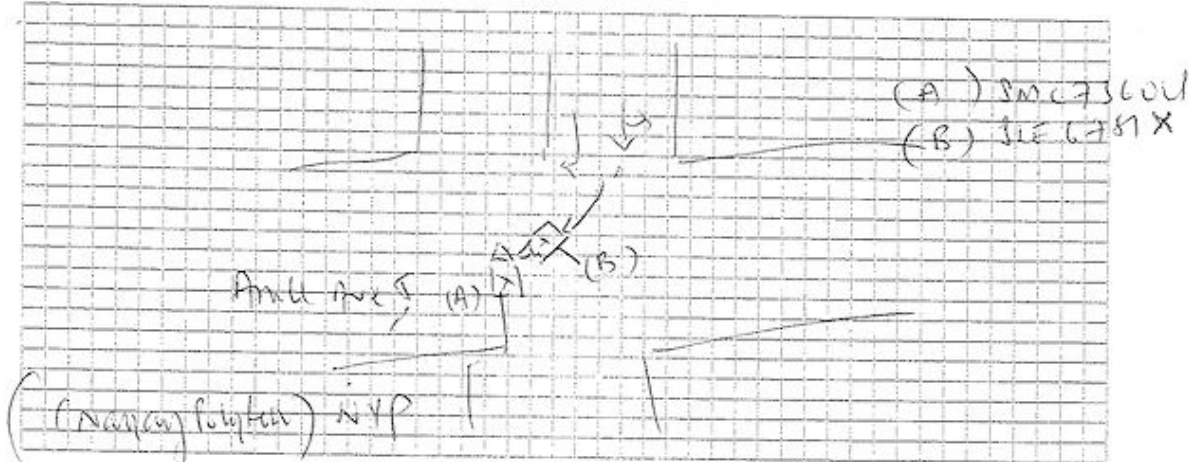
Vehicle Category .....	Private hire
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	HO SIEW NAM
Gender .....	Male
Phone No .....	(Phone) +65-86869832
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	MC
Injured person in which vehicle? .....	SMC7360U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight rd after traffic light appear (green) as I move off, opposite vehicle (SLE 6781X) make a right turn & hit my front.

DECLARATION

I/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:

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

SKETCH PLANIMPORTANT 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. 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.
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/FIN No.:





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N P C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999



T/20220222/2024

1 of 3

Report No. T/20220222/2024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:

22/02/2022 11:45

Vide Report No.:

Station Diary No.:

14

**Informant's Particulars**

Name of Informant: HO SIEW NAM			Address: APT BLK 885 TAMPINES STREET 83 #08-23 SINGAPORE 520885		
ID Type / ID No.: NRIC NO / S1520974G			Contact No.: Home/Office: Mobile: 86869832		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 20/12/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			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: 21/02/2022 13:30	Type of Location: X-Junction
Location: ANG MO KIO STREET 53				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE6781X	Car	MAZDA		Blue	Seriously Damaged	0
SMC7360U	Car	KIA	Carren	Brown	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC7360U	ALLIANZ INSURANCE SINGAPORE PTE. LTD.		26/02/2021	31/03/2022



**SINGAPORE  
POLICE FORCE**



T/20220222/2024

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999


Report No. T/20220222/2024

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HO SIEW NAM	ID No.	S1520974G
Related Vehicle	SMC7360U (Car)	Contact No.	86869832
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Muhammad Mirza Bin Jamaludin	ID No.	S9617831Z
Related Vehicle	NIL	Contact No.	98147112
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

**Brief Details.**

On the above mentioned date, time and location, I was travelling from Ang Mo Kio avenue 9, Nanyang Polytechnic exit, going towards Ang Mo Kio Street 53, suddenly a car that was supposed to give way for me, hit me at the front right side of my car. Immediately both of us came out from our own cars and tried to negotiate on how to settle an agreement. Eventually both of us managed to have an agreement on just making our own report from our company. We exchanged particulars. Subsequently I went to the nearest clinic, "Our Family Physician Clinic & Surgery" and got a three days MC. I also went ahead to my rental car company "BIS Motoring" to report on this matter.

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20220222/2024 3 of 3


**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: F / SGT 1 ABDUL SYAHIRULLAH BIN ABDUL JALIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 11:45
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168

 **SINGAPORE  
POLICE FORCE** SN 158