

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 01/03/2022 22:18 (SGT)
Date of Accident 25/02/2022 22:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TOWARDS SLE BEFORE ANG MO KIO AVE 3 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV3224T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALLSWELL MOTOR TRADERS
Company Reg No 53192889J
Email Address ben@allswellmotor.com.sg
Mobile Phone No (Phone) +65-98448882
Alternative Phone No +65-98448882

VEHICLE PARTICULARS

Manufacturer Toyota
Model Voxy
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 1800

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0016024
Cover Note Number 04/08/2021 - 03/08/2022

DRIVER

Name of Driver SAHROM BIN AHMAD
NRIC No S7623118D

Date Of Birth	03/08/1976
Occupation	Outdoor
Date Of Driving Pass	20/04/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98364242
Alt. Phone Number	-
Email Address	penndek@gmail.com
Address	BLK 64 KALLANG BAHRU #03-389
Address complement	-
Postcode	330064
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Female

PASSENGER 2

Name	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLF6593S
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	SAHROM BIN AHMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLV3224T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

SLV 3224T (Etiga)
 Date: 25/02/22 @ 2220

IMPORTANT NOTICE

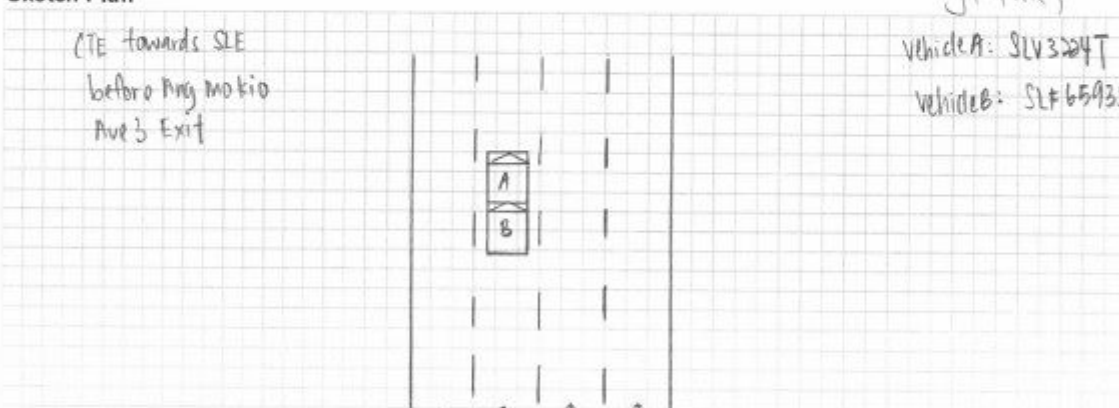
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

 01/03/22
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel  01/03/22

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report NO: T/20220226/2005

I will be repairing my vehicle at Jwa International Pte Ltd

Refer to Police Report NO: T/20220226/2005

I will be repairing my vehicle at Juku International Pte Ltd

Declaration

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



Policyholder's Signature / Date &
Time

Driver's Signature & Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel (AMK)

Witnessed by Reporting Centre
Personnel



INTERVIEW FORM

Name (Driver) : Sahrom Bin Ahmad
 Policy No : moel6024
 Vehicle No : SLV3224T
 Place of Accident : CIE towards SLE before Ang mo kio Ave 3 Exit
 Insured Driver's relationship with Insured : Hirer
 Drink Driving of Insured and/or Insured Driver : No
 No of passenger(s) in Insured vehicle : 03
 Injury to Insured and/or Insured driver, please indicate which hospital:
Sahrom Bin Ahmad
 Third Party Vehicle No (if any) : SLF65935
 No of passenger(s) in Third Party Vehicle : 01
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO
 Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
REAR Ended
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NO

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
[Signature] 01/03/22
 I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: Cheng Hoe Motor BP (AMK)

eTiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

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 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 201331941K

A Member of Maybank Group
















**SINGAPORE
POLICE FORCE**


T/20220226/2005

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220226/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2022 01:19	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: SAHROM BIN AHMAD		Address: APT BLK 64 KALLANG BAHRU #03-389 SINGAPORE 330064	
ID Type / ID No.: NRIC NO / S7623118D		Contact No.: Home/Office: Mobile: 98364242	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 03/08/1976	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: PRIVATE HIRER DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2022 22:20	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLF6593S	Car					1
SLV3224T	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220226/2005

3 of 3
Report No. T/20220226/2005

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 3 YUANA BINTE KASSIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2022 01:19
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20220226/2005

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20220226/2005

CONTINUATION OF REPORT

Driver			
Name	SAHROM BIN AHMAD		ID No. S7623118D
Related Vehicle	SLV3224T (Car)		Contact No. 98364242
Hospital/Clinic	CENTRAL 24HR CLINIC HOUGANG		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4A Date of Expiry: NIL
Date Treatment	25/02/2022		Date Discharge 25/02/2022
No. of Days granted Medical Leave	03		Degree of Injury Slight
Driver			
Name	JOEY INEZ ISABELLE LEE		ID No. T0136135F
Related Vehicle	NIL		Contact No. 84180211
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 25/02/2022 at about 2222hrs, I was driving my vehicle SLV3224T along CTE towards SLE near to exit Ang Mo Kio Ave 3, when suddenly a vehicle SLF6593S knocked against the rear of my vehicle. I then stopped my vehicle and spoke to the driver. I told the driver to take photos of the accident and we drove our vehicles along the road shoulder. We then exchanged particulars.

The said driver was not injured. I made a check on my passengers and they told me that they are injured. As such, we proceeded to the clinic to seek medical attention. I sustained back and neck pain. I was given 3 days of medical leave from 25/02/2022 to 27/02/2022.

I wish to state that my vehicle has in-car camera for front and rear.

My vehicle's rear bumper was dented in.

