# **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.

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   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 28/03/2022 16:12 (SGT) Date of Accident 25/03/2022 20:10 (SGT) Exact Location of Accident Singapore Additional Location Information TAMPINES EXPRESSWAY Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMA13507

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMED KHAIRI BIN SUPANI NRIC No. S1285925B Email Address SYAZRIN.BC@GMAIL.COM Mobile Phone No (Phone) +65-96389234 Alternative Phone No (Home) +65-87530170

### VEHICLE PARTICULARS

Manufacturer

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

### **INSURANCE COMPANY**

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA539629 Cover Note Number

### DRIVER

Name of Driver MUHAMMAD SYAZRIN BIN MOHAMED KHAIRI NRIC No. S9023487J

Date Of Birth 08/07/1990 Occupation Indoor Date Of Driving Pass 06/03/2012 Driving experience 10 YEARS Gender Male Mobile Number (Phone) +65-87530170 Alt. Phone Number Email Address SYAZRIN.BC@GMAIL.COM Address APT BLK 202B SENGKANG EAST ROAD #02-74 Address complement Postcode 542202 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child 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 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 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? Nο PASSENGER 1 Name **UNKNOWN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? 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 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** 

ET7228A

Vehicle Registration Number

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)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW4829K
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)	_
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# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLV1741K
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 Gender Phone No Address	MUHAMMAD SYAZRIN BIN MOHAMED KHAIRI Male (Phone) +65-87530170
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA1350Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# INJURED 2

Name of injured person Gender	UNKNOWN Female
Phone No	-
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SMA1350Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

#### IMPORTANT NOTICE

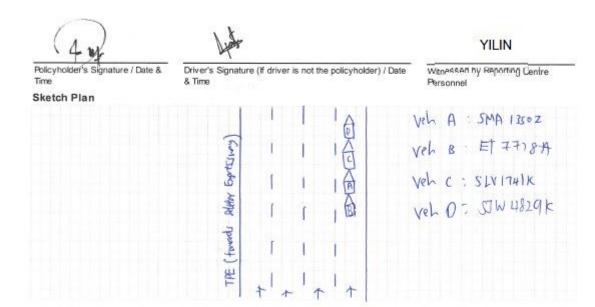
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

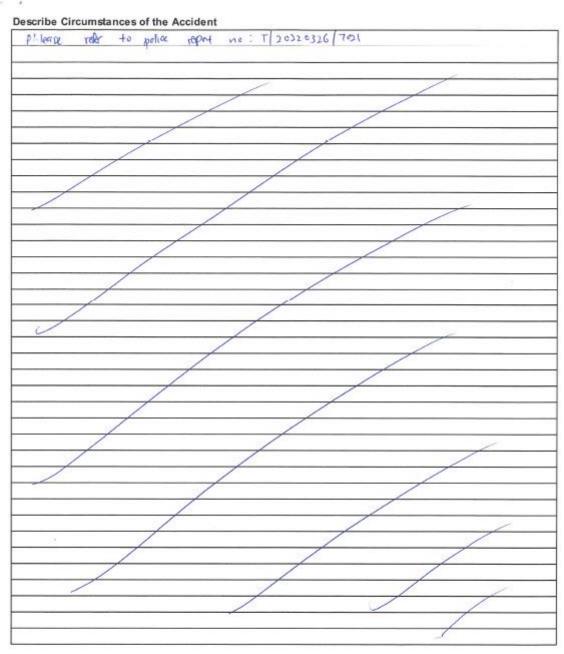
I understand, acknowledge, agree and consent that :

- (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;
- (ii) 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.





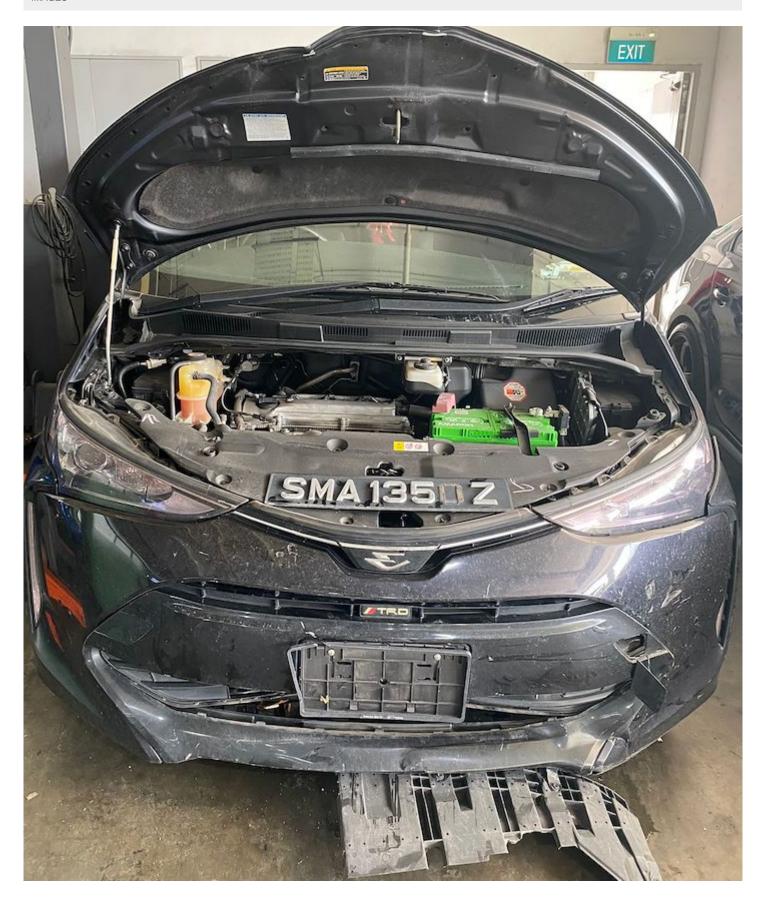
# Declaration

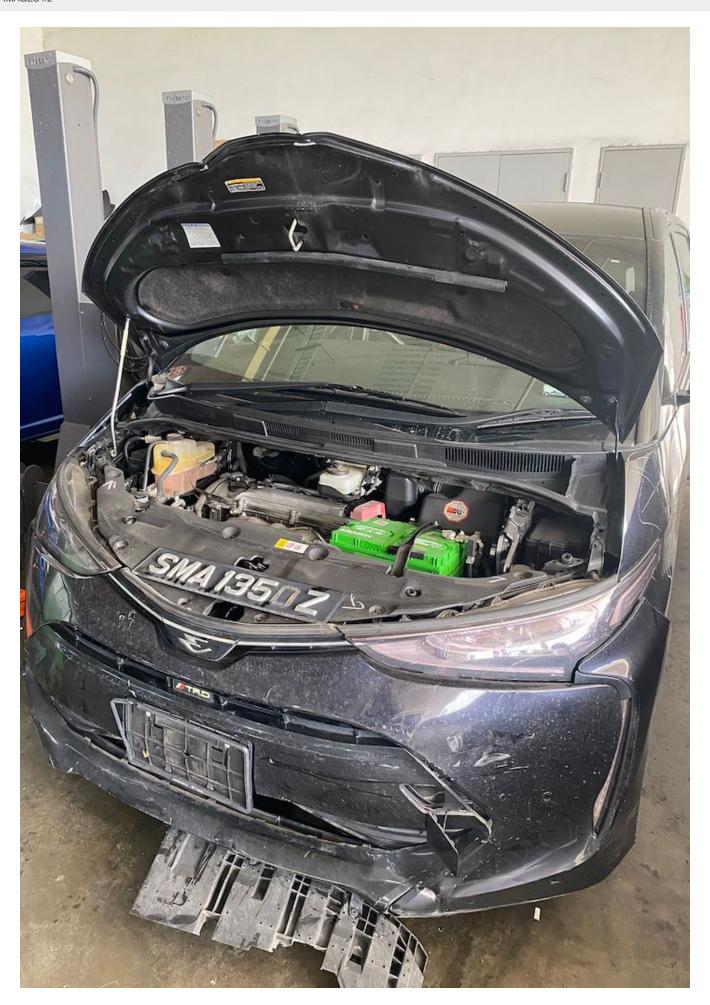
I/We declare the foregoing particulars are true in every respect.

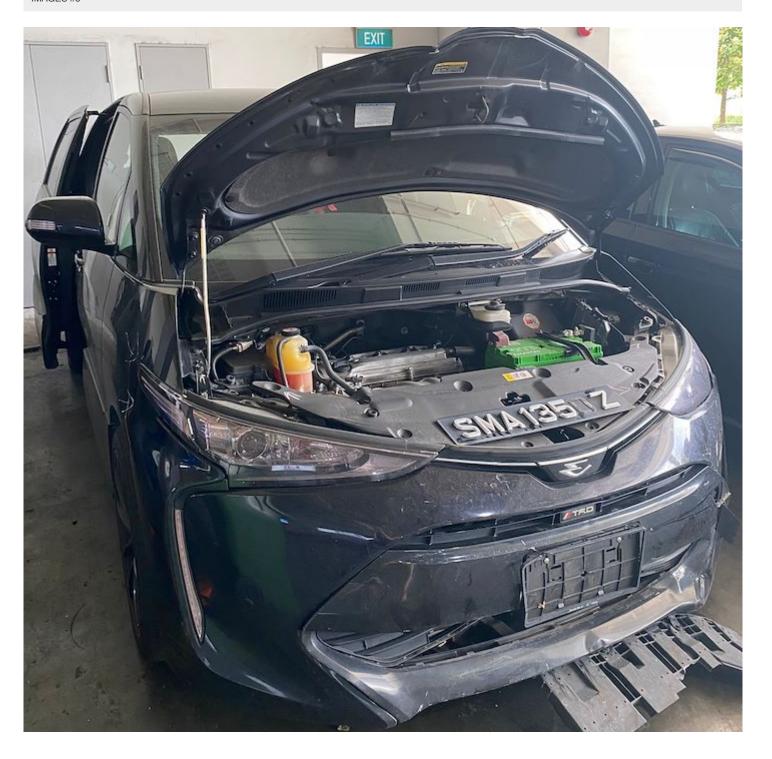
Policyholder's Signature / Date & Time

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

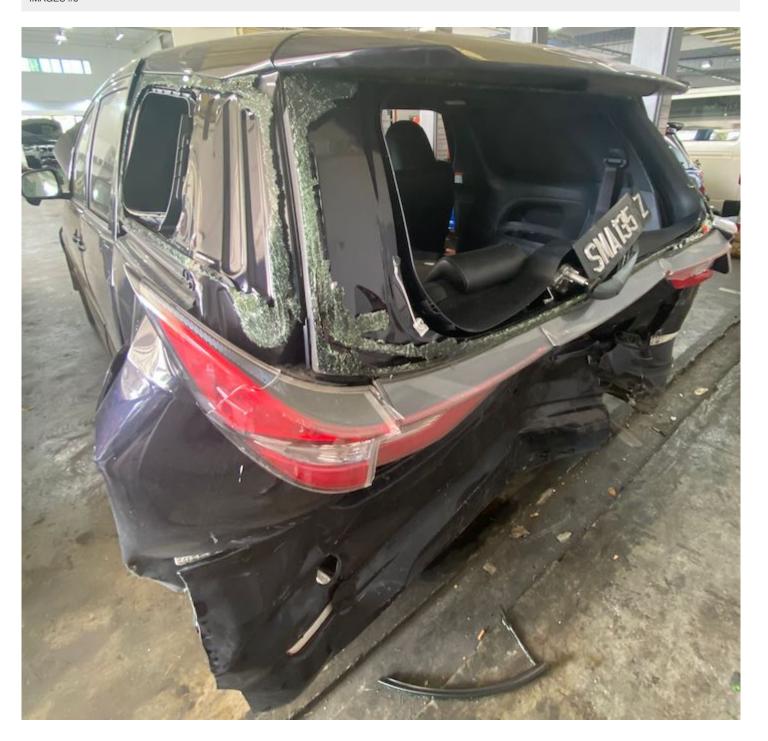
YILIN
Witnessed by Reporting Centre
Personnel

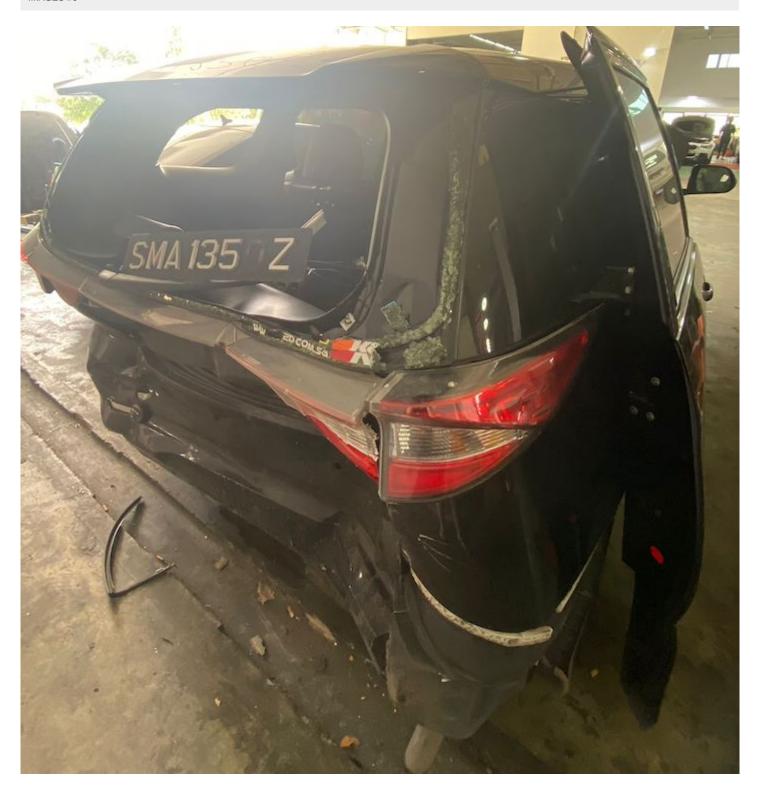








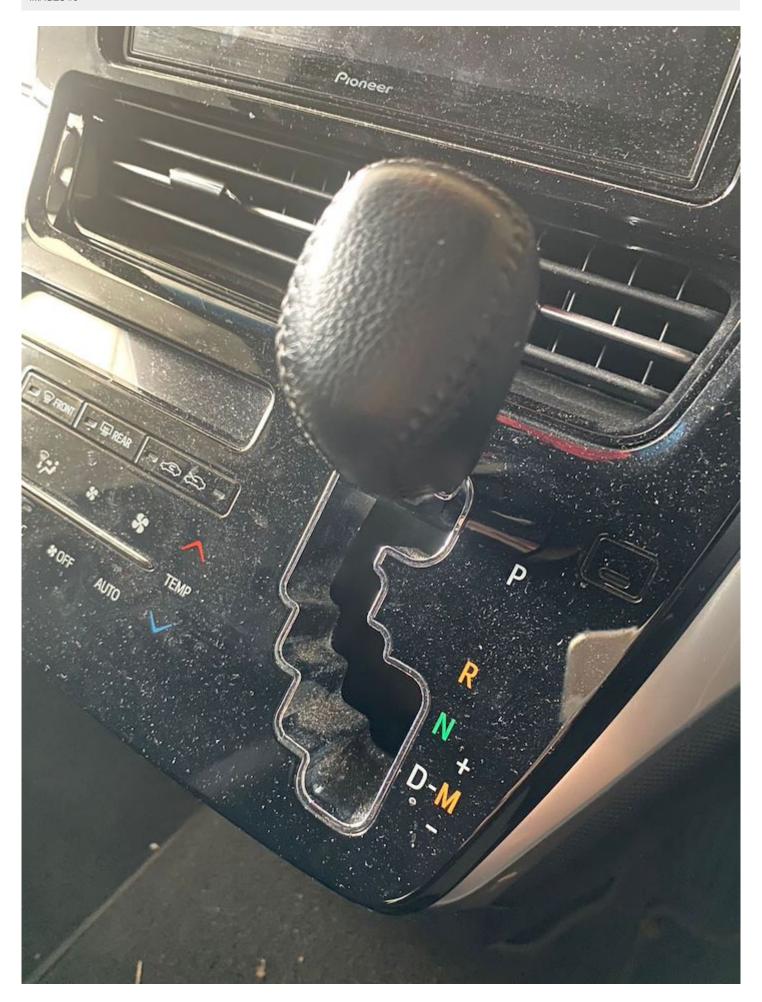


















2 of 3 Report No. T/20220326/7021

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

### CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA1350Z	Car	ТОУОТА	Estima	Black	Seriously Damaged	2500

Details of V	of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA1350Z	AXA INSURANCE SINGAPORE PTE LTD	GA539629	28/05/2021	27/05/2022

<b>Details of Perso</b>	n Involved	1271	ESTIMATE DE LA CONTRACTION DEL CONTRACTION DE LA	137-13	200	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	300	Use of Pe	edestria	n Cross	sing: NA
Driver		1				
Name	MUHAMMAD SYAZ KHAIRI	RIN BIN N	MOHAMED	ID No	),	S9023487J
Related Vehicle	SMA1350Z (Car)		Conta	ect No.	87530170	
Hospital/Clinic	INTEGRATED MED	DICINE CLI	INIC	Class Drivin Licen Expire	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	25/03/2022		Date	10 00 0	25/03	/2022
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	

### Brief Details.

On the stated date and time, I was travelling in my vehicle with my wife along TPE towards SLE on Lane 1. I was driving vehicle bearing plate number SMA1350Z. As I was driving, saw the front car (SLV1741F) was braking as traffic was starting to build up and we slowly came to a stop. Shortly after, I felt a huge impact on the rear of my car and realized that another car (ET7228A) had bang into my car and the collision impact was so strong that it made my vehicle bang onto the car infront of me. We all went down and exchanged particulars before we left the scene.

Afterwards, I went to INTEMEDICAL KOVAN CLINIC with my wife as we both were feeling some pain/uneasiness and wanted to look for professional advice and medications. I was given 5 days MC and my wife was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220326/7021

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: 26/03/2022 14:42
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:
NP168	J





1 of 3 Report No. T/20220326/7021

Police Station Of Origin:

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Traffic Police

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 26/03/2022 14:42				
Informa	nt's Partici	ulars		CHORSE STATE	
MUHAM	Informant: MAD SYAZ ED KHAIR		Address: 202B SENGKANG EAST RO	OAD #02-74 SINGAPORE 542202	
	/ ID No.: D / S90234	87J	Contact No.: Home/Office:	Mobile: 87530170	
National SINGAP	ity: ORE CITIZ	EN	Email: SYAZRIN.BC@GMAIL.COM	15	
Sex: Male	Age: 31	Date of Birth: 08/07/1990	Type of Informant: Driver	-	
Race: Javanes	e		Language: English	Institution / School Name:	
Occupat Technici	ion: an specialis	šl	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Attended by Police		Date/Time of Accident: 25/03/2022 20:10	Type of Location Flyover	
TAMPINES E	XPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry		90 Km/h	
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled			

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
ET7228A	Car					0
SJW4829K	Car					0
SLV1741K	Car					0