

# 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 .....	21/03/2022 16:45 (SGT)
Date of Accident .....	19/03/2022 12:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG TELOK BLANGAH RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX4056H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD FAQIHUDDIN BIN MOHAMAD MAHRIZ
NRIC No .....	S9441443A
Email Address .....	faqihuddinbmm@gmail.com
Mobile Phone No .....	(Phone) +65-93269764
Alternative Phone No .....	+65-93269764

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	A200 FL STYLE (R17 HLG)
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SP2000559490
Cover Note Number .....	16/9/21-15/9/22

### DRIVER

Name of Driver .....	MUHAMMAD FAQIHUDDIN BIN MOHAMAD MAHRIZ
NRIC No .....	S9441443A

Date Of Birth .....	08/11/1994
Occupation .....	Indoor
Date Of Driving Pass .....	04/07/2016
Driving experience .....	5 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93269764
Alt. Phone Number .....	+65-93269764
Email Address .....	faqihuddinbmm@gmail.com
Address .....	BLK 210 TAMPINERS ST 23 #03-103
Address complement .....	-
Postcode .....	520210
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 .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER 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 .....	SMV9278L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHOO KIAM HONG
NRIC No .....	S1811193D
Contact Number .....	(Phone) +65-84820083
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 FAQIHUDDIN BIN MOHAMAD MAHRIZ
Gender .....	Male
Phone No .....	(Phone) +65-93269764
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMX4056H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

1. VEHICLE NO.: SMX 4056 H  
 2. INSURER CO: ALLIANZ  
 3. ACCIDENT DATE & TIME: 19/3/22 12:25 PM

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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' 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.

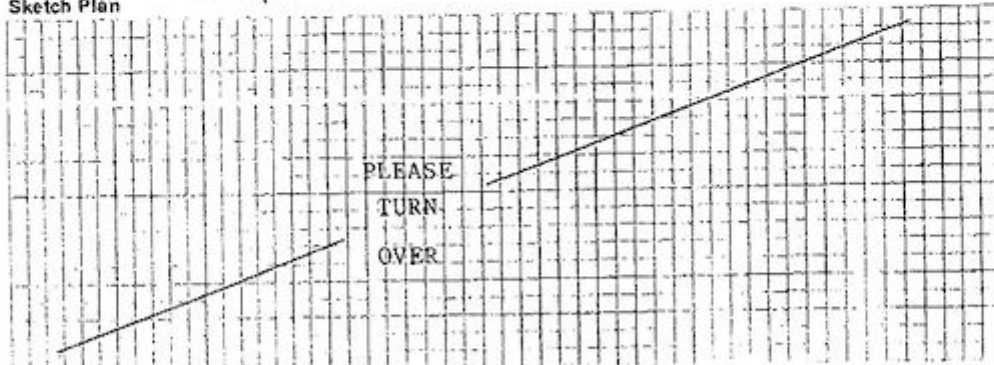
Policyholder's Signature / Date &  
 Time 21/03/2022, 12:25 PM

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

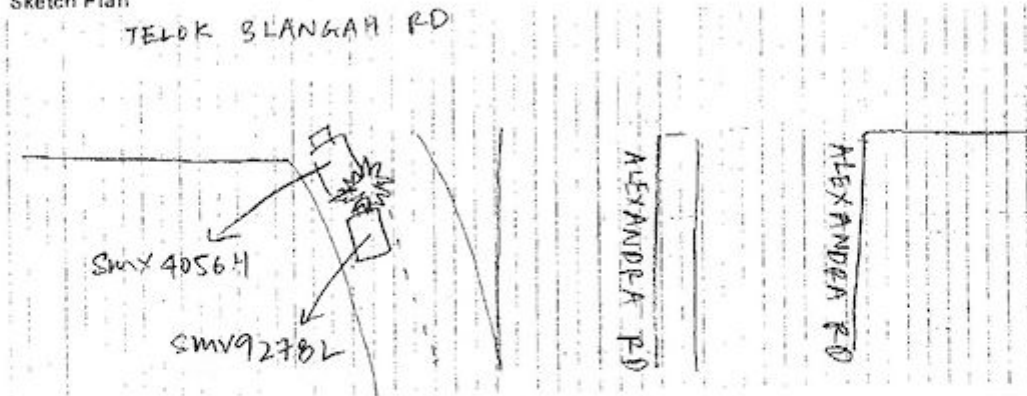
Witnessed by Reporting Centre  
 Personnel

efeeda 21/3/22  
WL

**Sketch Plan**



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature  
Date & Time:

21/03/2022  
13:25pm

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
(✓) Claim OD (TP) at other workshop ( )

Reporting Centre Personnel's Signature  
Name: WL  
NRIC/FIN No.: 2

efeeda 21/3/22





**SINGAPORE  
POLICE FORCE**



T/20220320/2023

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20220320/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/03/2022 11:21		Vide Report No.:		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FAQIHUDDIN BIN MOHAMAD MAHRIZ			Address: APT BLK 210 TAMPINES STREET 23 #03-103 SINGAPORE 520210		
ID Type / ID No.: NRIC NO / S9441443A			Contact No.:		Mobile: 93269764
Nationality: SINGAPORE CITIZEN			Email: faqihuddinbmm@gmail.com		
Sex: Male	Age: 27	Date of Birth: 08/11/1994	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: FINANCIAL ADVISOR			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2022 12:35	Type of Location: X-Junction
Location:  TELOK BLANGAH ROAD				
Weather:		Road Surface:	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
SMV9278L	Car					0
SMX4056H	Car	MERCEDES BENZ	A200 FL STYLE (R17 HLG)	White		2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220320/2023

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220320/2023

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX4056H	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000559490	16/09/2021	15/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KHOO KIAM HONG		ID No.	S1811193D
Related Vehicle	SMV9278L (Car)		Contact No.	84820083
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
Driver				
Name	MUHAMMAD FAQIHUDDIN BIN MOHAMAD MAHRIZ		ID No.	S9441443A
Related Vehicle	SMX4056H (Car)		Contact No.	93269764
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/03/2022		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I was waiting at the slip road zebra crossing and I was looking out for merging traffic when I was hit on the back by the other vehicle. We exchanged particulars and I visited the doctor and received 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220320/2023

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20220320/2023

**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:  
G / SGT 3 GAN JIAN CAI,  
DARREN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/03/2022 11:21

Officer In Charge Of Case:  
TP / GIA /  
Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

Classification Of Case:

NP168