

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 04/04/2022 18:41 (SGT)
Date of Accident 02/04/2022 10:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG GATEWAY RD (BETWEEN JURONG EAST INTERCHANGE & J CUBE MALL)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM7680D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MAH YUK MUN
NRIC No SXXXX845H
Email Address YUKMUN98@GMAIL.COM
Mobile Phone No (Phone) +65-84883543
Alternative Phone No (Home) +65-84883543

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123805500
Cover Note Number -

DRIVER

Name of Driver MAH YUK MUN

NRIC No	SXXXX845H
Date Of Birth	14/03/1998
Occupation	Indoor
Date Of Driving Pass	15/04/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-84883543
Alt. Phone Number	(Home) +65-84883543
Email Address	YUKMUN98@GMAIL.COM
Address	BLK 82 STRATHMORE AVENUE #10*-136
Address complement	-
Postcode	141082
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)	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	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

Vehicle Registration Number	SMB3533U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
Name of Driver	AHMAD BIN MOHAMED HANAFIAH
NRIC No	SXXXX080B
Contact Number	(Phone) +65-87601507
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	MAH YUK MUN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM7680D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.
 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 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 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 my 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 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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.

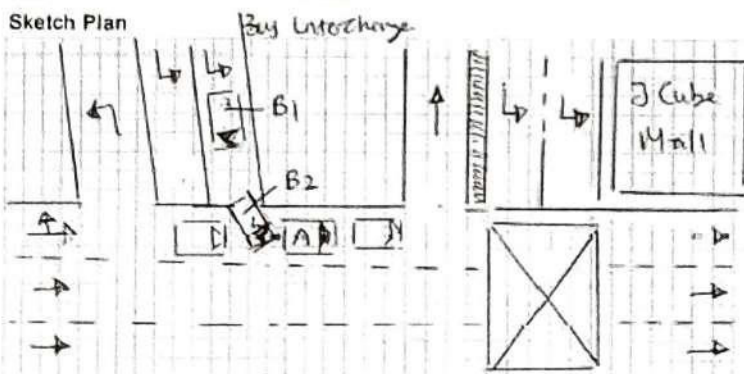
Policyholder's Signature / Date & Time

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

SKY

Witnessed by Reporting Centre Personnel

Sketch Plan




Juring Gade Way Road.


Describe Circumstances of the Accident

*Ref to Police Report
7/2022 040217023*

Declaration

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

SKY
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220402/7023

1 of 3

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

Report No, T/20220402/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2022 16:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAH YUK MUN			Address: 82 STRATHMORE AVENUE #10-136 SINGAPORE 141082		
ID Type / ID No.: NRIC NO / S9808845H			Contact No.: Home/Office: Mobile: 84883543		
Nationality: SINGAPORE CITIZEN			Email: YUKMUN98@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 14/03/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Project Associate			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: 02/04/2022 10:50	Type of Location: Straight Road
Location: JURONG GATEWAY ROAD (BETWEEN JURONG EAST BUS INTERCHANGE & JCUBE MALL)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJM7680D	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver		0
SMB3533U	Bus/Coach/Mi nibus					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20220402/7023

2 of 3

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

Report No: T/20220402/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM7680D	NTUC Income Insurance Co-Operative Limited	5123805500	01/10/2021	30/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MAH YUK MUN		ID No.	S9808845H
Related Vehicle	SJM7680D (Car)		Contact No.	84883543
Hospital/Clinic	ALEXANDRA FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	02/04/2022		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	AHMAD BIN MOHAMED HANAFIAH		ID No.	S7621080B
Related Vehicle	SMB3533U (Bus/Coach/Minibus)		Contact No.	87601507
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the stated date and time, I (SJM 7680 D) was travelling along the stated venue. I was travelling straight in my lane, waiting behind some other vehicles to turn into J Cube Mall. Suddenly, there was a bus bearing registration number: SMB 3533 U, squeezing through between my vehicle and a vehicle behind me, made a left turn out of Jurong East Bus Interchange and collided onto the rear of my vehicle. I wish to state that I was stationary when the bus collided onto my vehicle. After the collision, I felt discomfort on my head, neck and back. I then proceeded to seek medical treatment at Alexandra Family Clinic & Surgery and was given 3 days MC.

**SINGAPORE
POLICE FORCE**

T/20220402/7023

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

3 of 3

Report No. T/20220402/7023

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
02/04/2022 16:30

Classification Of Case:

NP168