

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	05/04/2022 12:32 (SGT)
Date of Accident	04/04/2022 18:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TO SLE (NEAR EXIT BUKIT PANJANG)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC1199Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED SHAHRIN BIN MOHAMED RAMLI
NRIC No	S8302106C
Email Address	TOMOIBESI@GMAIL.COM
Mobile Phone No	(Phone) +65-85712240
Alternative Phone No	+65-85712240

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210086950
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SHAHRIN BIN MOHAMED RAMLI
NRIC No	S8302106C

Date Of Birth	03/01/1983
Occupation	Indoor
Date Of Driving Pass	27/03/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85712240
Alt. Phone Number	+65-85712240
Email Address	TOMOIBESI@GMAIL.COM
Address	BLK 270 BANGKIT ROAD #04-18
Address complement	-
Postcode	670270
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	GBL7326C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NURHIDAYAT B SULAIMAN

NRIC No	S8317088C
Contact Number	(Phone) +65-81041451
Address	BLK 416 SAUJANA ROAD #02-565
Address complement	-
Postcode	670416
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	SG5959P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ZHANG RUIFA
Passport No/FIN	G2512886P
Contact Number	(Phone) +65-97900513
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	MOHAMED SHAHRIN BIN MOHAMED RAMLI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & CHEST PAIN
Injured person in which vehicle?	SNC1199Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B	A	C	A	SNC 1199Y
			B	GBL 7326C
			C	SG 5959P





















**SINGAPORE
POLICE FORCE**



T/20220405/2053

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20220405/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2022 14:47	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: MOHAMED SHAHRIN BIN MOHAMED RAMLI			Address: APT BLK 270 BANGKIT ROAD #04-18 SINGAPORE 670270		
ID Type / ID No.: NRIC NO / S8302106C			Contact No.: Home/Office: Mobile: 85712240		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 03/01/1983	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: TECHNICAL OFFICER (GENERAL)			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2022 18:25	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY Before Bukit Panjang Road Exit				
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
GBL7326C	Van				Slightly Damaged	0
SG5959P	Bus/Coach/Mi nibus				Slightly Damaged	0
SNC1199Y	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Grey	Seriously Damaged	0



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Tel No: 1800-8929999

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Report No. T/20220405/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC1199Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210086950	28/08/2021	27/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	nURHIDAYAT BIN SULAIMAN	ID No.	NIL
Related Vehicle	GBL7326C (Van)	Contact No.	81041451
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	MOHAMED SHAHRIN BIN MOHAMED RAMLI	ID No.	S8302106C
Related Vehicle	SNC1199Y (Car)	Contact No.	85712240
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	04/04/2022	Date Discharge	04/04/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 04/04/2022 i was driving home towards Petir Road, exiting from SLE expressway, As i was about to make an exit, i realised that the traffic was jammed, so i slowed down. Subsequently, i stop behind a bus, (SG5959) suddenly i felt a huge impact coming from my rear vehicle that made me crashed onto the bus infront of me afterwards.

I then alighted to make a check and discovered that a van had collided to the rear part of my vehicle. No one else was injured at that point of time. No Ambulance was at scene.

We then exchanged particulars with the Van driver and left afterwards.

I went to InSync Medical Clinic which the doctor prescribed me with 4 days MC as my chest and neck area was in pain.



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POLICE FORCE**



T/20220405/2053

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1 Segar Road #01-05 SINGAPORE 677738
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Report No. T/20220405/2053

CONTINUATION OF REPORT



**SINGAPORE
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T/20220405/2053

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1 Segar Road #01-05 SINGAPORE 677738
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Report No. T/20220405/2053

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:

J /

SGT 1 MUHAMMAD YUSRI BIN
YUSOFF

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
05/04/2022 14:47Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SNC 1199Y
 Name (as shown in NRIC): Mohamed Shahrin NRIC/FIN/Passport No: S8302106C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 85712240
 Email Address: _____
 Date of Accident: 4/4/2022 Time of Accident: 1825hrs.
 Place of Accident: BIKE TO STE (near Exit B+panjari).
 Insurance Company: AG.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attached Police report.

Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD
 Blk 3022A Ubi Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5336 Fax: 6741 7208

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