

# 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 ..... 19/04/2022 17:15 (SGT)  
Date of Accident ..... 18/04/2022 20:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUKIT TIMAH ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM9571L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED NOR JAILANI BIN ABDUL RAHMAN  
NRIC No ..... SXXXX970A  
Email Address ..... ajaisu1809@gmail.com  
Mobile Phone No ..... (Phone) +65-97772074  
Alternative Phone No ..... +65-97772074

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... Auto & General Insurance (Singapore) Pte. Limited.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P10614814R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED NOR JAILANI BIN ABDUL RAHMAN  
NRIC No ..... SXXXX970A

|  |  |
|--|--|
| Date Of Birth .....  | 22/08/1988                             |
| Occupation .....   | Indoor                                 |
| Date Of Driving Pass .....   | 02/07/2009                             |
| Driving experience .....   | 12 YEARS AND 9 MONTHS                  |
| Gender .....   | Male                                   |
| Mobile Number .....  | (Phone) +65-97772074                   |
| Alt. Phone Number .....  | +65-97772074                           |
| Email Address .....  | ajaisu1809@gmail.com                   |
| Address .....  | 446A BUKIT BATOK WEST AVENUE 8 #04-415 |
| Address complement .....   | -                                      |
| Postcode .....   | 651446                                 |
| 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 .....                       | Tanglin Division Headquarters         |
| Police Station Phone No .....                   | (Phone) +65-18003910000               |
| Alt. Police Station Phone No .....              | (Fax) +65-63964900                    |
| Police Station Address .....                    | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT E/20220419/7001

#### 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 ..... | SHD1498A |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | -        |
| Vehicle Category .....            | Taxi     |

|   |   |
|---|---|
| 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 .....             | SJP1757R    |
| 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 .....                              | MOHAMED NOR JAILANI BIN ABDUL RAHMAN           |
| Gender .....  | Male   |
| Phone No .....  | -  |
| Address .....   | -  |
| Address Complement .....                                  | -  |
| Post Code .....   | -  |
| Approximate Age Years Old .....                           | -  |
| Injuries Sustained .....                                  | NECK, BACK AND SHOULDER. 5 DAYS MEDICAL LEAVE. |
| Injured person in which vehicle? .....                    | SMM9571L                                       |
| 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.

X

*[Signature]*

Policyholder's Signature / Date & Time

X

*[Signature]*

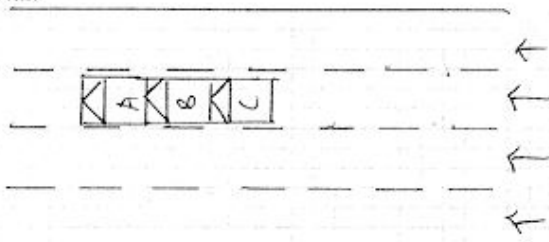
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

Seiamatshahn

## Sketch Plan



Vehicle A : SMM9571L  
Vehicle B : SHD1498A  
Vehicle C : ~~WKK9999~~  
SJP1757R

Describe Circumstances of the Accident

As per police report

Declaration


claim TP own workshop

We declare the foregoing particulars are true in every respect.

X

  
Policyholder's Signature / Date & Time

X

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

  
Witnessed by Reporting Centre Personnel  
Seiamatshahin





























**SINGAPORE  
POLICE FORCE**



E/20220419/7001

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**POLICE REPORT (NP299)**

Report No. E/20220419/7001

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

|  |  |   |           |                             |               |
|--|--|---|-----------|-----------------------------|---------------|
| Date/Time Report Made<br>19/04/2022 00:26                    |  | Vide Report No.   |           | Station Diary No.           |               |
| Name Of Informant<br>MOHAMED NOR JAILANI BIN ABDUL<br>RAHMAN |  | Address<br>446A BUKIT BATOK WEST AVENUE 8 #04-415<br>SINGAPORE 651446 |           |                             |               |
| ID Type / ID No.<br>NRIC NO / S8829970A                      |  | Contact No.<br>Home/Office: Mobile:<br>97772074                       |           |                             |               |
| Nationality<br>SINGAPORE CITIZEN                             |  | Email Address<br>AJAISU1809@GMAIL.COM                                 |           |                             |               |
| Occupation<br>Operator assistant                             |  | Sex<br>Male   | Age<br>33 | Date of Birth<br>22/08/1988 | Race<br>Malay |
| Institution/School Name                                      |  | Language<br>English   |           |                             |               |
| Date/Time Of Incident<br>18/04/2022 20:30 - 18/04/2022 20:35 |  | Location Of Incident<br>BUKIT TIMAH ROAD                              |           |                             |               |

**Brief details.**

On the stated date and time, I was travelling along bukit timah road before sixth avenue on my vehicle SMM9571L. As the traffic light had just turned green, I moved off and suddenly I felt a hard impact from the rear of my vehicle. Vehicle SHD1498A had collided into the rear of my vehicle with the front of his vehicle. When I alighted to check, I realised I was involved in a 3 car chain collision with a silvercab and a hyundai avante, and I was the first vehicle. The order of the vehicles involved is

- 1) SMM9571L
- 2) SHD1498A

|  |   |
|--|---|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass.<br>No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>19/04/2022 00:26  |
| Officer In-Charge Of Case:                                   | Classification Of Case:   |





**SINGAPORE  
POLICE FORCE**



E/20220419/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220419/7001

3) SJP1757R

I later went to unihealth at jurong east where I received treatment for my neck, back and shoulder injuries sustained during the accident and also received 5 days mc.

| Subjects Involved |  |                           |   |
|-------------------|--|---------------------------|---|
| Victim            |  |                           |   |
| Person Name       | MOHAMED NOR JAILANI BIN ABDUL RAHMAN             |                           |   |
| ID Type           | NRIC NO  | ID No                     | S8829970A   |
| Gender            | Male   | Age                       | 33  |
| Race              | Malay  | Language                  | English   |
| Occupation        | Operator assistant                               | Address                   | 446A BUKIT BATOK WEST<br>AVENUE 8 #04-415<br>SINGAPORE 651446 |
| Mobile No         | 97772074   | Is Informant A<br>Victim? | Yes   |
| Person Name       | MOHAMED NOR JAILANI BIN ABDUL RAHMAN (Informant) |                           |   |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>19/04/2022 00:26   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |