

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 25/04/2022 17:53 (SGT)
Date of Accident 24/04/2022 15:40 (SGT)
Exact Location of Accident Loyang Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2130M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHAHROM BIN SIDEK
NRIC No SXXXX152C
Email Address shahana_roh@hotmail.com
Mobile Phone No (Phone) +65-91600554
Alternative Phone No +65-91600554

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 2494

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 22-MN000135-R00
Cover Note Number -

DRIVER

Name of Driver SHAHROM BIN SIDEK
NRIC No SXXXX152C

Date Of Birth	18/07/1964
Occupation	Indoor
Date Of Driving Pass	21/09/1983
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91600554
Alt. Phone Number	+65-91600554
Email Address	shahana_roh@hotmail.com
Address	BLK 720 PASIR RIS STREET 72 #02-101
Address complement	-
Postcode	510720
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 on 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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ROHANA BINTE AWANG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220425/2068

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFB1715H
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Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG HUP LEE
NRIC No	SXXXX266H
Contact Number	(Phone) +65-91898637
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	SHAHROM BIN SIDEK
Gender	Male
Phone No	(Phone) +65-91600554
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMJ2130M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ROHANA INTE AWANG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMJ2130M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstances of the Accident

AS per
POLICE
REPORT.
12/20/25/2008

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


Witnessed by Reporting Centre
Personnel













**SINGAPORE
POLICE FORCE**



T/20220425/2068

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20220425/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2022 16:44		Vide Report No.:		Station Diary No.: 42
Informant's Particulars				
Name of Informant: SHAHROM BIN SIDEK		Address: APT BLK 720 PASIR RIS STREET 72 #02-101 SINGAPORE 510720		
ID Type / ID No.: NRIC NO / S1652152C		Contact No.: Home/Office: Mobile: 91600554		
Nationality: SINGAPORE CITIZEN		Email: Shahana_Roh@hotmail.com		
Sex: Male	Age: 57	Date of Birth: 18/07/1964	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2022 15:45	Type of Location: Straight Road
Location: LOYANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ2130M	Car	TOYOTA	ALPHARD ELEGANCE MR (AUTO)	White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ2130M	TOKIO MARINE INSURANCE SINGAPORE LTD.	MN000135	26/02/2022	25/02/2023



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Report No. T/20220425/2068

CONTINUATION OF REPORT**Brief Details.**

I am driving my vehicle SMJ2130M along Loyang Way towards Changi Village when another vehicle SFB1715H from opposite direction make a sudden illegal U-turn. It caused me to apply my emergency brake but both of us collided. As a result, my front right vehicle hit onto the left center mass of his vehicle. The other party called for ambulance however no one was conveyed. We both had one passenger each. We exchanged particulars. The other driver is Ng Hup Lee, S2078266H, hp: 91898637.

I drove my vehicle back home and yet to send to workshop. I do not know about the other party.

Due to the accident impact, both me and my wife felt pain in our body (leg, neck, shoulder). We seek medical treatment at Sengkang General Hospital.

I was given 3 days MC. My wife was given 5 days MC.



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Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20220425/2068

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 /
SR STAFF SGT NORASHEETA
BINTE ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/04/2022 16:44

Officer In Charge Of Case:
TP / AEIT /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168