

# 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 15:51 (SGT)
Date of Accident .....	24/04/2022 16:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GEYLANG SERAI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC9229R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD FAIZAL BIN JA'AFAR
NRIC No .....	S9226138G
Email Address .....	MUHDFAIZALJAAFAR@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92952185
Alternative Phone No .....	+65-92952185

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	FORTE K3
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5120828430
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD FAIZAL BIN JA'AFAR
NRIC No .....	S9226138G

Date Of Birth .....	29/07/1992
Occupation .....	Indoor
Date Of Driving Pass .....	22/04/2014
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92952185
Alt. Phone Number .....	+65-92952185
Email Address .....	MUHDFAIZALJAAFAR@GMAIL.COM
Address .....	BLK 642 #04-177 HOUGANG AVENUE 8
Address complement .....	-
Postcode .....	530642
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	RUSMAWATI
Gender .....	Female

PASSENGER 2

Name .....	JA'AFAR
Gender .....	Male

PASSENGER 3

Name .....	SYAFIAH
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

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 .....	ADV OI TO SEND VIDEO INFO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded? .....	No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLL146H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD ARIF BIN BURHANUDEEN
NRIC No .....	S9236041E
Contact Number .....	(Phone) +65-87781136
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	MUHAMMAD FAIZAL BIN JA'AFAR
Gender .....	Male
Phone No .....	(Phone) +65-92952185
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	30
Injuries Sustained .....	MEDICAL LEAVE FROM 25042022 TO 28042022 SUFFERED BACK INJURIES
Injured person in which vehicle? .....	SLC9229R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time: 25/04/2022  
1530hrs

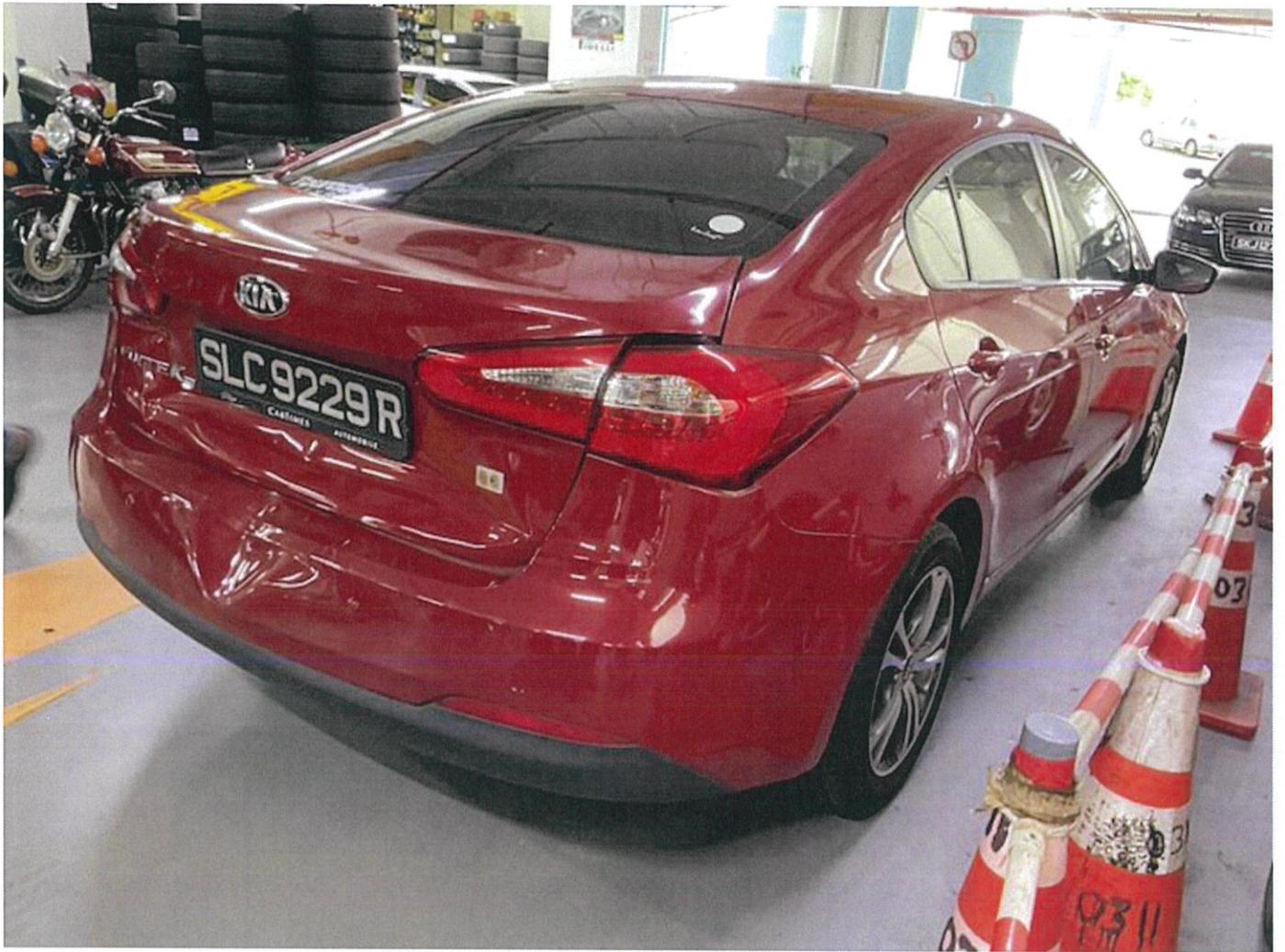
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: SUMAN SUKUMAR  
NRIC/FIN No.: S990968

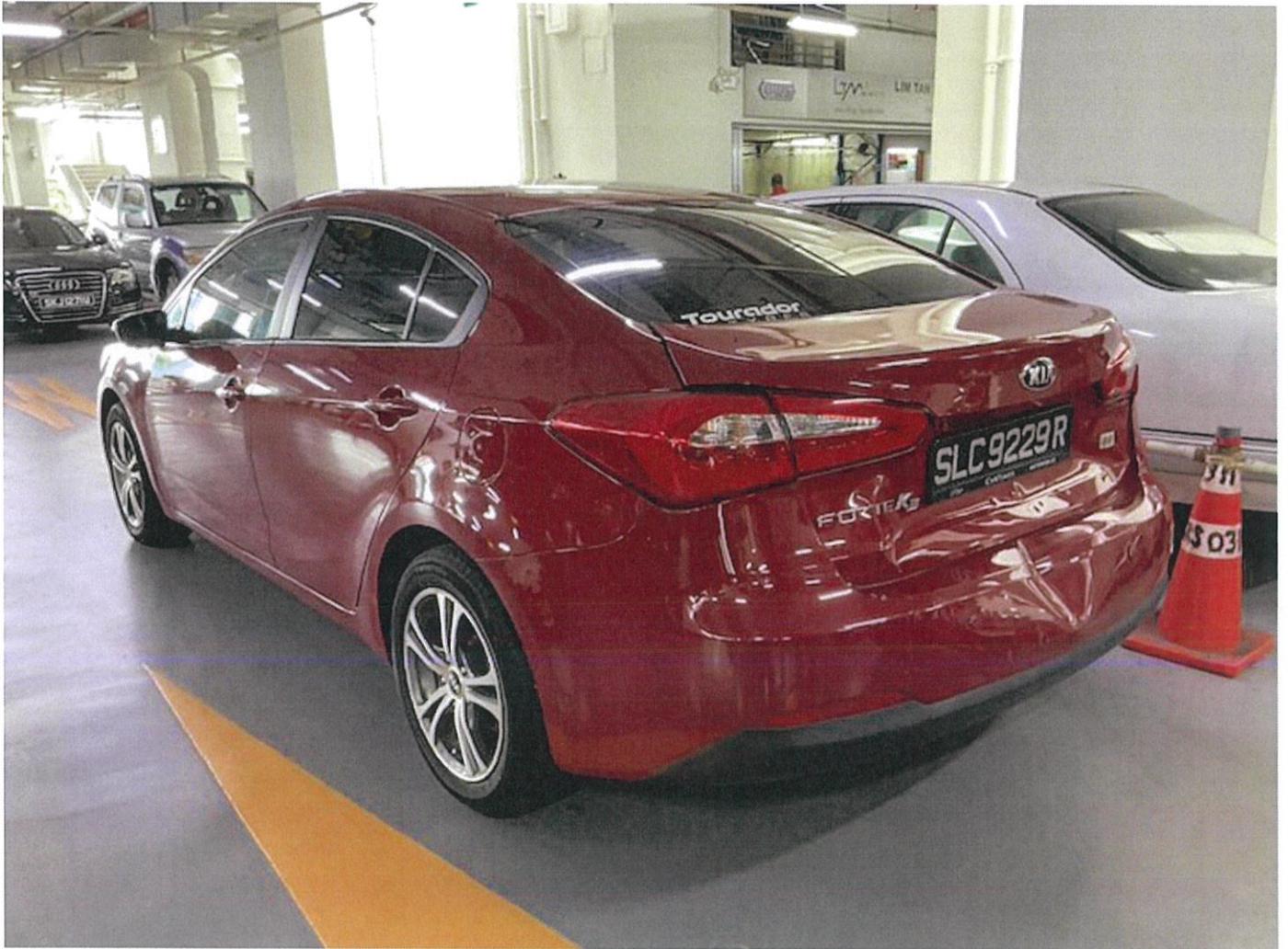
















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999



T/20220425/2034

4 of 4

Report No. T/20220425/2034

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:

E/  
SGT 2 TAN QI AN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/04/2022 13:33

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

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20220425/2034

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 4

Report No. T/20220425/2034

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20220425/2034

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 4  
Report No: T/20220425/2034

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC9229R	NTUC Income Insurance Co-Operative Limited	5120828430	06/02/2021	29/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MUHAMMAD FAIZAL BIN JA'AFAR	ID No.	S9226138G	
Related Vehicle	NIL	Contact No.	92952185	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Muhammad Arif Bin Burhanudeen	ID No.	S9236041E	
Related Vehicle	NIL	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 24/04/2022 at about 1620hrs, I was driving along 1 geylang serai MSCP (Deck 2B) in my vehicle (SLC9229R). As I was about to go ahead, I saw a vehicle turning right hence I stopped behind the yellow box and let the vehicle pass. While I was at a stop there was a vehicle (SLL146H) behind me collided into my vehicle subsequently, the driver and I drove up and stopped our vehicle and exchanged our particulars. Both of us left the scene after exchanging our particulars and I went back home to breakfast, that night I felt pain in my back hence I proceeded to seek medical attention and gotten a 4days MC at Chong's Clinic.

I wish to add that I have a in-car camera installed in my vehicle however, I only have the front camera installed.


**SINGAPORE  
POLICE FORCE**


T/20220425/2034

1 of 4

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20220425/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/04/2022 13:33	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: MUHAMMAD FAIZAL BIN JA'AFAR		Address: APT BLK 642 HOUGANG AVENUE 8 #04-177 SINGAPORE 530642	
ID Type / ID No.: NRIC NO / S9226138G		Contact No.: Home/Office:                      Mobile: 92952185	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 29/07/1992	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: ENGINEERING		Driving Licence Information: Class: 2B,3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2022 16:20	Type of Location: Straight Road
Location: GEYLANG SERAI				
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 To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC9229R	Car	KIA	FORTE K3 1.6A EX	Red	Seriously Damaged	3
SLL146H	Car	TOYOTA	HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR	Black	Slightly Damaged	1