

# 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 ..... 27/04/2022 16:56 (SGT)  
Date of Accident ..... 25/04/2022 13:15 (SGT)  
Exact Location of Accident ..... Gambas Ave, Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS WOODLANDS AVENUE 12  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJM4420H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FATHIMA MARYAM D/O KAMALUDIN  
NRIC No ..... SXXXX118G  
Email Address ..... poisonaquatics@hotmail.com  
Mobile Phone No ..... (Phone) +65-91875814  
Alternative Phone No ..... +65-93206003

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
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 ..... 1799

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00132582102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED ARSHAD BIN MOHAMED AYOB  
NRIC No ..... SXXXX763B

Date Of Birth .....	19/10/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	21/12/2005
Driving experience .....	16 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93206003
Alt. Phone Number .....	-
Email Address .....	poisonaquatics@hotmail.com
Address .....	BLK 174 YISHUN AVENUE 7 #09-843
Address complement .....	-
Postcode .....	760174
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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

PLEASE REFER TO POLICE REPORT T/20220426/7022

#### 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 .....	GBG7747Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 ARSHAD BIN MOHAMED AYOB
Gender .....	Male
Phone No .....	(Phone) +65-93206003
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LOWER BACK AND NECK PAIN
Injured person in which vehicle? .....	SJM4420H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

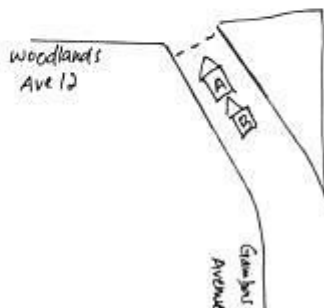
IMPORTANT NOTICE

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  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 be permitted in total, 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 making 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 sums as well as on the external cover of envelopes/emails/packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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/ may not be disclosed by any of the Insurers and/or GIA to their third party service providers or agent(s) (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date 5  
10/22  
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date  
A Tan

Witnessed by Reporting Centre  
Personnel



Vehicle A: SDM 4420H


Vehicle B: 6B6 7747Y


Describe Circumstances of the Accident

Refer to police report: T/20220426/7022

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

 27/04/2022  
 Witnessed by Reporting Centre Personnel


























**SINGAPORE  
POLICE FORCE**


T/20220426/7022

1 of 3

Report No. T/20220426/7022

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2022 15:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED ARSHAD BIN MOHAMED AYOB			Address: 174 YISHUN AVENUE 7 #09-843 SINGAPORE 760174		
ID Type / ID No.: NRIC NO / S8534763B			Contact No.: Home/Office: Mobile: 93206003		
Nationality: SINGAPORE CITIZEN			Email: poisonaquatics@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 19/10/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2022 13:15	Type of Location: slip road turning left at a junction
Location:  GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG7747Y	Car	TOYOTA	DYNA	Silver	Slightly Damaged	0
SJM4420H	Car	HONDA	HONDA STREAM	White	Slightly Damaged	0


**SINGAPORE  
POLICE FORCE**

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



T/20220426/7022

2 of 3

Report No. T/20220426/7022

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ER HAK KIM	ID No.	S1574303D
Related Vehicle	GBG7747Y (Car)	Contact No.	91837862
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
Driver			
Name	MOHAMED ARSHAD BIN MOHAMED AYOB	ID No.	S8534763B
Related Vehicle	SJM4420H (Car)	Contact No.	93206003
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/04/2022	Date	25/04/2022
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

On 25 April 2022 at about 1.15pm, I was driving SJM 4420H along the extreme left lane of Gambas Avenue, and took the slip road off Gambas Avenue that would lead me to Woodlands Avenue 12. I came to a complete halt at the dotted line / give way line at the end of the slip road, waiting for traffic to be clear before joining Woodlands Avenue 12. Suddenly, after I had been completely stationary for a few seconds, there was a huge impact from the rear, I subsequently discovered that the driver of lorry GBG 7747Y had rear-ended my vehicle. There was nothing I could have done to avoid the impact from the rear. I am making this police report for the purposes of claiming compensation. I have already sought treatment at Khoo Teck Puat Hospital A&E Department on 25 April evening.

I wish to state that the road was dry and the weather was clear. I was also wearing a seatbelt properly at the time of the accident.

**SINGAPORE  
POLICE FORCE**

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



T/20220426/7022

3 of 3

Report No. T/20220426/7022

**CONTINUATION OF REPORT**Sketch 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 / TP1B /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

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

Date/Time:  
26/04/2022 15:32

Classification Of Case: