

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 17/05/2022 13:31 (SGT)
Date of Accident 15/05/2022 12:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information GEYLANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ2422U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ZAHARI BIN TAJUDIN
NRIC No S8625238D
Email Address NURULSHA27@GMAIL.COM
Mobile Phone No (Phone) +65-91022900
Alternative Phone No +65-91022900

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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1794

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number CN150455

DRIVER

Name of Driver MUHAMMAD ZAHARI BIN TAJUDIN
NRIC No S8625238D

Date Of Birth	07/09/1986
Occupation	Outdoor
Date Of Driving Pass	25/11/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91022900
Alt. Phone Number	+65-91022900
Email Address	NURULSHA27@GMAIL.COM
Address	BLK 897C WOODLANDS DRIVE 50 #02-194
Address complement	-
Postcode	732897
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)	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SKR8826G
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	Gray
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -


SKETCH PLAN**IMPORTANT NOTICE**



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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:

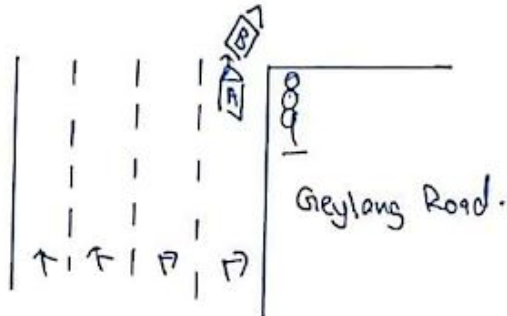
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

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

SKETCH PLAN



A - 9KQ 2422U

B - 9KR 8826G.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please refer to Police Report.

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:


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





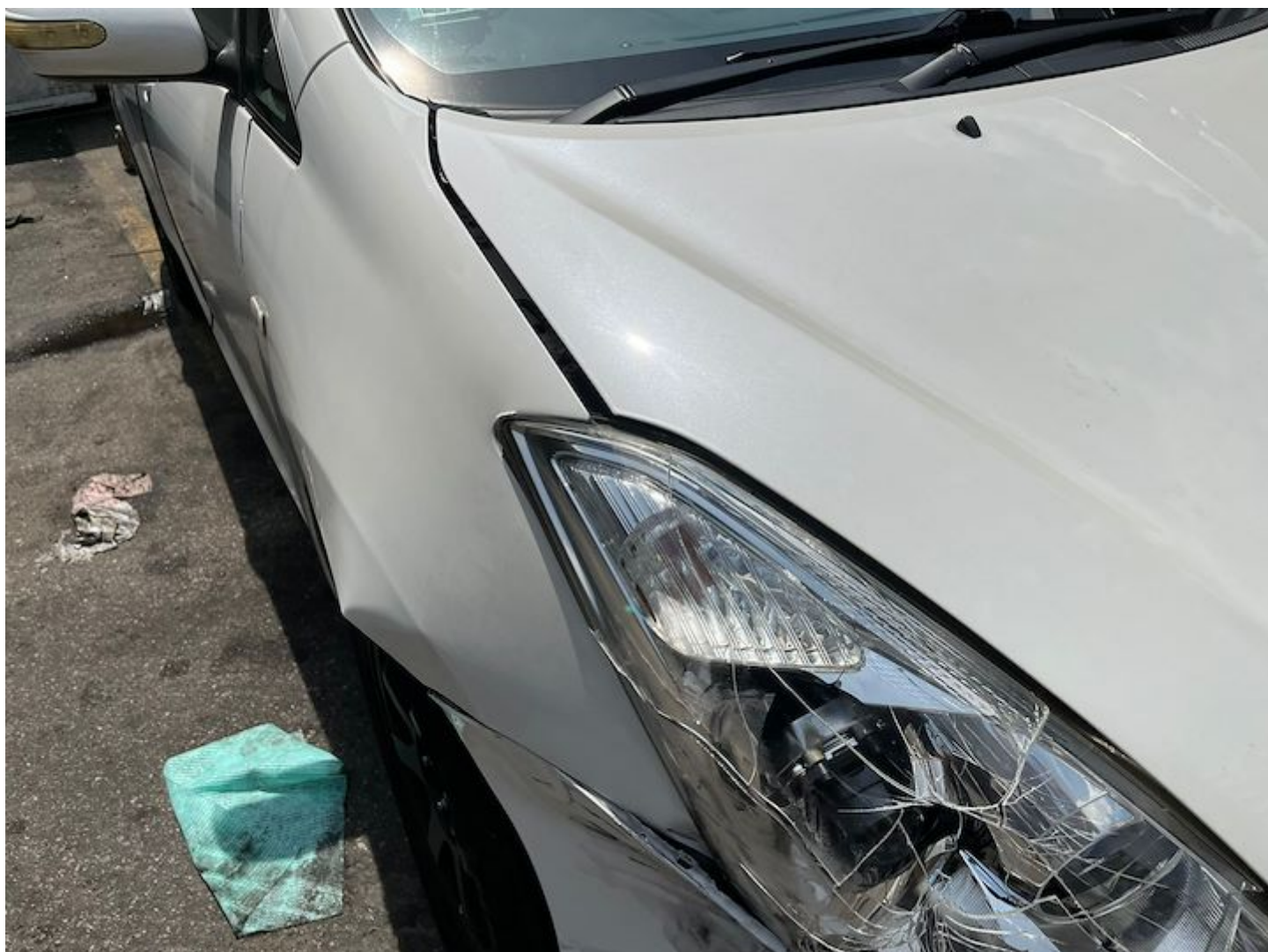




























**SINGAPORE
POLICE FORCE**



T/20220516/2004

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20220516/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2022 01 16	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: MUHAMMAD ZAHARI BIN TAJUDIN	Address: APT BLK 897C WOODLANDS DRIVE 50 #02-194 SINGAPORE 732897
ID Type: ID No. NRIC NO / S8625238D	Contact No.: Home/Office: Mobile: 91022900
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 35 Date of Birth: 07/09/1986	Type of Informant: Driver
Race: Malay	Language: English Institution / School Name:
Occupation: DELIVERY DRIVER	Driving Licence Information: Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2022 12:35	Type of Location: X-Junction
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Accident: 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
SJQ2422U	Car	TOYOTA	WISH 1.8 AUTO	White	Slightly Damaged	0
SKR8826G	Car	NISSAN	QASHQAI	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ2422U	AXA INSURANCE SINGAPORE PTE LTD	GA606022	18/12/2021	17/12/2022



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T/20220516/2004

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No T/20220516/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing NA	
Driver			
Name	MUHAMMAD ZAHARI BIN TAJUDIN	ID No.	S8625238D
Related Vehicle	SJQ2422U (Car)	Contact No.	91022900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Other Person Involved			
Name	ADRIAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	96880004
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

Brief Details.

On 15/05/2022 at about 1235hrs, I was driving my car SJQ2422U along the first lane of Geylang Road. I was behind another car SKR8826G and we were going to make a right turn. We were waiting for the traffic light to turn green. When the traffic light turned green, our cars moved forward. However a pedestrian was walking in front and the car SKR8826G made an abrupt brake. I was unable to react in time and the front right side of my car collided onto the rear left side of the other car. We both got out of our vehicles and exchanged particulars. He informed that he will notify his insurance company and lodge a police report. Subsequently we drove off. When I informed my insurance company regarding this accident, they advised me to lodge a police report. I wish to inform that nobody is injured. There is a dent and scratches on the front right side of my car and the right head light is damaged. There is a dent and scratches on the rear left side of the other car. However I felt stiffness on my shoulders and I will see a doctor regarding it.



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3 of 3

Report No. T/20220516/2004

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:
L /
STAFF SERGEANT HARUL ARIFIN
SIN 104 11

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/05/2022 01:16

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168



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