

# 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 ..... 20/05/2022 14:01 (SGT)  
Date of Accident ..... 19/05/2022 19:22 (SGT)  
Exact Location of Accident ..... Beach Rd, Singapore  
Additional Location Information ..... BEACH RD TURNING LEFT TO JLN SULTAN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG9169J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NF RENTALS  
Company Reg No ..... 53407189M  
Email Address ..... JEROMYNG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90099109  
Alternative Phone No ..... +65-90099109

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115609094-02-000001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMAD FAIZAL BIN MOHAMAD YUSOFF  
NRIC No ..... S7127308C

Date Of Birth .....	17/08/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	21/11/2003
Driving experience .....	18 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90099109
Alt. Phone Number .....	-
Email Address .....	JEROMYNG@GMAIL.COM
Address .....	622C PUNGOL CENTRAL
Address complement .....	#08-286
Postcode .....	823622
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	UNKNOWN
Gender .....	Male

#### 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

#### AS PER 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 .....	SMH7433S
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) .....	2

## SKETCH PLAN

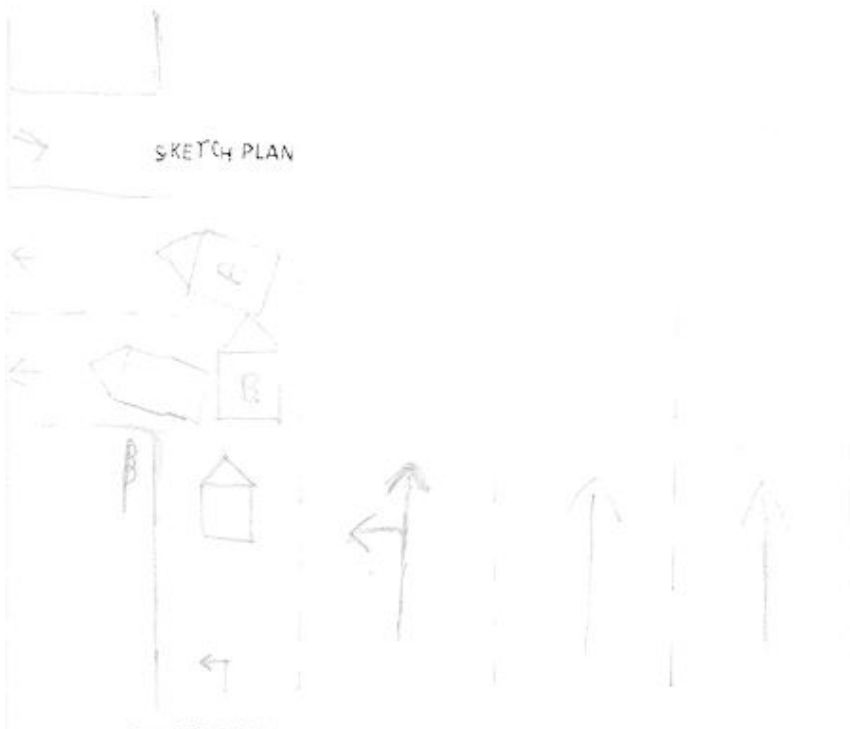
## IMPORTANT NOTICE

1. Please fill in correctly the data in the enclosed form and attach the following documents:
  - (a) Accident report form completed by the Policyholder and/or the Authorised Driver
  - (b) Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material information may enable Insurers to repudiate policy liability.
  - (c) Police report and evidence of the accident, such as driver's licence, vehicle registration, and other relevant documents.
2. Any false reporting may be referred to the Police for investigation.
3. The 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.
4. 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.
5. **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: 20/5/22 & Time: 1307hrs

Reporting Centre Personnel's Signature:  Name: 20/05/22 NRIC/FIN No.: \_\_\_\_\_



Veh A: SLG9169J  
Veh B: SMH74338

Beach Road towards Golden Mile Before Jalan Sultan Road.

Location :

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was turning left at the traffic light junction to Jln Sultan from the right lane suddenly vehicle B goes straight on turning left lane only and hit ~~the~~ my vehicle left rear passenger door.

Refer to police report

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air	Claim OD / TP Own W/shop	Reporting Only
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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: 20/6/22 1207hrs

Reporting Centre Personnel's Signature

Name  
NRIC/FIN No :



















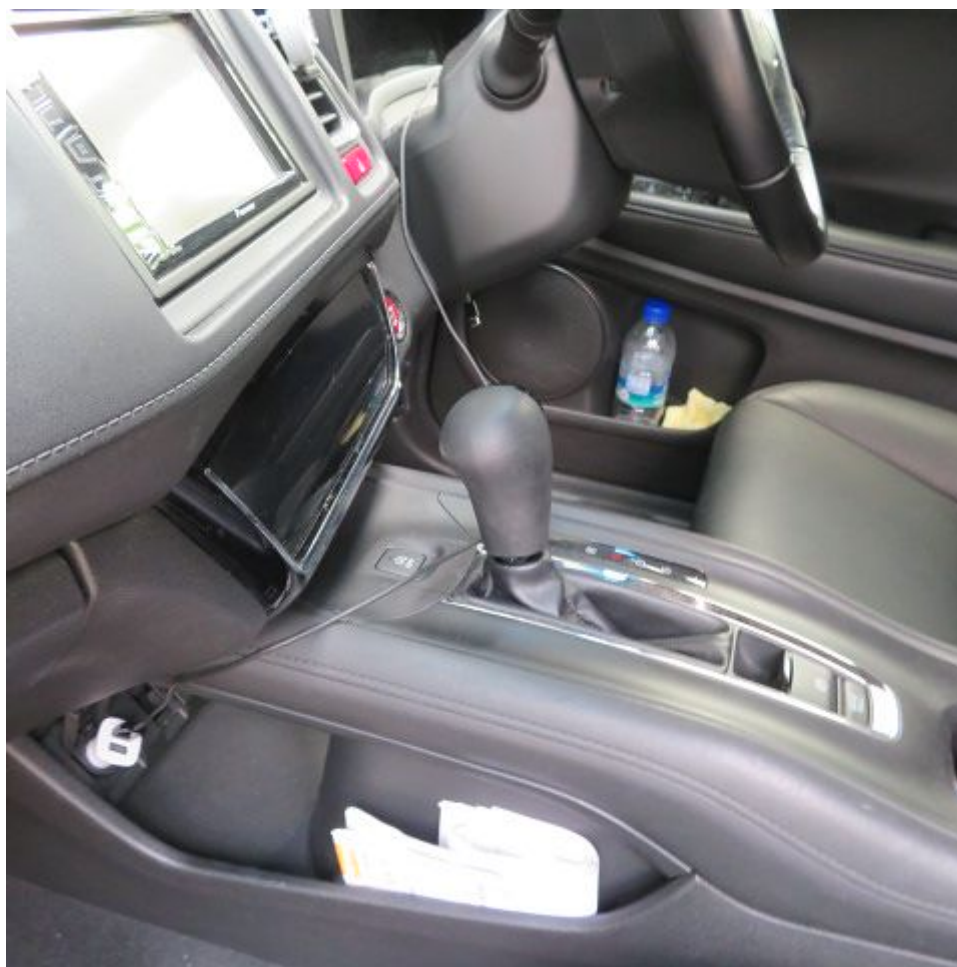


















**SINGAPORE  
POLICE FORCE**



T/20220520/7016

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

1 of 3

Report No. T/20220520/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/05/2022 12:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD FAIZAL BIN MOHAMAD YUSOFF			Address: 622C PUNGGOL CENTRAL #08-286 SINGAPORE 823622		
ID Type / ID No.: NRIC NO / S7127308C			Contact No.: Home/Office: Mobile: 90099109		
Nationality: SINGAPORE CITIZEN			Email: m5zal_17@yahoo.com.sg		
Sex: Male	Age: 50	Date of Birth: 17/08/1971	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2022 19:20	Type of Location: T-Junction
Location:  JALAN SULTAN				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG9169J	Car					0
SMH7433S	Car	BMW		White		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220520/7016

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

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Report No. T/20220520/7016

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMAD FAIZAL BIN MOHAMAD YUSOFF	ID No.	S7127308C
Related Vehicle	SLG9169J (Car)	Contact No.	90099109
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	20/05/2022	Date	20/05/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I was driving along Beach road and slowly making a left turn into Jalan Sultan on the 2nd lane from the left. As I was turning into Jalan Sultan, Vehicle SMH7433S drove straight from the 1st lane from the left, which is a "Left Turn Only" lane and he collided with the rear left portion of my vehicle door, rear fender and wheel area. We move to the side of the road to take some details and photos. The driver of SMH7433S walked back to the accident area. After checking the road signs, he told me he thought that the lane he was traveling on is a straight or left turn lane while it is a left turn only lane.. We left the scene after exchanging details. I have a passenger in my car when the accident happened. I suffered from upper back and neck pain from the accident and was given 3days MC after seeing the doctor.



**SINGAPORE  
POLICE FORCE**

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



T/20220520/7016

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Report No. T/20220520/7016

**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 / TPIB /  
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:  
20/05/2022 12:49

Classification Of Case:



