



## 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	23/05/2022 15:31 (SGT)
Date of Accident	21/05/2022 23:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOUNDARY RD/LAMP POST NO 39
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1995T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED ISMAIL BIN AZIZ
NRIC No	SXXXX547F
Email Address	ISMAILSYRAF@GMAIL.SG
Mobile Phone No	(Phone) +65-96911955
Alternative Phone No	+65-96911955

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124238503
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMED ISMAIL BIN AZIZ
NRIC No	SXXXX547F



Date Of Birth	27/04/1971
Occupation	Outdoor
Date Of Driving Pass	29/08/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96911955
Alt. Phone Number	+65-96911955
Email Address	ISMAILISYRAF@GMAIL.SG
Address	BLK259C COMPASSVALE RD, #02-637
Address complement	-
Postcode	543259
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	Side Swipe
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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### ATTACH 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	SBS6541S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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 ISMAIL BIN AZIZ
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG1995T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

**SKETCH PLAN**

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

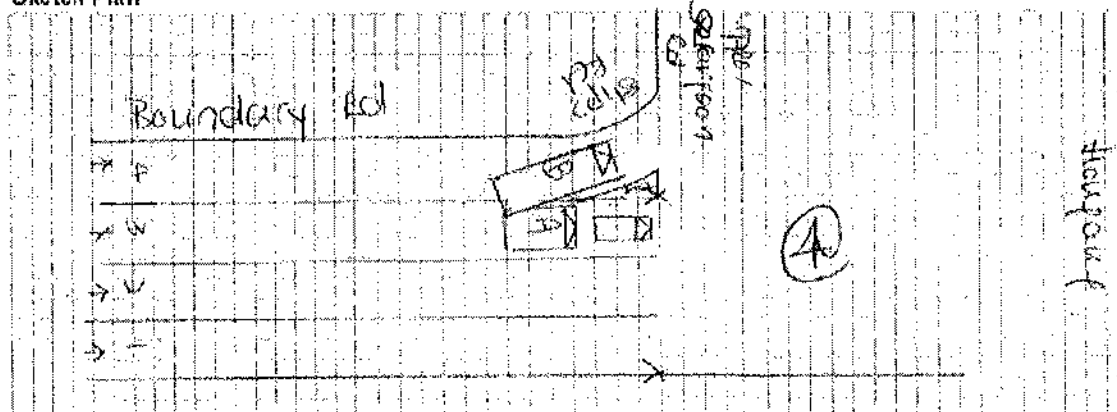
(A)

Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
Blk 8 Sin Ming Road  
#01-60/6062 Sin Ming Ind Est  
Singapore 575843  
Tel: 6453 1295 Fax: 6453 7944  
Witnessed by Insuring Party Personnel (Claims Section)

**Sketch Plan**



**Describe Circumstances of the Accident**

Please refer to police report no T/20220522/2073

Note :

Accident happen at Boundary Rd (4)

Vel A : SLG 1935 I

Vel B : SBS 654.5

**Declaration**

We declare the foregoing particulars are true in every respect.

(4)

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD  
 94-9 Sin Ming Road  
 #01-58/59/62 Sin Ming Road  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 Witnessed by Reporting Centre Personnel


**SINGAPORE  
POLICE FORCE**


T/20220522/2073

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
546026  
Tel No: 1800-343 8989

Report No. T/20220522/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/05/2022 19:28		Vide Report No.:		Station Diary No.: 85
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED ISMAIL BIN AZIZ		Address: APT BLK 259C COMPASSVALE ROAD #02-637 SINGAPORE 543259		
ID Type / ID No.: NRIC NO / S7114547F		Contact No.: Home/Office: Mobile: 96911955		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 27/04/1971	Type of Informant: Driver	
Race: Javanese		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2022 23:05	Type of Location: X-Junction
Location:  UPPER PAYA LEBAR ROAD				
Lamp Post Number: 39				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6541S	Bus/Coach/Minibus	MERCEDES BENZ	CITARO	Multi-Colored	Slightly Damaged	0
SLG1995T	Car	TOYOTA	WISH 1.8 CVT	Silver	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG1995T	NTUC Income Insurance Co-Operative Limited	5124238503	03/11/2021	22/08/2022



**SINGAPORE  
POLICE FORCE**



T/20220522/2073

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20220522/2073

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver:</b>			
Name	HOOT KIM LOONG	ID No.	NIL
Related Vehicle	SBS6541S (Bus/Coach/Minibus)	Contact No.	94367610
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
<b>Driver:</b>			
Name	MOHAMED ISMAIL BIN AZIZ	ID No.	S7114547F
Related Vehicle	SLG1995T (Car)	Contact No.	96911955
Hospital/Clinic	NORTHEAST MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/05/2022	Date Discharge	22/05/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time, I was driving my vehicle SLG1995T at the junction of Upper Serangoon Road at lamp post 39. I was doing a job for Gojek and had a passenger with me.

The junction has a slip road to turn left into upper Serangoon Road however I was at the most left lane going straight instead. The traffic light was red and my car was stationary behind a motorcycle at the said lane.

Subsequently, a bus SBS6541S entered the slip road to turn left. Upon doing so, the bus collided onto the left rear side of my car by side-swipe. I felt a strong impact and felt shocked.

The bus driver and myself then went down of our vehicles to make a check. We then exchanged particulars with each other. I also made a check with my passenger who informed that she is okay and does not need medical attention.

No police attended and no other pedestrians were involved. No government property was damaged.

We then subsequently drove off with our vehicles. The bus had passengers however I do not know how many of them there are.

Later after the accident, I felt pain on both my knees and felt pain on the back of my neck as such I visited



**SINGAPORE  
POLICE FORCE**



T/20220522/2073

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Tel No: 1800-343 8999

1 of 4

Report No. T/20220522/2073

**CONTINUATION OF REPORT**

the doctor on 22/5/2022 and received 3 days of MC.

My car suffered damages which includes a broken rear left lights, deep scratches on the left side of my car body and deep scratches on my rear left rim.





**SINGAPORE  
POLICE FORCE**



T/20220522/2073

4 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20220522/2073

## 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:

F/

Other MUHAMMAD SUHAIRI BIN  
MOHD HAMZAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/05/2022 19:28

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

NP168