

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 witholding 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.

Alternative Phone No

- 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

SLG1995T

+65-96911955

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

VEHICLE PARTICULARS

Vehicle Registration Number

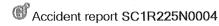
Tovota Wish Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5124238503 Cover Note Number

DRIVER

MOHAMED ISMAIL BIN AZIZ Name of Driver NRIC No SXXXX547F



Date Of Birth Occupation	27/04/1971 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	en de la companya de La companya de la co
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
name in a sur a	-
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	
FASSENGENT	
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?	w
CIRCUMSTANCES OF ACCIDENT	
ATTACH POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SBS6541S - '

Vehicle Variant

Vehicle Colour	
Vehicle Category	Bus
Name of Driver	
Contact Number	-
Address	***
Address complement	
Postcode	FF
Insurance Company Name	-
Nature Of Damage	ų.
Details of property damaged in accident	NA
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ISMAIL BIN AZIZ
Gender www	28
Phone No	and .
Address	49.
Address Complement	-
Post Code	
Approximate Age Years Old	pa
Injuries Sustained	en.
Injured person in which vehicle?	SLG1995T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	wire

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)

Lunderstand, 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 mo 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers taw 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 ma;
- (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 GVA 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.

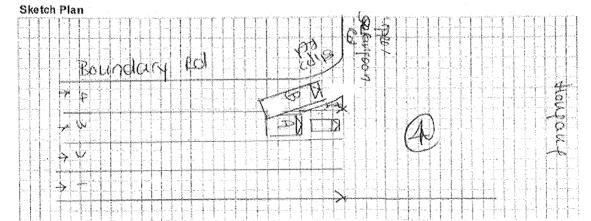


Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD 8lk 8 Sin Ming Road #01-56/60/62 Sin Ming Ind Est

Singapore 575643 Tell: 6453 1235 Fax 5483 7944 Witnessed by Coording Camille Personnel



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Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Oate & Time

CITY AUTO PTE LTD
9k 6 Sin Ming Road
#01-88/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fex: 6453 7944
Witnessed by Keperling Centre

Personnel





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20220522/2073

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2022 19:28			Vide Report No.:	Station Diary No.: 85		
Informa	nt's Particu	ılars				
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: Age: Date of Birth: Male 51 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:		

seneral Intori	nation of the Acci	aent	,		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2022 23:05	Type of Location X-Junction	
Location:					
UPPER PAY	A LEBAR ROAD	ing ang katanan kang pananang pang pang pang kang kang kang pang pang pang pang pang pang pang p	arm period to the morphological of the state of the second state o	rt til samt frigging i blands i til 20,000 Spormus segt af 100 Spormus til fless i ennes stærende en men	
		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow: Traff		Traffic Control:	4	Traffic Volume: Light	
Type of Collis		angalagaskan geromaljan figurilijan dik _a ntiplanti et paningan pina internet minim met til 1 6 60 50 50 50 50 50 50 50 50 50 50 50 50 50	1	Anyone conveyed by	
	don Vahialas - Cido	Swipe - Same Direction		ambulance:	
Between Mov	ung venicies - side	Ombe - came encount	i .	CHARLES CONTRACT.	

Details of Ve	hicle involved	A STATE OF STREET				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6541S	Bus/Coach/Mi nibus	MERCEDES BENZ	CITARO	Multi-Colored	Slightly Damaged	0
SLG1995T	Car	TOYOTA	WISH 1.8 CVT	Silver	Slightly Damaged	1

Details of Ve	ehicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG1995T	NTUC Income Insurance Co-Operative	5124238503	03/11/2021	22/09/2022
	Limited			





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2022002222010

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20220522/2073

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian Ir		- Marian magainin marian m	Management of the Particular o	Construction production (1)	
No. of Pedestrian	is Injured: NIL	Use of Peo	destrian	Cross	sing: NA
Driver					
Name	HOOI KIM LOONG		ID No.		NL
Related Vehicle	SBS6541S (Bus/Coach/Minibus)			ct No.	94367610
Hospital/Clinic	NIL.			of 9 :e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL.	
Driver					100
Name	MOHAMED ISMAIL BIN AZIZ			•	S7114547F
Related Vehicle	SLG1995T (Car)			ct No.	96911955
Hospital/Clinic	NORTHEAST MEDICAL GROUP			of g ce & / Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/05/2022	Date Disc	harge	22/0	5/2022
No. of Days gran	ted Medical Leave 03	Degree of	finjury	Sligh	t

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





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 3 of 4 Report No. T/20220522/2073

545025 CONTINUATION OF REPORT Tel No: 1800-343 8999

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.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999 4 of 4 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:	Signature Of Informant:
Other MUHAMMAD SUHAIRI BIN MOHD HAMZAH	
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	