

# 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 ..... 27/05/2022 10:24 (SGT)  
Date of Accident ..... 24/05/2022 22:15 (SGT)  
Exact Location of Accident ..... Bedok South Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML1025E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CRAFT LEASING PTE LTD  
Company Reg No ..... 2XXXXX381N  
Email Address ..... mohdshafiesham@gmail.com  
Mobile Phone No ..... (Phone) +65-84890969  
Alternative Phone No ..... +65-84890969

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Freed  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MFL0005172  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD SHAFIE BIN SHAMSUDDIN  
NRIC No ..... SXXXX437B

Date Of Birth .....	24/11/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	10/04/2014
Driving experience .....	8 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88176276
Alt. Phone Number .....	-
Email Address .....	mohdshafiesham@gmail.com
Address .....	BLK 545 BEDOK NORTH ST 3
Address complement .....	#06-1390
Postcode .....	460545
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 - Change/cross lane
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 .....	DAVID
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

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJS7677H
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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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMMAD SHAFIE BIN SHAMSUDDIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & KNEE
Injured person in which vehicle? .....	SML1025E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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/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.



*[Handwritten signature]*

*[Handwritten signature]* 27/05/22

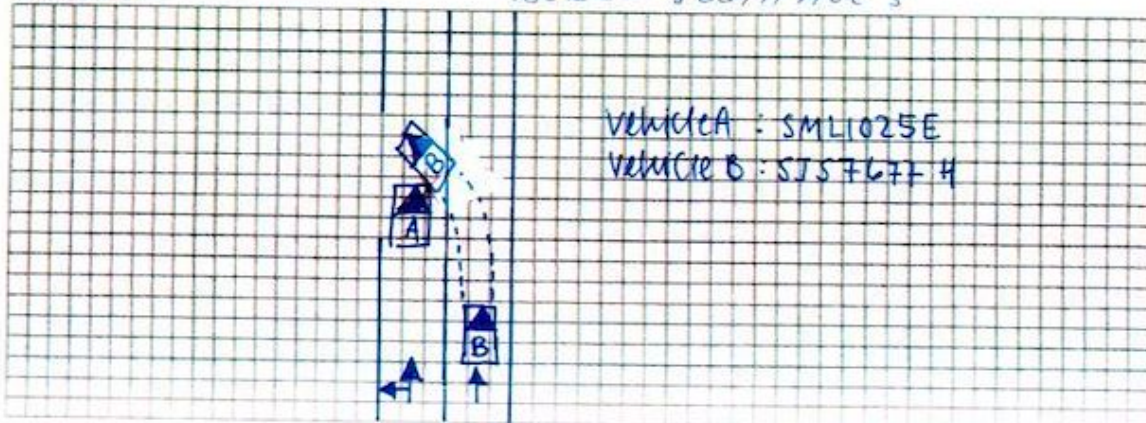
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

BEDOK SOUTH AVE 3





## Describe Circumstances of the Accident

On the stated date and time, I vehicle A was travelling straight on the stated venue. Suddenly, vehicle B break in the yellow box and proceeded to make a left turn. I felt a huge impact on the right side portion of my vehicle. Vehicle B was collided onto my vehicle.

## 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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220525/7018

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

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Report No. T/20220525/7018

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMAD SHAFIE BIN SHAMSUDDIN		ID No. S8037437B
Related Vehicle	SML1025E (Car)		Contact No. 88176276
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date	25/05/2022		Date 25/05/2022
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I VEHICLE A (SML 1025 E) IS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, VEHICLE B (SJS 7677 H) ADRUPTLY BREAK IN THE YELLOW BOX AND PROCEEDED TO MAKE A LEFT TURN . I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OF MY VEHICLE . I VEHICLE B HAS COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT AIDEN MEDICAL CLINIC AS I FELT PAIN IN MY BACK AND KNEE.  
I WAS GRANTED 3 DAYS MC.



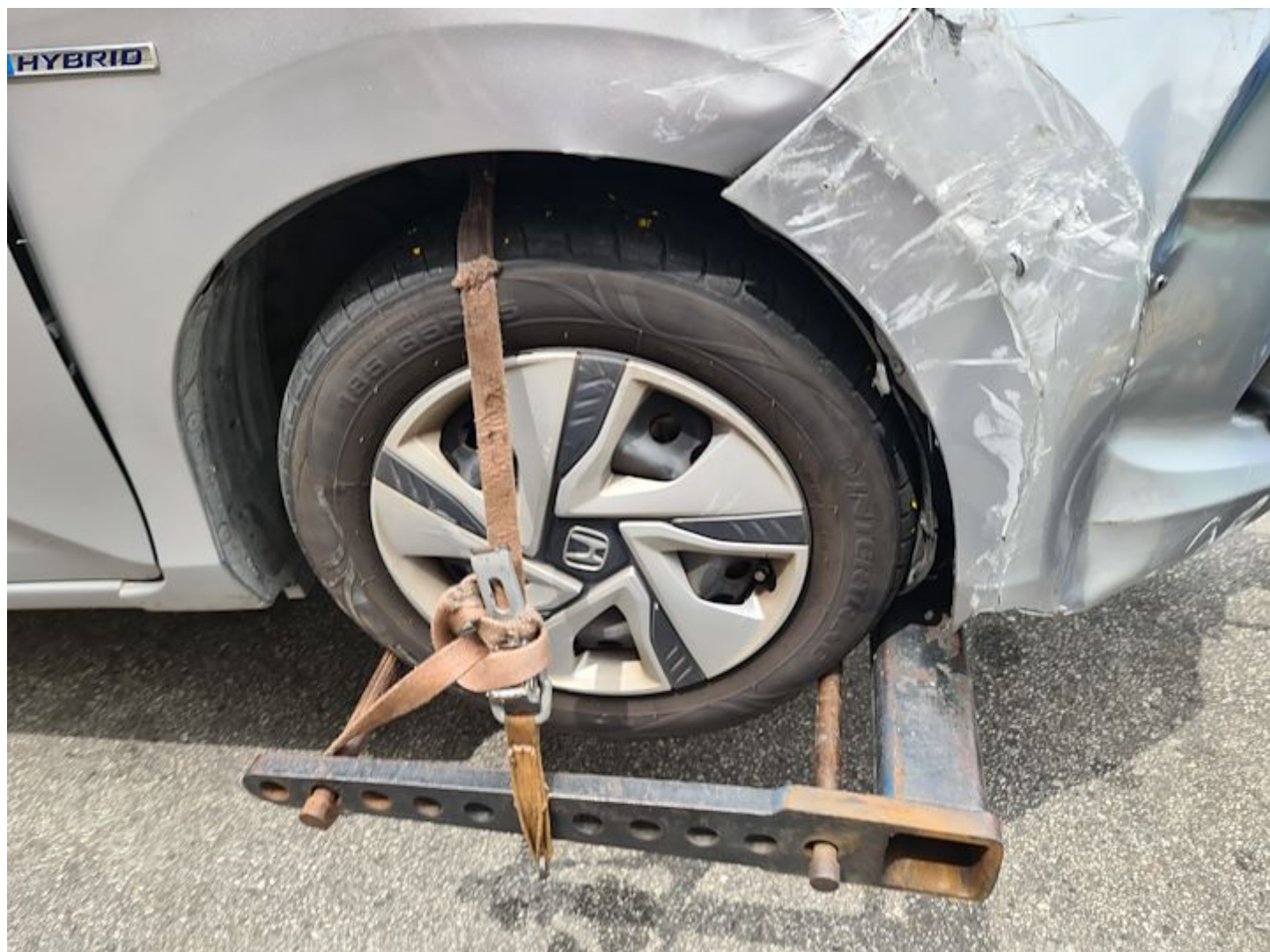






































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POLICE FORCE**



T/20220525/7018

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

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Report No. T/20220525/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/05/2022 12:17		Vide Report No.: G/20220524/0205	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MOHAMMAD SHAFIE BIN SHAMSUDDIN		Address: 545 BEDOK NORTH STREET 3 #06-1390 SINGAPORE 460545	
ID Type / ID No.: NRIC NO / S8037437B		Contact No.: Home/Office:	Mobile: 88176276
Nationality: SINGAPORE CITIZEN		Email: MOHDSHAFIESHAM@GMAIL.COM	
Sex: Male	Age: 41	Date of Birth: 24/11/1980	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/05/2022 22:15	Type of Location: Straight Road
Location:  BEDOK SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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	Condition	No of
SJS7677H	Car					0
SML1025E	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220525/7018

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

2 of 3

Report No. T/20220525/7018

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMAD SHAFIE BIN SHAMSUDDIN		ID No. S8037437B
Related Vehicle	SML1025E (Car)		Contact No. 88176276
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date	25/05/2022		Date 25/05/2022
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

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I WAS GRANTED 3 DAYS MC.





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Tel No: 65470000

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Report No. T/20220525/7018

**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 /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

NP168

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

Date/Time:  
25/05/2022 12:17

Classification Of Case:

