

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	10/06/2022 16:31 (SGT)
Date of Accident	09/06/2022 08:20 (SGT)
Exact Location of Accident	Near 11 Bulim Ave, Singapore
Additional Location Information	PIE TUAS 6.5KM LAMPPOST 277
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1390R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD IHSAN BIN MOHAMED HELMI
NRIC No	S8609947J
Email Address	IHSANTIMBERLAKE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97587214
Alternative Phone No	+65-97587214

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00133932100
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD IHSAN BIN MOHAMED HELMI
NRIC No	S8609947J

Date Of Birth	12/04/1986
Occupation	Outdoor
Date Of Driving Pass	17/12/2009
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97587214
Alt. Phone Number	+65-97587214
Email Address	IHSANTIMBERLAKE@HOTMAIL.COM
Address	BLK 370 TAMPINES ST 34 #08-13
Address complement	-
Postcode	520370
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver 1	FBS9679J
Insurance Company of Other Vehicle Owned by Driver 1	Auto & General Insurance (Singapore) Pte. Limited.
Vehicle Registration Number of Other Vehicle Owned by Driver 2	FBK1664X
Insurance Company of Other Vehicle Owned by Driver 2	Auto & General Insurance (Singapore) Pte. Limited.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	IRFAN SOFIAN
Gender	Male

PASSENGER 2

Name	ILHANI SOFIANA BINTE MUHAMMAD IHSAN
Gender	Female

PASSENGER 3

Name	SURIANNIE BINTE NOR MOHAMAD KAMSANI
Gender	Female

PASSENGER 4

Name	IZYANI SOFIANA BINTE MUHAMMAD IHSAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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 SLR519J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver CHUI XI TAO
 NRIC No S7902520H
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMS3729H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver CHOW WO KEON
 - S2585964B
 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 IZYANI SOFIANA BINTE MUHAMMAD IHSAN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJK1390R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person	MUHAMMAD IHSAN BIN MOHAMED HELMI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK1390R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	SURIANNIE BINTE NOR MOHAMAD KAMSANI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK1390R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	IZYANI SOFIANA BINTE MUHAMMAD IHSAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK1390R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

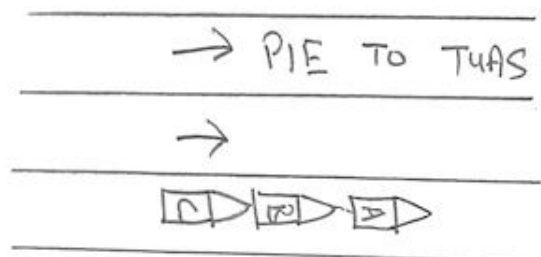
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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.


Policyholder's Signature / Date & Time
12:30 10/6/22
Sketch Plan

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


Witnessed by Reporting Centre Personnel



A-SLR519J
B-SJK1390R
C-SMS3729H

Refer to Police Report

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 12:30pm 10/6/22

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

Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20220609/2075

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220609/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2022 19:03		Vide Report No.: G/20220609/0049		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: MUHAMMAD IHSAN BIN MOHAMED HELMI			Address: APT BLK 370 TAMPINES STREET 34 #08-13 SINGAPORE 520370		
ID Type / ID No.: NRIC NO / S8609947J			Contact No.: Home/Office: Mobile: 97587214		
Nationality: SINGAPORE CITIZEN			Email: ihsantimberlake@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 12/04/1986	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: POLICE OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/06/2022 08:20	Type of Location: EXPRESSWAY STRAIGHT ROAD
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 277				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK1390R	Car	HONDA	CROSSROAD 1.8L A	Black	Seriously Damaged	4
SLR519J	Car					0
SMS3729H	Car					0



**SINGAPORE
POLICE FORCE**



T/20220609/2075

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220609/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK1390R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001339 32100	02/07/2021	06/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	IRFAN SOFIAN		ID No.	T2123182C
Related Vehicle	SJK1390R (Car)		Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2022		Date Discharge	09/06/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	ILHANI SOFIANA BINTE MUHAMMAD IHSAN		ID No.	T1827848G
Related Vehicle	SJK1390R (Car)		Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2022		Date Discharge	09/06/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	MUHAMMAD IHSAN BIN MOHAMED HELMI		ID No.	S8609947J
Related Vehicle	SJK1390R (Car)		Contact No.	97587214
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/06/2022		Date Discharge	09/06/2022
No. of Days granted Medical Leave	02		Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20220609/2075

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220609/2075

CONTINUATION OF REPORT

Passenger			
Name	SURIANNIE BINTE NOR MOHAMAD KAMSANI	ID No.	S8847553D
Related Vehicle	SJK1390R (Car)	Contact No.	87420716
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2022	Date Discharge	09/06/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	IZYANI SOFIANA BINTE MUHAMMAD IHSAN	ID No.	T1700869I
Related Vehicle	SJK1390R (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2022	Date Discharge	09/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/06/2022 at 0820hrs, I involved in a an Major accident along PIE towards Tuas (6.5KM) near to lamppost 277.

On the same day, while travelling along lane 1 of 3 lane road before RTA location. The vehicle ahead of my vehicle stopped due to heavy traffic. I then manages to stopped in time behind the front car (SLR519J). Out of a sudden, I felt an impact from the rear. Due to the impact, I surged forward and coolided onto the rear of the front vehicle.

I then went out to make a check and discovered the rear vehicle (SMS3729H) had hit onto my rear.

I then called 999. Me and my passengers was then conveyed to KKH. After that I went to CGH to access my injury. I was then given 2 days of MC due to neck pain. My passenger (my wife) suffer injury to her lower back pain and was given 2 days of MC. My passenger (1st daughter) suffer injury to her head. My passenger (2nd daughter) suffer injury to her back.



**SINGAPORE
POLICE FORCE**



T/20220609/2075

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220609/2075

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:

G /
Other MUHAMMAD ZAMRIN BIN
ABDUL RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/06/2022 19:03

Officer In Charge Of Case:
TP / GIT /
Other INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

NP168