

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 15/06/2022 15:51 (SGT)
Date of Accident 15/06/2022 09:00 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information ECP TOWARDS CITY AFTER BEDOK EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY9939Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ASHRAF BIN ABDUL RASHID
NRIC No S9021284B
Email Address MUHAMMADASHRAF_ABDULRASHID@HOTMAIL.COM
Mobile Phone No (Phone) +65-91252297
Alternative Phone No +65-83111048

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant HONDA / CIVIC 1.5 TURBO 5DR CVT
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 1498

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00931407/01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ASHRAF BIN ABDUL RASHID
NRIC No S9021284B

Date Of Birth	19/06/1990
Occupation	Indoor
Date Of Driving Pass	10/05/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91252297
Alt. Phone Number	+65-83111048
Email Address	MUHAMMADASHRAF_ABDULRASHID@HOTMAIL.COM
Address	APT BLK 222A BEDOK NORTH DRIVE #14-20
Address complement	-
Postcode	461222
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	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	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6846X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD1215B
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	MUHAMMAD ASHRAF BIN ABDUL RASHID
Gender	Male
Phone No	(Phone) +65-91252297
Address	APT BLK 222A BEDOK NORTH DRIVE #14-20
Address Complement	-
Post Code	461222
Approximate Age Years Old	31
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMY9939Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

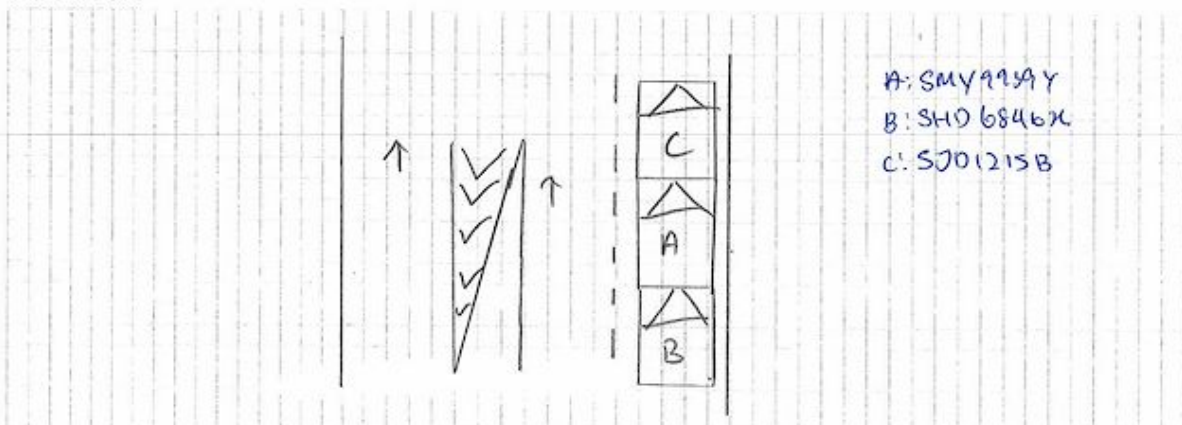
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

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/20220615/7008

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

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Report No. T/20220615/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 11:29		Vide Report No.: G/20220615/0061		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ASHRAF BIN ABDUL RASHID			Address: 222A BEDOK NORTH DRIVE #14-20 SINGAPORE 461222		
ID Type / ID No.: NRIC NO / S9021284B			Contact No.: Home/Office: Mobile: 91252297		
Nationality: SINGAPORE CITIZEN			Email: MUHAMMADASHRAF_ABDULRASHID@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 19/06/1990	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3,3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2022 08:55	Type of Location: Expressway (ECP)
Location: EAST COAST PARKWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD6846X	Taxi		Hyundai	Blue	No Damage	1
SJD1215B	Car		Suzuki Terraco	Gold	No Damage	1
SMY9939Y	Car		Honda Civic	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220615/7008

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

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Report No. T/20220615/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY9939Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00931407/01	30/05/2022	29/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KWAN		ID No.	NIL
Related Vehicle	SHD6846X (Taxi)		Contact No.	91596686
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	DAVID KOH		ID No.	NIL
Related Vehicle	SJD1215B (Car)		Contact No.	97614228
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Vehicle Owner				
Name	MUHAMMAD ASHRAF BIN ABDUL RASHID		ID No.	S9021284B
Related Vehicle	SMY9939Y (Car)		Contact No.	91252297
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3,3A Date of Expiry: NIL
Date	15/06/2022		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20220615/7008

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

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Report No. T/20220615/7008

CONTINUATION OF REPORT

Brief Details.

On the 15/06/2022 at about 0845hrs, I was on my way to work alone. I was driving my car (SMY9939Y) along ECP and was traveling on the right most lane.

At about 0857hrs, near lamppost 252, the car in front of me (SJD1215B) started to brake and slow down. As I was approaching it, I too slowed down and managed to come to a complete stop.

However, a blue COMFORT taxi (SHD6846X) was unable to stop in time and collided to the rear of my car. My car then jerked forward and slightly touched the car in front of mine.

The first car did not have any damages. However, my rear bumper was completely damaged and there were also broken pieces on the front left side of my car.

The 3 of us drivers exchanged particulars and while doing so, the taxi drove away.

I sustained whiplash injuries on the left side of my neck, lower back and some discomfort down on my right glute. I was conveyed by ambulance to CGH and am seeking medical attention.

My car was towed to Fort road and was handed over to my father my EMAS in the presence of a TP officer.

I have an in car camera and have extracted moments of the accident.

**SINGAPORE
POLICE FORCE**

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



T/20220615/7008

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Report No. T/20220615/7008

CONTINUATION OF REPORTSketch 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 / TPB /
VILTON HIA WEE SIANG
Contact No.: 65476232

NP168

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

Date/Time:
15/06/2022 11:29

Classification Of Case: