

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 20/06/2022 22:17 (SGT)
Date of Accident 20/06/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE (NEAR ANG MO KIO AVE 1 EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT2453P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JENNY JUNIATI
NRIC No SXXXX246G
Email Address jenie2010@hotmail.com
Mobile Phone No (Phone) +65-91282337
Alternative Phone No +65-91282337

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MTPV01004434
Cover Note Number 08/03/2022 - 07/03/2023

DRIVER

Name of Driver KARIM MD RAZAUL
Passport No/FIN GXXXX302R

Date Of Birth	25/09/1985
Occupation	Indoor
Date Of Driving Pass	11/08/2015
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85045254
Alt. Phone Number	-
Email Address	razaulgfe1@yahoo.com
Address	BLK 101 KITCHENER ROAD #13-02 JALAN BESAR PLAZA
Address complement	-
Postcode	208511
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JUF9344
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
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	JUF9344
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN GHAM LOONG
Contact Number	(Phone) +65-93859915
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	KARIM MD RAZAUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST PAIN
Injured person in which vehicle?	SJT2453P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

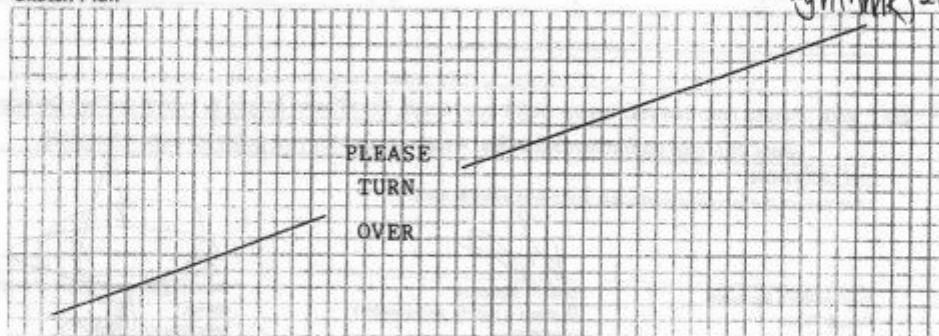
1. VEHICLE NO.: SJT2453P
2. INSURER CO.: Compo
3. ACCIDENT DATE & TIME: 20/06/22 @ 0830

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PLEASE
TURN
OVER

Sketch Plan

CTE (near
Ang Mo Kio Ave 1 exit)

A. SJT2493P
(alone)

B: JUF 9344

-yailings

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SGT2453P (SOMBO)

Date & Time: 20/06/22 @ 0830 (Drizzling (wet))

refer to police report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

Reporting Centre Personnel's Signature
Name: (AMK)
NRIC/EIN No. _____

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20220620/2029

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220620/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2022 12:56		Vide Report No.: E/20220620/0044		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: KARIM MD RAZAUL			Address: APT BLK 101 KITCHENER ROAD #13-02 JALAN BESAR PLAZA SINGAPORE 208511		
ID Type / ID No.: FIN NO / G8270302R			Contact No.: Home/Office: Mobile: 85045254		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 25/09/1985	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2022 08:30	Type of Location: Bridge
Location: ANG MO KIO AVENUE 1				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JUF9344	Lorry				Slightly Damaged	0
SJT2453P	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220620/2029

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220620/2029

CONTINUATION OF REPORT

Driver			
Name	Chan Gham Loong	ID No.	NIL
Related Vehicle	JUF9344 (Lorry)	Contact No.	93859915
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
Driver			
Name	KARIM MD RAZAUL	ID No.	G8270302R
Related Vehicle	SJT2453P (Car)	Contact No.	85045254
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 20/06/2022 at about 0830hrs, I was driving my vehicle (SJT2453P) along CTE (SLE) 11km mark on the second lane.

I wish to state that it was drizzling and the road surface was wet. I then noticed that the vehicle in front of me slowed down, and as such, I applied my brakes and slowed down as well.

Suddenly, I felt a huge impact from the rear side of my vehicle which caused me to swerve my vehicle on to the first lane and crash on to the railings.

I stepped outside and noticed a lorry (JUF9344) had hit the rear side of my vehicle.

I wish to state that I do not have any in car camera. I wish to further state that my vehicle sustained serious damages on the rear side and the front right side of my vehicle. I wish to further state that I am feeling a slight pain on the right side of my chest and will be heading down to the clinic to get it checked.

Traffic Police attended the scene and provided me a case card vide E/20220620/0044.

I am lodging a police report as instructed.



**SINGAPORE
POLICE FORCE**



T/20220620/2029

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20220620/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Name of Informant		HARIM MO RAZALI	
ID Type / ID No.		FIN NO: G8174029	
Nationality		MALAYSIAN	
Date of Birth		28/01/1985	
Age		38	
Sex		Male	
Race		Malay	
Language		Malay	
Type of Informant		Driver	
Address		APT BLK 101 KITCHENER ROAD #13-02 JALAN BESAR PLAZA SINGAPORE 20811	
Contact No.		Mobile: 8504258	
Home/Office			
Email			
Driving License Information		Class 1	
Date of Expiry			

Type of Location	Accident	Date/Time of Accident	20/06/2022 12:56
Type of Injury	Minor	Attended by Police	Yes
Location			

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 AZRI AZARIL BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/06/2022 12:56

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

NP168