

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	04/07/2022 15:12 (SGT)
Reported by	Both
Date of Accident	03/07/2022 12:50 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	ADAM ROAD BESIDE JAPANESE ASSOCIATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7085T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KARL ENRIQUEZ
NRIC No	S8202286D
Email Address	CI_CAK_82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93837782
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5124317438

DRIVER

Name of Driver	KARL ENRIQUEZ
NRIC No	S8202286D
Date Of Birth	15/01/1982
Occupation	Indoor

Date Of Driving Pass	24/04/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93837782
Alt. Phone Number	-
Email Address	CI_CAK_82@HOTMAIL.COM
Address	778 YISHUN AVENUE 2
Address complement	12-1555
Postcode	760778
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	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NUR AMIRAH BTE MOHAMED
Gender	Female

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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA138C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP9266K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KARL ENRIQUEZ
Gender	Male
Phone No	(Phone) +65-93837782
Address	778 YISHUN AVENUE 2
Address Complement	12-1555
Post Code	760778
Approximate Age Years Old	40
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKB7085T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NUR AMIRAH BTE MOHAMED
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SKB7085T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

The details of the accident to speed up the claims process.
 be completed by the Policyholder and/or the Actual Driver.
 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.

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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


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


 Witnessed by Reporting Centre Person
 (Name as in NRIC/ID card)

Sketch Plan

<p>Adams Road</p> <div style="text-align: center;">  </div>	<p>Veh A: SKB 7085T</p> <p>Veh B: SMA 138C</p> <p>Veh C: YP 9266K</p>
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Describe Circumstance of the Accident

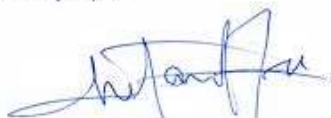
- Please refer to police report -
- T/20 220703/7026.

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
(Name as in NRIC/ID card)













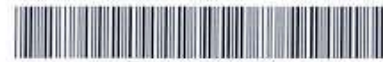








**SINGAPORE
POLICE FORCE**



T/20220703/7026

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

1 of 4

Report No. T/20220703/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2022 22:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KARL ENRIQUEZ			Address: 778 YISHUN AVENUE 2 #12-1555 SINGAPORE 760778		
ID Type / ID No.: NRIC NO / S8202286D			Contact No.: Home/Office: Mobile: 93837782		
Nationality: SINGAPORE CITIZEN			Email: ci_cak_82@hotmail.com		
Sex: Male	Age: 40	Date of Birth: 15/01/1982	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: Nurse			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2022 12:50	Type of Location:
Location: ADAM ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKB7085T	Car	AUDI	A5 SPORTBAC K QUATTRO 2.0 A	White		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220703/7026

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

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Report No. T/20220703/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB7085T	NTUC Income Insurance Co-Operative Limited	5124317438	26/10/2021	25/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	NUR AMIRAH BTE MOHAMED		ID No.	S9027785E
Related Vehicle	SKB7085T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious
Driver				
Name	KARL ENRIQUEZ		ID No.	S8202286D
Related Vehicle	SKB7085T (Car)		Contact No.	93837782
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Serious

Brief Details.

On the stated date and time I was driving my wife (Nur Amirah bte Mohamed) on board vehicle SKB7085T.

I was travelling along Adam Road towards Farrer Road.

As the vehicle in front stopped, I follow suit.

I also noticed that the vehicle (SMA138C) behind me also stopped.

Suddenly the vehicle behind me flew forward and hit onto my vehicle's rear portion.

The impact was hard and I quickly check on my wife who is pregnant.

I then alighted and realised that i was involved in a 3 vehicles chain collision and I am the 1st vehicle. And the car behind me was propelled forward by the last vehicle to hit onto my vehicle.

The order of the vehicles are as follows:

1. SKB7085T
2. SMA138C
3. YP9266K



**SINGAPORE
POLICE FORCE**



T/20220703/7026

3 of 4

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

Report No. T/20220703/7026

CONTINUATION OF REPORT

After a while I felt pain on my neck, shoulder and back areas.
I then proceeded to intemedical Potong Pasir to seek treatment and I was given 3 days MC.
I then send my wife to KKH A&E to seek treatment and she was also given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220703/7026

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

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Report No. T/20220703/7026

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 / TP1B /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
03/07/2022 22:29

Classification Of Case:

DATED THIS 1ST DAY OF MARCH 2022

DEED POLL
OF
KARL ENRIQUEZ

MESSRS IKA LAW LLC
109 North Bridge Road #07-21
Singapore 179097
Tel: 8779 9253
Fax: 6491 5418
Email: info@ikalaw.com.sg
Our Ref: AK/2022-00019



Certified True Copy

Haziq Ika Bin Zahidi
Advocate & Solicitor
Singapore

DEED POLL

BY THIS DEED, I, the undersigned **MOHAMMED KAMAL BIN MOHAMMED YUSOFF** (NRIC No. **S8202286D**) of Apt Blk 778 Yishun Avenue 2 #12-1555 Singapore 760778, do hereby absolutely renounce and abandon the use of my former name of **MOHAMMED KAMAL BIN MOHAMMED YUSOFF** and in lieu thereof do assume as from the date hereof the name of **KARL ENRIQUEZ**.

And in pursuance of such change of my name as aforesaid, I hereby declare that I shall at all times hereafter in all records deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name of **KARL ENRIQUEZ** as my name in lieu of the said name of **MOHAMMED KAMAL BIN MOHAMMED YUSOFF** so renounced as aforesaid.

And I hereby authorise and request all persons to designate and address me by such assumed name of **KARL ENRIQUEZ** only.

IN WITNESS WHEREOF I have hereunder signed my assumed name of **KARL ENRIQUEZ** and my relinquished name of **MOHAMMED KAMAL BIN MOHAMMED YUSOFF** and have set my hand and seal this 1st day of March 2022.

SIGNED, SEALED and DELIVERED
by the abovenamed
KARL ENRIQUEZ
in the presence of:

)
)
)
)


Mohammed kamal (Mar 1, 2022 17:08 GMT+8)




Haziq Ika Bin Zahidi
Advocate & Solicitor
Singapore



Certified True Copy
Haziq Ika Bin Zahidi
Advocate & Solicitor
Singapore