

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 27/07/2022 14:53 (SGT)
Reported by Driver
Date of Accident 19/07/2022 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG EUNOS LINK CROSS JUNCTION OF KAKI BUKIT AVE 2
AND UBI AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFL6000B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Vin's Car Rental Pte Ltd
Company Reg No 2XXXXX370W
Email Address claims@vinsautogroup.com.sg
Mobile Phone No (Phone) +65-64532121
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model VEZEL 1.5X HYBRID A
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 Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number M0017287

DRIVER

Name of Driver BADRUL HISHAM BIN AFANDI
NRIC No SXXXX772F
Date Of Birth 10/07/1984

Occupation	Outdoor
Date Of Driving Pass	03/11/2020
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91371919
Alt. Phone Number	-
Email Address	badrul.afandi84@gmail.com
Address	580 WOODLANDS DRIVE 16 #03-586
Address complement	-
Postcode	730580
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 - Cross Junction
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)	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	GOJEK PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

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	SJB4498S
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	BADRUL HISHAM BIN AFANDI
Gender	Male
Phone No	(Phone) +65-91371919
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFL6000B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

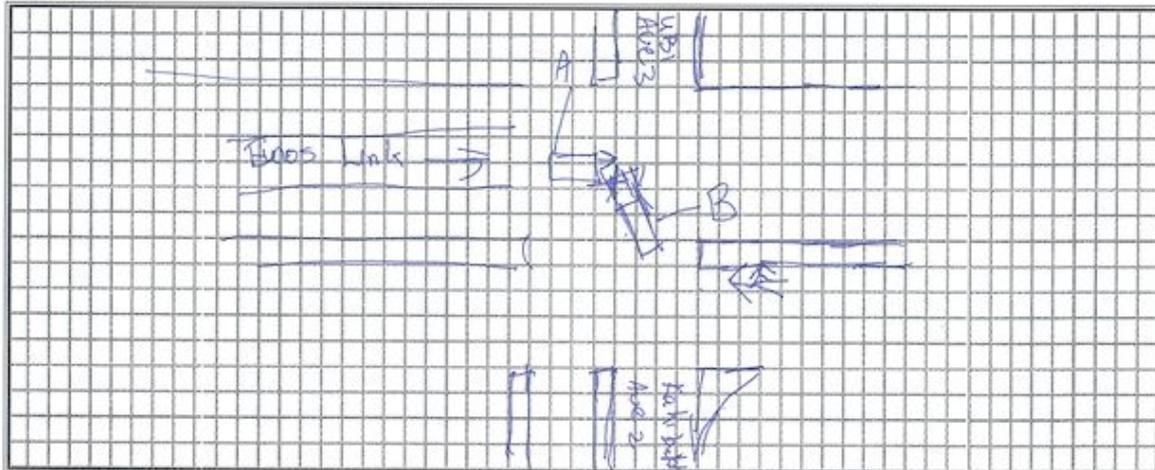
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 Policyholder's Signature / Date & Time


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


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

Sketch Plan



v.Jun2022

* A - SFL6000 B
 * B - SJB 4498 S

Describe Circumstance of the Accident

On 19th July 2022, I was driving along Euros Link at the Junction of Kaki Bukit Ave 2 & UBI Ave 3 at around 10am.

While driving toward Hougang Ave 3 the traffic light was green and I continue driving out of sudden vehicle drove out instead of stop & check blind spot which then he hit my front right side of the car. Which I went blackout & went passerby assist I notice my car stop before the tree

After that I can't recalled much as I'm in pain & paramedic attended to me.



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



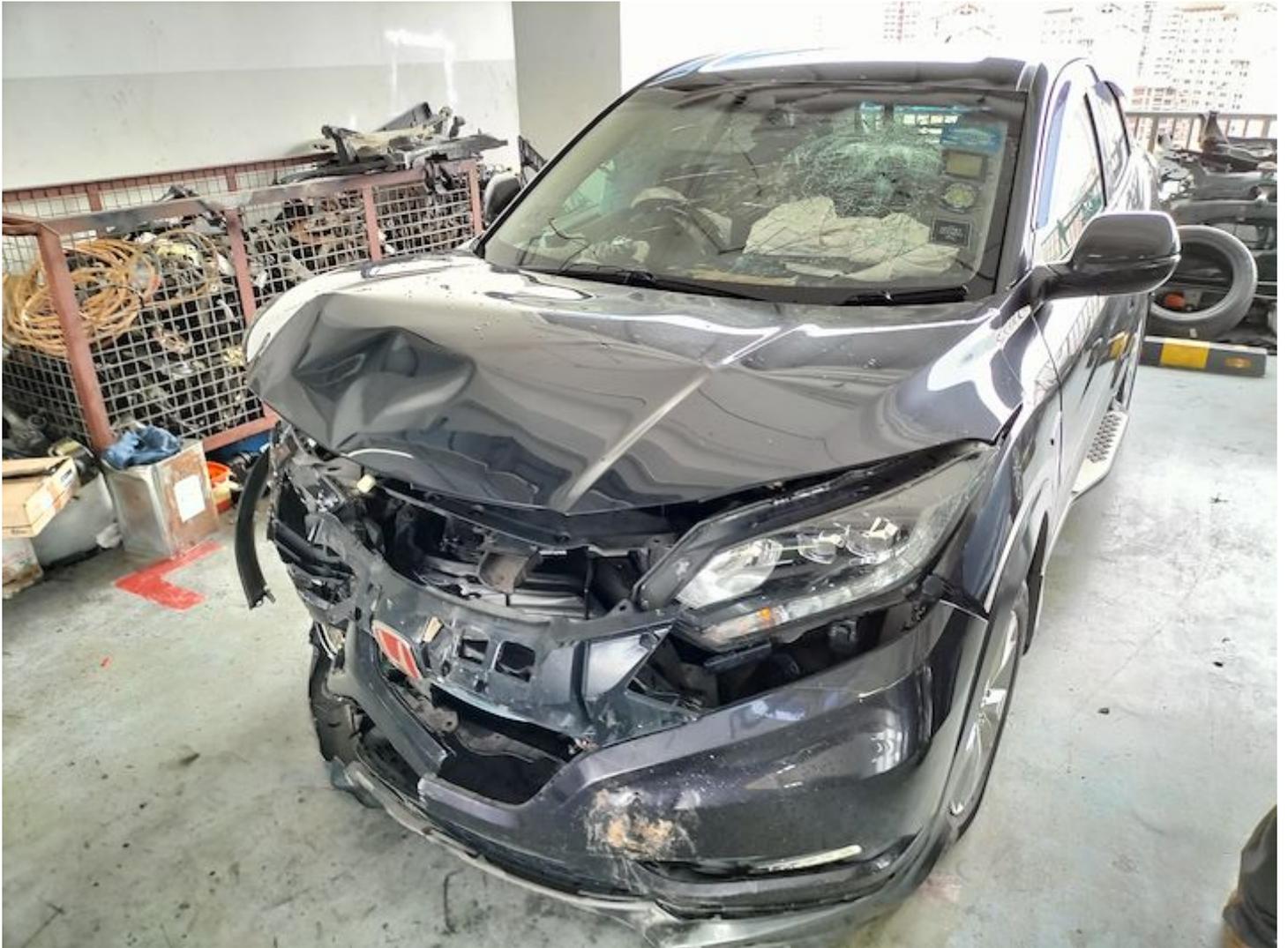
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

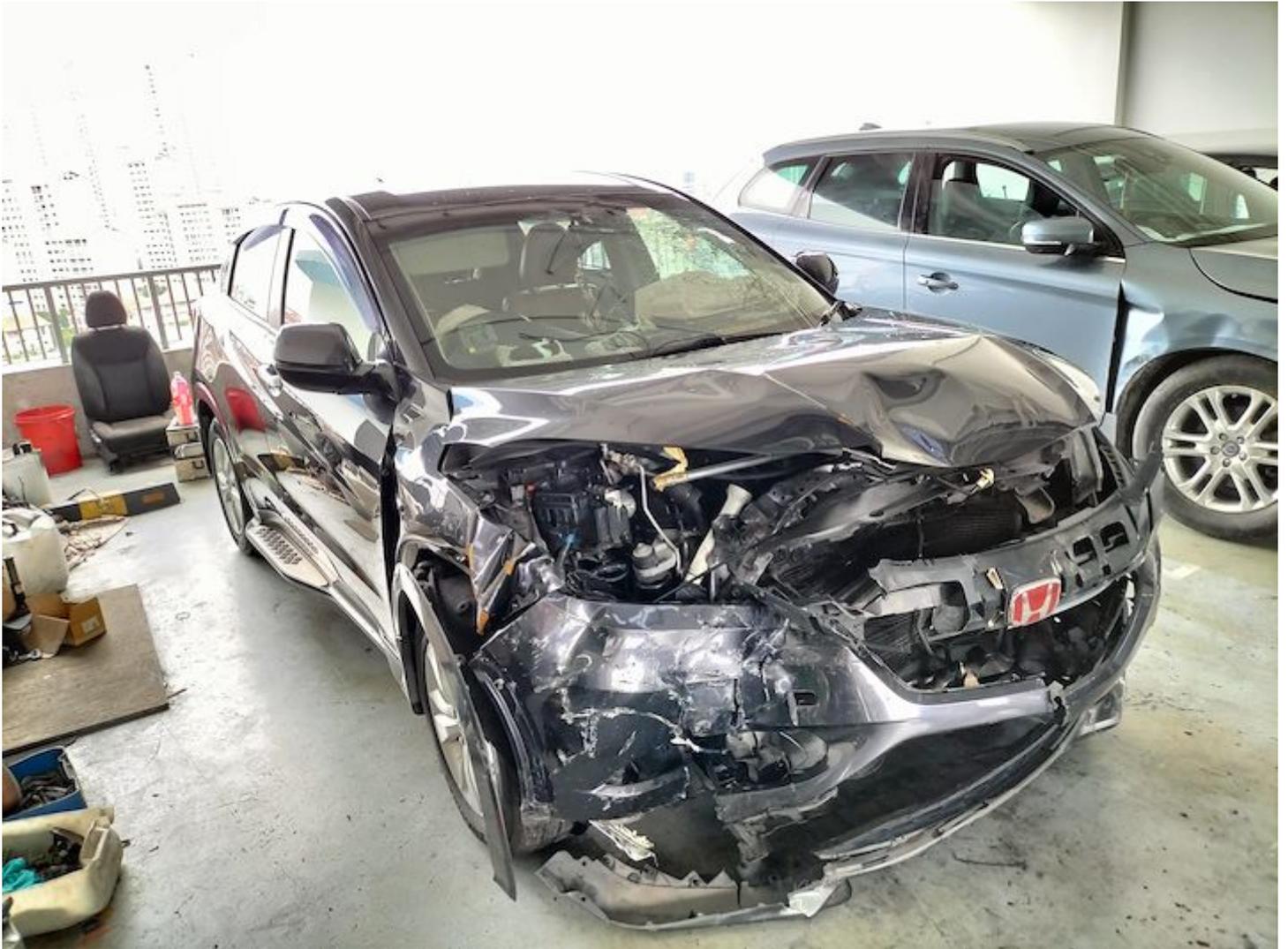


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

























**SINGAPORE
POLICE FORCE**



T/20220721/2057

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20220721/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2022 16:05	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars

Name of Informant: BADRUL HISHAM BIN AFANDI		Address: APT BLK 580 WOODLANDS DRIVE 16 #03-586 SINGAPORE 730580	
ID Type / ID No.: NRIC NO / S841972F		Contact No.:	Mobile: 91371919
Nationality: SINGAPORE CITIZEN		Email: Badrul.Afandi84@gmail.com	
Sex: Male	Age: 38	Date of Birth: 10/07/1984	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Private hired driver		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: 19/07/2022 10:00	Type of Location: X-Junction
Location: EUNOS LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFL6000B	Car				Seriously Damaged	1
SJB4498S	Car					0

Details of Person Involved

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



**SINGAPORE
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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220721/2057

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Report No. T/20220721/2057

CONTINUATION OF REPORT

Driver			
Name	BADRUL HISHAM BIN AFANDI	ID No.	S8419772F
Related Vehicle	SFL6000B (Car)	Contact No.	91371919
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/07/2022	Date Discharge	21/07/2022
No. of Days granted Medical Leave	10	Degree of Injury	NIL

Brief Details.

On 19.07.2022 at about 10:00AM I am driving my vehicle (SFL6000B) along Eunos Link towards Hougang Avenue 3. When I am driving pass a traffic junction, I spotted vehicle A (SJB4498S) traveling along Eunos Links the opposite direction of me was making a right turn to Ubi Ave 3. As I observed that the traffic light on my lane was green, I continued to drive forward thinking that vehicle A would make a stop the white box. However, the vehicle A did not make a stop and vehicle A left side collided on to my front part of my vehicle.

After the Collison, I blacked out for about one minute and my vehicle swirled to the left and stop in front of a tree.

When I regain conscious, paramedic attended to me and traffic police was at scene to interview me. After which I was conveyed to Changi General Hospital which I was given ten days of hospitalization leave (19.07.2022- 28.07.2022) and was admitted to hospital for 3 days (19.07.2022 - 21.07.2022).

I suffered incidental lung nodules.

I wish to add that I had a male Chinese passenger on the right back seat of my vehicle.



**SINGAPORE
POLICE FORCE**

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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220721/2057

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Report No. T/20220721/2057

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:
A/
SGT 1 LEE WEI YANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/07/2022 16:05

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168

