SF0E227U0001-01 / FALCON-AIR AUTO SERVICES PTE LTD [528840]
ENTRY DATE & TIME: 30/07/2022 10:44 (SGT)
SUBMITTED BY: Anna Ng
VERSION: 2 (30/07/2022 10:58 (SGT))

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	30/07/2022 10:44 (SGT)
Reported by	Both
Date of Accident	29/07/2022 15:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3792T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SIDDIG BIN AMIR
NRIC No	SXXXX337I
Email Address	SKILLINO@GMAIL.COM
Mobile Phone No	(Phone) +65-81986995
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
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	1498

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001336285-01

DRIVER

Name of Driver	MUHAMMAD SIDDIG BIN AMIR
NRIC No	SXXXX337I
Date Of Birth	13/05/1989
Occupation	Indoor

Date Of Driving Pass	16/03/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81986995
Alt. Phone Number	-
Email Address	SKILLINO@GMAIL.COM
Address	626 PASIR RIS DR 3
Address complement	02-304
Postcode	510626
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	NAUFAL
Gender	Male

PASSENGER 2

Name	KASYIDI
Gender	Male

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

AS PER POLICE REPORT

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	NOT AVAILABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC819R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA9794H
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible] correctly [illegible]

2. [illegible] completed by the Policyholder and/or the Authorised Driver.

3. [illegible] truthful and accurate as possible. Any wilful misrepresentation or withholding of material [illegible] may allow insurance companies to repudiate policy liability.

4. [illegible] and acceptance of this Form by insurance company/ies is not an admission of policy liability on the part of the insurance company/ies.

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 lodgment 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;

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;

   (e) the information so collected under (d) above may be shared / disclosed:

      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

      (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time	Driver's Signature (If driver is not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name NRIC/FIN No 30/7/22

SKETCH PLAN

A) STV 3792 T

B) GBC 8192 R

C) SHA 9794 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air	Claim OD / TP Own W/shop	Reporting Only

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
NRIC/FIN No

SINGAPORE POLICE FORCE

T/20220729/2076

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

Report No: T/20220729/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
29/07/2022 19:25	A/20220729/0085	

Informant's Particulars

Name of Informant: Muhammad Siddiq Bin Amir			Address: APT BLK 626 PASIR RIS DRIVE 3 SINGAPORE 510626	
ID Type / ID No.: NRIC NO / S8915337I			Contact No.: Home/Office:	Mobile: 81986995
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 13/05/1989	Type of Informant: Driver	
Race: Malay			Language:	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:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 29/07/2022 15:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBC819R	Van				Slightly Damaged	3
SHA9794H	Taxi				Slightly Damaged	1
SJV3792T	Car	NISSAN	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D	Silver	Seriously Damaged	2

SINGAPORE POLICE FORCE

T 20220729/2076

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

Report No. T/20220729/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV3792T	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SPL00015357	22/03/2022	21/03/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	Muhammad Djamadil Bin Sidik			ID No.	S8603977Z
Related Vehicle	GBC819R (Van)			Contact No.	87001141
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	Tan Kai Choon			ID No.	S1573962B
Related Vehicle	SHA9794H (Taxi)			Contact No.	97396782
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	
Passenger					
Name	Thangaraj Dinesh			ID No.	G5239414M
Related Vehicle	SHA9794H (Taxi)			Contact No.	81117700
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	

SINGAPORE POLICE FORCE

T/20220729/2076

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

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CONTINUATION OF REPORT

Driver			
Name	Muhammad Siddiq Bin Amir	ID No.	S8915337I
Related Vehicle	SJV3792T (Car)	Contact No.	81986995
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL

Date Treatment	NIL	Date Discharge	NIL
No of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/07/2022, at about 1550hrs, I was driving along PIE towards Changi at the first lane which is the extreme right lane. I had a 2 passenger with me at the time. The traffic was very heavy, and there a few accidents and vehicle break down along the expressway. The taxi (SHA 9794H) applied brake as such I pressed on my brake and subsequently the vehicle Police Van from rear (GBC819R) collided to the rear of my vehicle which then collided to the front vehicle. I had informed my insurance and told me to proceed to lodge GIA report.

The passenger of the taxi informed he had no injury and in hurry to catch his flight.

No injury to all the passengers and drivers involved. No ambulance activated.

SINGAPORE POLICE FORCE

T/20220729/2076

Police Station Or Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

1 of 1
Report No. T/20220729/2076

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 / SGT 1 HO JIA WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2022 19:25
Officer In Charge Of Case: TP / DDGVT / SR STAFF SGT MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476350	Classification Of Case:

NP168

SINGAPORE POLICE FORCE

SIGNATURE