

## 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 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	08/08/2022 15:53 (SGT)
Reported by	Both
Date of Accident	06/08/2022 01:00 (SGT)
Exact Location of Accident	Rochor Canal Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE1361J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SYAHIBUL AMBIA BIN MOHAMED SANI
NRIC No	S9037299H
Email Address	syahibulambiaa@gmail.com
Mobile Phone No	(Phone) +65-89502081
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 car
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	51252744153

### DRIVER

Name of Driver	SYAHIBUL AMBIA BIN MOHAMED SANI
NRIC No	S9037299H
Date Of Birth	13/10/1990
Occupation	Outdoor

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	VEHICLE B
No. Of Passenger (Including Driver)	3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SYAHIBUL AMBIA BIN MOHAMED SANI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNE1361J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**Describe Circumstance of the Accident**

Refer to Police Report

**Declaration**

We declare the foregoing particulars are true in every respect.

as slip  
[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





IMAGES #4





IMAGES #6









**SINGAPORE  
POLICE FORCE**



A/20220808/7006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220808/7006

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Unknown		
Gender	Male		
<b>Victim</b>			
Person Name	SYAHIBUL AMBIA BIN MOHAMED SANI		
ID Type	NRIC NO	ID No	S9037299H
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Logistics/production planner	Address	330 UBI AVENUE 1 #10-645 SINGAPORE 400330
Mobile No	89502081	Is Informant A	Yes
		Victim?	
Person Name	SYAHIBUL AMBIA BIN MOHAMED SANI (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
08/08/2022 09:32

Classification Of Case:



INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SNF9842E

Date of Accident

06/08/2022



Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... NTUC Income Insurance Co-op...

Period of Insurance ..... 07/07/2022 - 06/07/2023

Requested By ..... SV AUTOWORKS (SV Autowork...

Requested Date ..... 11/08/2022 12:58

#### Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

#### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**