

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	02/08/2022 10:08 (SGT)
Reported by	Driver
Date of Accident	24/07/2022 22:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Punggol Field
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7259J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DESERT ROSE
Company Reg No	53433319B
Email Address	achillespecies@hotmail.com
Mobile Phone No	(Phone) +65-97334943
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122169256-01

DRIVER

Name of Driver	LUQMAN BIN SAFIYUDDIN
NRIC No	S8415282Z
Date Of Birth	23/05/1984
Occupation	Indoor

Date Of Driving Pass	30/05/2011
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97334943
Alt. Phone Number	-
Email Address	achillespecies@hotmail.com
Address	BLK 224C #11-103 SUMANG LANE
Address complement	-
Postcode	823224
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 on 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	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	SITI ROHAYA BINTE SELAMAT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / 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	FILES SIZE TOO BIG TO BE UPLOADED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG1844M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	LUQMAN BIN SAFIYUDDIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ7259J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SITI ROHAYA BINTE SELAMAT
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ7259J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 02/08/2022 / 09:53

Report No: MT/

D.O.A: 24/07/2022

Vehicle No: SM27259J

Reporting Type:

Time: 22:05 hrs

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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)

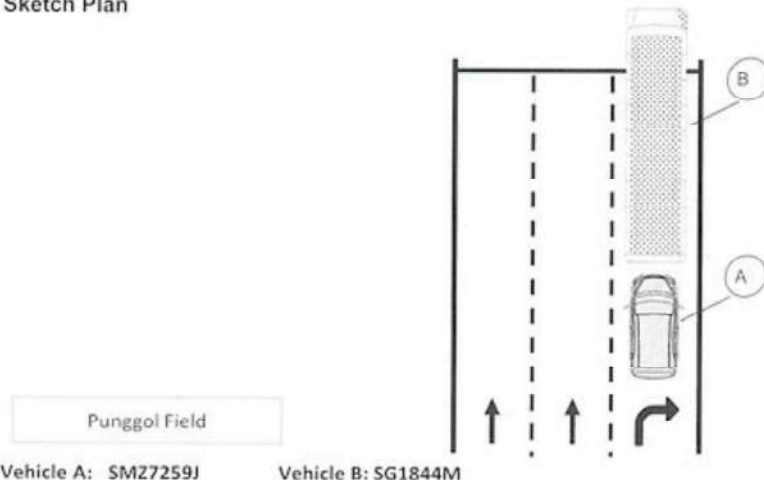
I understand, acknowledge, agree and consent that:

- (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' 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.


 02/08/22 / 9:53
 Policyholder's Signature / Date & Time

Sketch Plan

 02/08/22 / 9:53
 Driver's Signature (If driver is not the policyholder) / Date & Time

 Tang Chun Kiet (S098825)
 Customer Care Executive
 Motor Service Centre
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)


Describe Circumstances of the Accident

Refer to Police Report

Declaration

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


02/08/22 / 9:53
Policyholder's Signature / Date & Time

02/08/22 / 9:53
Driver's Signature (If driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre

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















**SINGAPORE
POLICE FORCE**



T/20220725/2001

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20220725/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 00:50		Vide Report No.:	Station Diary No.: 10
Informant's Particulars			
Name of Informant: LUQMAN BIN SAFIYUDDIN		Address: APT BLK 224C SUMANG LANE #11-103 SINGAPORE 823224	
ID Type / ID No.: NRIC NO / S8415282Z		Contact No.: Home/Office: Mobile: 97334943	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 23/05/1984	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: COUNSELLOR		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2022 22:05	Type of Location: Straight Road
Location: PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SG1844M	Bus/Coach/Mi nibus					0
SMZ7259J	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220725/2001

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220725/2001

CONTINUATION OF REPORT

Driver			
Name	LUQMAN BIN SAFIYUDDIN	ID No.	S8415282Z
Related Vehicle	SMZ7259J (Car)	Contact No.	97334943
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	NIL
Passenger			
Name	SITI ROHAYA BINTE SELAMAT	ID No.	S8842136A
Related Vehicle	SMZ7259J (Car)	Contact No.	97337653
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

Brief Details.

On 24/07/2022 at around 2205hrs, I was stationary inside my vehicle, bearing registration plate number SMZ7259J, along the road Punggol Place on the rightmost lane of 2 lanes intending to turn right into Punggol Field. There was a bus, bearing registration plate number SG1844M (service number 382G), directly in-front of me. Out of a sudden, the bus in-front of me suddenly went into reverse. I managed to also reverse slightly however the bus had continued to reverse quickly and collided into the front of my vehicle. I then immediately alighted to make a check on my vehicle, the bus driver did not seem to notice the bus had collided into my vehicle, hence I made my way to the front of the bus to inform the bus driver of the collision. The bus driver then alighted and kept apologising to me. Traffic police was not called.

My wife and I have not sought treatment at any medical clinics/centres and as of the time of lodging this report do not experience any pains or visible injuries. I have an in-car camera recording of the incident and have footage of the incident. As of the time of lodging this report, my wife is experiencing a bad anxiety reaction due to the accident and is currently too afraid to seek medical treatment.



**SINGAPORE
POLICE FORCE**



T/20220725/2001

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220725/2001

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:

F /

SGT 2 FOO HENG WEI JOHN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/07/2022 00:50

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168