

# 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	19/08/2022 14:13 (SGT)
Reported by	Driver
Date of Accident	18/08/2022 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH AVE 1 TOWARD ECP
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7176B
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HM LIMO PTE LTD
Company Reg No	201527887G
Email Address	skl1885m@gmail.com
Mobile Phone No	(Phone) +65-98573386
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00003842200

### DRIVER

Name of Driver	MOHAMAD SHAHID BIN HASAN
NRIC No	S7304236D

Date Of Driving Pass	16/02/2001
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90670701
Alt. Phone Number	-
Email Address	shahidhasan@gmail.com
Address	BLK 131 BEDOK NORTH AVE 3 #03-108
Address complement	-
Postcode	460131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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	WITH OWN WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7088B
Vehicle Manufacturer	

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	SANKARAN
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 .....	MOHAMAD SHAHID BIN HASAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	6 DAYS MC
Injured person in which vehicle? .....	SLG7176B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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  5. Any false statement may be referred to the Police for investigation.
  6. The 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 submission 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 if needed.
  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 need to collect, use, disclose and process my personal data/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 insurers 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' law firm/firms, the Monetary Authority of Singapore and any relevant government agency/authorities (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 internal cover of envelopes/final 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' law firm/firms, may need to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm/firms), which may be situated outside of Singapore, for one or more of the above Purposes.



*[Signature]*

19/08/22

*[Signature]*

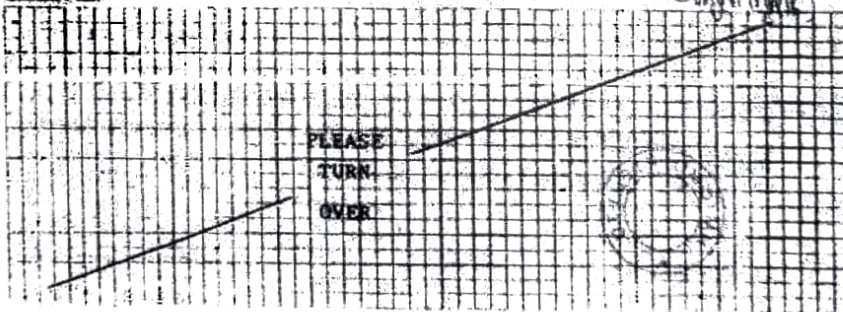
Policyholder's Signature / Date & Time

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

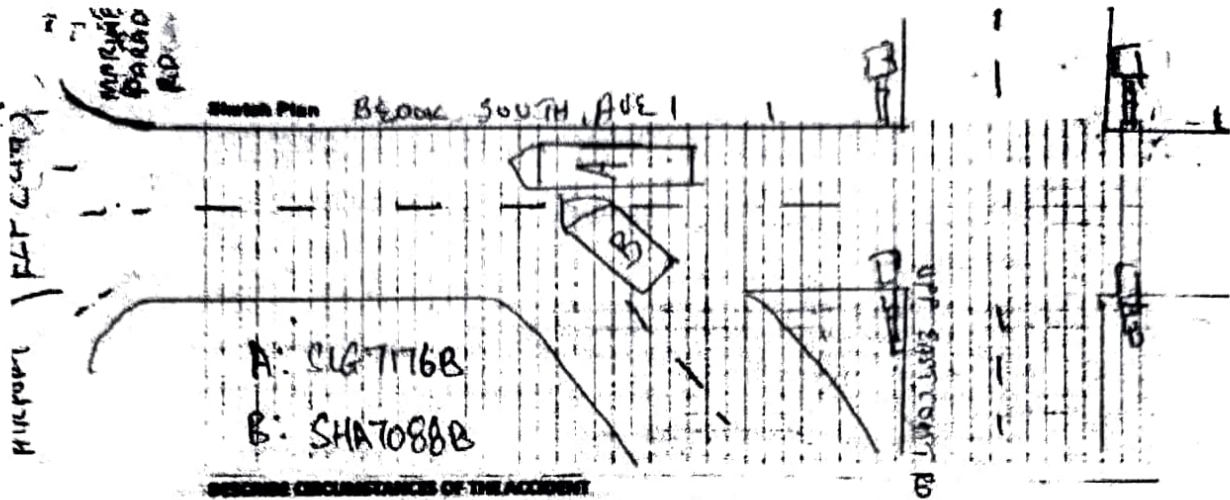
Witnessed by Reporting Centre Personnel

19/08/22

Sketch Plan







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report No: 7/20220819/2001

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION ON P  
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 Officer/Inspector's Signature  
Name:  
NSIC/POL No.:

- ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop (TBS Motor Service)



**SINGAPORE  
POLICE FORCE**



T/20220819/2001

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20220819/2001

**CONTINUATION OF REPORT**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SANKARAN	ID No.	NIL
Related Vehicle	SHA7088B (COMFORTDELGRO TAXI)	Contact No.	NIL
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
Name	MOHAMAD SHAHID BIN HASAN	ID No.	S7304236D
Related Vehicle	SLG7176B (Car)	Contact No.	90670701
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 16/02/2027
Date Treatment	18/08/2022	Date Discharge	18/08/2022
No. of Days granted Medical Leave	06	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, day, time and location, I was driving along Bedok South Ave 1 and heading towards ECP. I was driving at a speed of 60km/h and had already drove past the slip road coming from Bedok South Rd. I saw a blue Hyundai Ioniq Comfortdelgro taxi coming from the slip road and he suddenly came into my lane. As such, the head part of the taxi had collided to the left side of my vehicle. I then came out of the vehicle and check on my vehicle. I observed that there were dents and deep scratch marks on the left side of the vehicle. I also noticed that my left side mirror was completely damaged. I then exchanged contact numbers with the taxi driver. As I felt pain at my left lower back, left abdomen side and left side of the neck, I went to seek medical attention at Mount Alvernia Hospital. The doctor advised me to monitor the pain for a few more days and prescribed me medicines as well. I was discharged with 6 days of MC.

I am lodging this report to claim compensation against the other driver and to claim for my vehicle damages.



**SINGAPORE  
POLICE FORCE**



T/20220819/2001

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

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Report No. T/20220819/2001

**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:

G /

SGT 1 MOHAMED QAYYUM

MARICAN S/O AHMAD

MARICAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

19/08/2022 00:32

Classification Of Case:

NP168