

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 29/08/2022 18:32 (SGT)
Reported by Driver
Date of Accident 28/08/2022 22:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRP(PIE_EXIT TO PUNGGOL RD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB3524G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 9 MOTORING LLP
Company Reg No TXXXXX567K
Email Address elin.cqw@gmail.com
Mobile Phone No (Phone) +65-87484248
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 1584

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00088052200

DRIVER

Name of Driver MUHAMMAD DANIL HAIZAL BIN JEFFREE
NRIC No SXXXX783C
Date Of Birth 09/04/1996
Occupation Indoor

Date Of Driving Pass	20/09/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87484248
Alt. Phone Number	-
Email Address	danielhaizal@gmail.com
Address	BLK 347 KANG CHING ROAD
Address complement	#03-141
Postcode	610347
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 - Head to Rear
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	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

PLS REFER TO THE ATTACHED STATEMENT

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	SLM7102H
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	MUHAMMAD DANIL HAIZAL BIN JEFFREE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT DISCOMFORT
Injured person in which vehicle?	SJB3524G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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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.

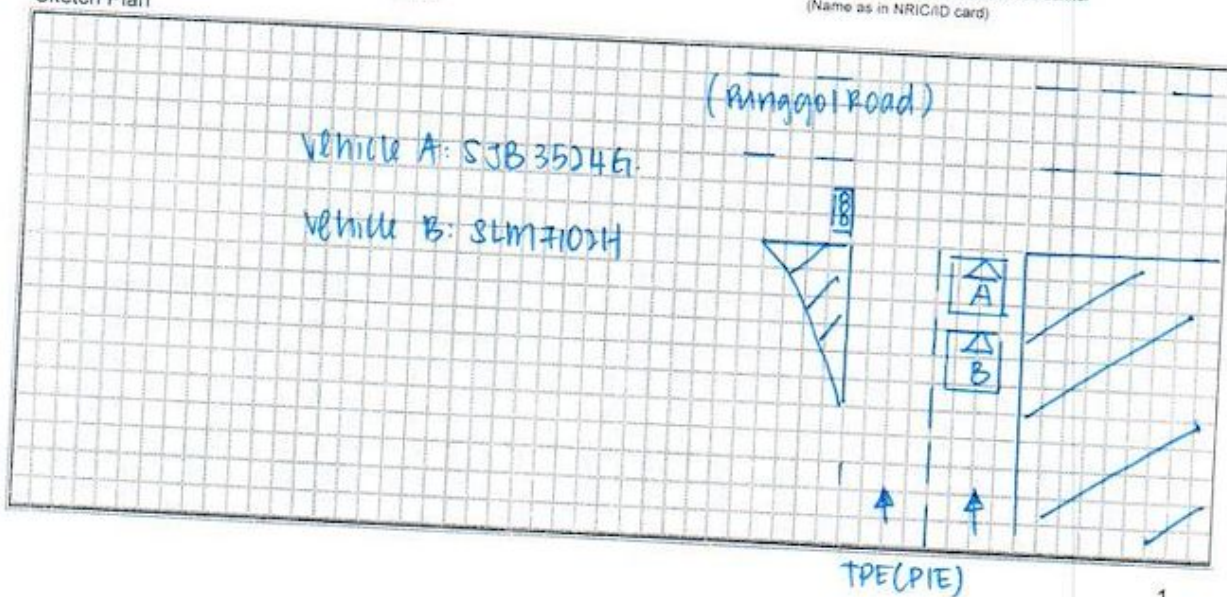
9 MOTERING LLP

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A', SJB 352461,
 was stationary along the stated venue due to red light.
 I was waiting for about 3-5 minutes, when vehicle 'B'
 8LM7102H, suddenly collided onto my vehicle's rear
 portion.

Declaration

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

g MOTORING LLP

Policyholder's Signature / Date & Time

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**

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



T/20220829/7041

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Report No. T/20220829/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD DANIL HAIZAL BIN JEFFREE	ID No.	S9611783C
Related Vehicle	SJB3524G (Car)	Contact No.	87484248
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2022	Date	29/08/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 28/08/2022 AT ABOUT 22:10HR, I WAS DRIVING MY VEHICLE - SJB3524G, ALONG TPE(PIE) EXITING TO PUNGGOL ROAD. I WAS STATIONARY AT THE TRAFFIC LIGHT AS IT WAS RED LIGHT. ABOUT 3-5MINUTES OF WAITING, I SUDDENLY FELT AN IMPACT ON MY VEHICLE'S REAR PORTION. VEHICLE NUMBER - SLM7102H, HAD COLLIDED ONTO MY VEHICLE'S REAR PORTION.

SUBSEQUENTLY, I SOUGHT FOR MEDICAL ATTENTION AT RAFFLES HOSPITAL AS I FELT DISCOMFORT AND WAS GIVEN 3DAYS MC BY THE DOCTOR.



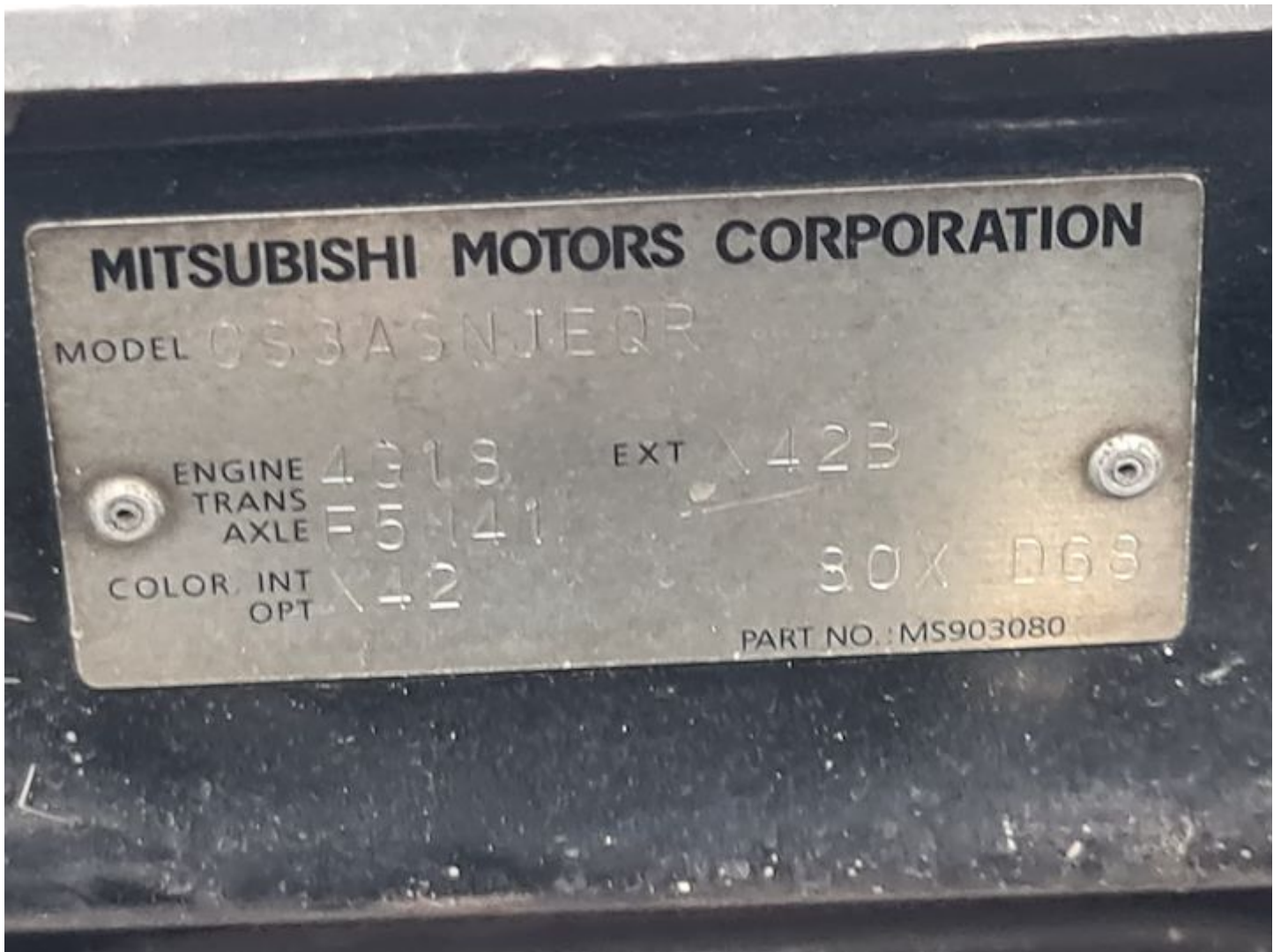
















SINGAPORE POLICE FORCE

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



T/20220829/7041

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Report No. T/20220829/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 15:51
Vide Report No.:
Station Diary No.:

Informant's Particulars

Name of Informant: MUHAMMAD DANIL HAIZAL BIN JEFFREE			Address: 347 KANG CHING ROAD #03-141 SINGAPORE 610347		
ID Type / ID No.: NRIC NO / S9611783C			Contact No.: Home/Office: Mobile: 87484248		
Nationality: SINGAPORE CITIZEN			Email: danielhaizal@gmail.com		
Sex: Male	Age: 26	Date of Birth: 09/04/1996	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Safety Coordinator			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2022 22:10	Type of Location: X-Junction
Location: PUNGGOL ROAD				
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
SJB3524G	Car	MITSUBISHI	LANCER GLX		Seriously Damaged	0
SLM7102H	Car				Slightly Damaged	2



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10 Ubi Avenue 3 SINGAPORE 408865
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T/20220829/7041

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Report No. T/20220829/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD DANIL HAIZAL BIN JEFFREE	ID No.	S9611783C
Related Vehicle	SJB3524G (Car)	Contact No.	87484248
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2022	Date	29/08/2022
No. of Days granted Medical Leave	03	Degree of	Serious

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220829/7041

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Report No. T/20220829/7041

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
29/08/2022 15:51

Classification Of Case: