

## 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 .....	02/09/2022 12:19 (SGT)
Reported by .....	Driver
Date of Accident .....	02/09/2022 08:20 (SGT)
Exact Location of Accident .....	KPE, Singapore
Additional Location Information .....	BEFORE TUNNEL ENTRANCE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMK4646Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ADNAN BIN KADIMAN
NRIC No .....	S1545556Z
Email Address .....	HAZWANADNAN1990@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98737679
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10751080R00

#### DRIVER

Name of Driver .....	MUHAMMAD HAZWAN BIN ADNAN
NRIC No .....	S9045441B
Date Of Birth .....	29/11/1990
Occupation .....	Indoor

Date Of Driving Pass .....	24/07/2014
Driving experience .....	8 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98737679
Alt. Phone Number .....	-
Email Address .....	HAZWANADNAN1990@GMAIL.COM
Address .....	472 PASIR RIS DR 6 #04-458
Address complement .....	-
Postcode .....	510472
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Number of vehicles involved in the accident .....	4
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JRM6564
Vehicle Category .....	Commercial vehicle

#### PASSENGER 1

Name .....	MUHD DANIAL BIN ADNAN
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

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... SD CARD WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLH1287Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... WAI LING  
Contact Number ..... (Phone) +65-96355052  
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 ..... JRM6564  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... TAN HUAN THIAM  
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 3

Vehicle Registration Number ..... SKL2882P  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-90012370  
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 ..... MUHD DANIAL BIN ADNAN  
Gender ..... -  
Phone No ..... -

Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMK4646Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

INJURED 2

Name of injured person .....	MUHAMMAD HAZWAN BIN ADNAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMK4646Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

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

A: SMK4646Z					
B: CLH1287Z					
C: JRM6504	[C]	[D]	[B]	[A]	[D]
D: CKL2882P					



## Describe Circumstance of the Accident

On 02/09/2022 at around 0820hrs, I was driving along KPE just before the tunnel entrance on the second lane. The vehicle in front, D was slowing down so I also pressed on my vehicle brakes to slow down and almost to a complete stop. Suddenly, there was a bang from the rear side of my vehicle. Vehicle B had collided with the rear side of my vehicle. I went outside to check and discovered that vehicle C had hit onto vehicle B, which caused vehicle B to hit onto the rear side of my vehicle. This then caused my vehicle to shift forward and hit onto vehicle D.

## Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

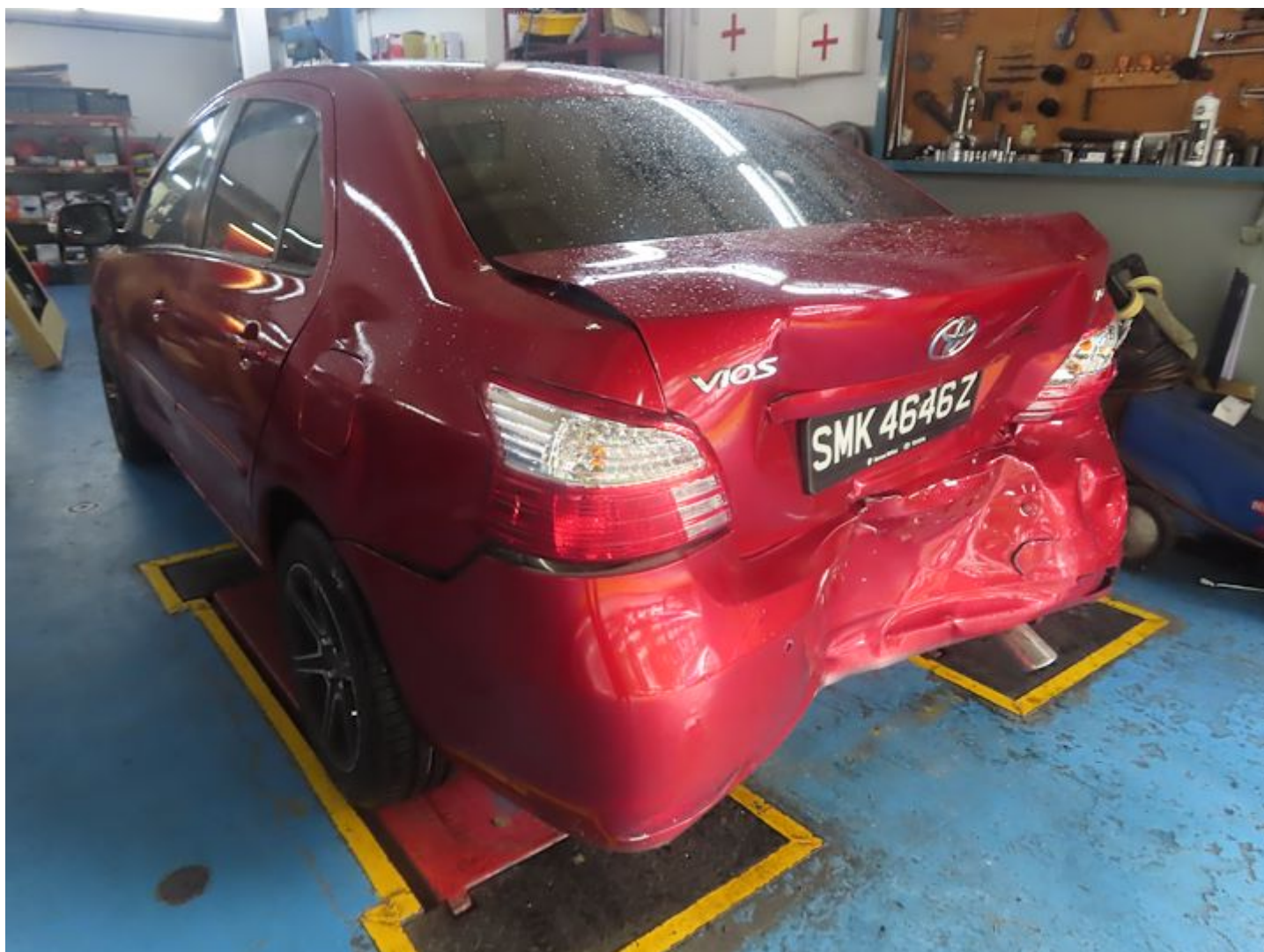
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

















































**SINGAPORE  
POLICE FORCE**



T/20220902/7014

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

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Report No. T/20220902/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2022 11:30		Vide Report No.: F/20220902/0064	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD HAZWAN BIN ADNAN		Address: 472 PASIR RIS DRIVE 6 #04-458 SINGAPORE 510472	
ID Type / ID No.: NRIC NO / S9045441B		Contact No.: Home/Office: Mobile: 98737679	
Nationality: SINGAPORE CITIZEN		Email: hazwanadnan1990@gmail.com	
Sex: Male	Age: 31	Date of Birth: 29/11/1990	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Civil Servant		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2022 08:20	Type of Location: Expressway
Location:  KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JRM6564	Lorry					0
SKL2882P	Car					0
SLH1287Z	Car					0
SMK4646Z	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220902/7014

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

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Report No. T/20220902/7014

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HUAN THIAM	ID No.	NIL
Related Vehicle	JRM6564 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKL2882P (Car)	Contact No.	90012370
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	WAI LING	ID No.	NIL
Related Vehicle	SLH1287Z (Car)	Contact No.	96355052
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20220902/7014

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

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Report No. T/20220902/7014

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	MUHD DANIAL BIN ADNAN	ID No.	NIL
Related Vehicle	SMK4646Z (Car)	Contact No.	97830091
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Driver</b>			
Name	MUHAMMAD HAZWAN BIN ADNAN	ID No.	S9045441B
Related Vehicle	SMK4646Z (Car)	Contact No.	98737679
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 02/09/2022 at around 0820hrs, I was driving my vehicle, registration number SMK4646Z on the 2nd lane of KPE heading towards KPE tunnel. While I was driving, there was a vehicle in front of me, registration number:SKL2882P who had slow down. As such, i pressed the brakes of my vehicle and came to almost a stop. Suddenly there was a loud bang coming from the rear of my vehicle. This impact caused my vehicle to shift forward and hit the vehicle in front. I went out and discovered that there was a vehicle, registration number:SLH1287Z who had collided with the rear of my vehicle. I also could see that there was a foreign vehicle, registration number:JRM6564 who had collided with SLH1287Z from the rear. My passenger, Danial, 97830091 has some pain on his right knee but does not need conveyance. TP was called down and took the memory card for IO's investigation. The incident number is F/20220902/0064. The damages to my vehicle is scratches on the front side of the vehicle. There is also a huge dent on the rear bumper, bumper alignment is off.



**SINGAPORE  
POLICE FORCE**

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



T/20220902/7014

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Report No. T/20220902/7014

**CONTINUATION OF REPORT**

Sketch 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 / TPB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

NP168

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

Date/Time:  
02/09/2022 11:30

Classification Of Case: