

## 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 .....	19/09/2022 19:51 (SGT)
Reported by .....	Both
Date of Accident .....	16/09/2022 23:35 (SGT)
Exact Location of Accident .....	Cairnhill Rd, Singapore
Additional Location Information .....	AFTER BIDEFORD ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJK301E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RASHID BIN AHMAD RANI
NRIC No .....	SXXXX067H
Email Address .....	danishdanny769@gmail.com
Mobile Phone No .....	(Phone) +65-81574263
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Voxy
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	1992

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00009262200

#### DRIVER

Name of Driver .....	RASHID BIN AHMAD RANI
NRIC No .....	SXXXX067H
Date Of Birth .....	09/07/1974
Occupation .....	Outdoor

Date Of Driving Pass .....	07/10/2003
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81574263
Alt. Phone Number .....	-
Email Address .....	danishdanny769@gmail.com
Address .....	BLK 769 WOODLANDS DRIVE 60 #06-132
Address complement .....	-
Postcode .....	730769
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

PLEASE REFER TO POLICE REPORT T/20220917/7008

#### 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 .....	SKL5266Z
Vehicle Manufacturer .....	BMW
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) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

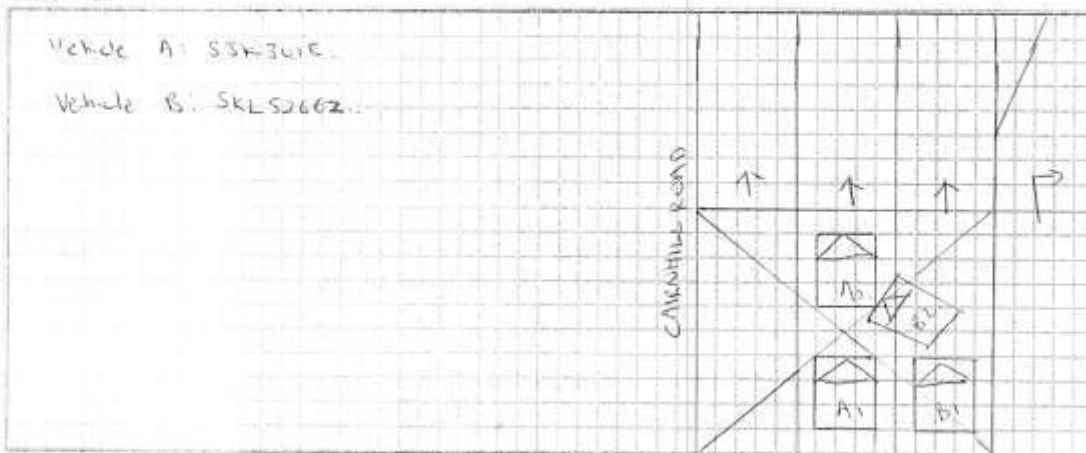
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The claim 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
8. Consent under the Personal Data Protection Act (PDPA):  
 I understand, acknowledge, agree and consent that:  
 (a) my insurer, my workplace 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 the 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 any/cases law in administering, processing, handling and/or dealing with my claims;  
 (collectively the "Purposes");  
 (b) all Insurers 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




Describe Circumstance of the Accident:

- Refer to Police Report - T/20220917/7008

Declaration:  
 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

 19/09/2022  
 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/20220917/7008

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Report No. T/20220917/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2022 10:11	Vide Report No.: E/20220916/0174	Station Diary No.:
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**Informant's Particulars**

Name of Informant: RASHID BIN AHMAD RANI			Address: 769 WOODLANDS DRIVE 60 #06-132 SINGAPORE 730769		
ID Type / ID No.: NRIC NO / S7421067H			Contact No.: Home/Office:		Mobile: 81574263
Nationality: SINGAPORE CITIZEN			Email: DANISHDANNY769@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 09/07/1974	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 16/09/2022 23:35	Type of Location: Straight Road
Location:  CAIRNHILL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJK301E	Car	TOYOTA	VOXY 2.0X CVT ABS D/AIRBAG 2WD 5DR	Black	Seriously Damaged	0
SKL5266Z	Car	BMW		White	Slightly Damaged	0


**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20220917/7008

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK301E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00009262200	09/06/2022	08/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RASHID BIN AHMAD RANI		ID No. S7421067H
Related Vehicle	SJK301E (Car)		Contact No. 81574263
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	17/09/2022		Date 17/09/2022
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details:**

ON 16/09/2022 AT ABOUT 23:35HR, I WAS DRIVING MY VEHICLE - SJK301E, ALONG CAIRNHILL ROAD TOWARDS ORCHARD. I WAS TRAVELLING WITHIN MY LANE ALONG THE 2ND LANE FROM THE LEFT. SUDDENLY, VEHICLE NUMBER - SKL5266Z, SWERVED INTO MY LANE AND COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION. THE IMPACT WAS VERY SUBSTANTIAL. THE SAID DRIVER/VEHICLE THEN DROVE OFF WITHOUT EXCHANGING PARTICULARS. I THEN PROCEEDED TO STOP MY VEHICLE BY THE ROADSIDE, AND CALLED FOR THE TRAFFIC POLICE.


**SINGAPORE  
POLICE FORCE**

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



T/20220917/7008

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Report No. T/20220917/7008

**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 / TPIB /  
TAN JUN YAN  
Contact No.: 65476311

NP168

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

Date/Time:  
17/09/2022 10:11

Classification Of Case: