

# 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 .....              | 20/09/2022 17:59 (SGT) |
| Reported by .....                     | Both                   |
| Date of Accident .....                | 19/09/2022 19:55 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | SERANGOON NORTH AVE 5  |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLM6373Z |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                                 |
|--------------------------------|---------------------------------|
| Is company? .....              | No                              |
| Name Of Registered Owner ..... | MUHAMAD SALIHIN BIN MOHAMED ALI |
| NRIC No .....                  | S7600940F                       |
| Email Address .....            | salmacr17@gmail.com             |
| Mobile Phone No .....          | (Phone) +65-96224657            |
| Alternative Phone No .....     | -                               |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Sienta                    |
| 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 .....   | 1496                      |

### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5089709683-05            |

### DRIVER

|                      |                                 |
|----------------------|---------------------------------|
| Name of Driver ..... | MUHAMAD SALIHIN BIN MOHAMED ALI |
| NRIC No .....        | S7600940F                       |
| Date Of Birth .....  | 17/01/1976                      |
| Occupation .....     | Indoor                          |

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 29/06/1998                            |
| Driving experience .....   | 24 YEARS AND 3 MONTHS                 |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-96224657                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | salmacr17@gmail.com                   |
| Address .....  | BLK 500 SERANGOON NORTH AVE 4 #12-516 |
| Address complement .....   | -                                     |
| Postcode .....   | 550500                                |
| 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 .....   | Chain 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 .....   | 3   |
| 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) .....   | 3   |
| 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 .....   | NURUL AQILAH |
| Gender ..... | Female       |

#### PASSENGER 2

|              |              |
|--------------|--------------|
| Name .....   | NURUL AQIDAH |
| Gender ..... | Female       |

#### DETAILS OF POLICE ACTION

|   |                                     |
|---|-------------------------------------|
| Was the accident reported to the police? .....  | Yes                                 |
| Police Station Name .....                       | Hougang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18004890999             |
| Alt. Police Station Phone No .....              | (Fax) +65-63128989                  |
| Police Station Address .....                    | 60 Hougang Ave 9 Singapore 538775   |
| 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 |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | SJZ9695E             |
| Vehicle Manufacturer .....                    | Volkswagen           |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | LIN                  |
| Contact Number .....                          | (Phone) +65-81836247 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | FBL8786B             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Motorcycle           |
| Name of Driver .....                          | IZAN                 |
| Contact Number .....                          | (Phone) +65-91908154 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 1                    |

**INJURED PERSONS DETAILS**

## INJURED 1

|   |          |
|---|----------|
| Name of injured person .....                              | IZAN     |
| Gender .....  | Male     |
| Phone No .....  | -        |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | FBL8786B |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |

## INJURED 2

|  |              |
|--|--------------|
| Name of injured person .....           | NURUL AQILAH |
| Gender .....                           | Female       |
| Phone No .....                         | -            |
| Address .....                          | -            |
| Address Complement .....               | -            |
| Post Code .....                        | -            |
| Approximate Age Years Old .....        | -            |
| Injuries Sustained .....               | BACK PAIN    |
| Injured person in which vehicle? ..... | SLM6373Z     |
| Were seat belts worn? .....            | -            |

Was this injured conveyed to hospital by ambulance? ..... No

INJURED 3

|   |              |
|---|--------------|
| Name of injured person .....                              | NURUL AQIDAH |
| Gender .....  | Female       |
| Phone No .....  | -            |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | BACK PAIN    |
| Injured person in which vehicle? .....                    | SLM6373Z     |
| Were seat belts worn? .....                               | -            |
| Was this injured conveyed to hospital by ambulance? ..... | No           |

SKETCH PLAN

VEH NO: SLM 63737  
INSURER: Income  
DATE OF ACC: 19/09/22 @ 1955

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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

PLEASE  
TURN  
OVER

**Describe Circumstance of the Accident**  
 \*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE  
 Claim under your Own Comprehensive policy. Pls check your policy for more information.  
☐ Claim Own Policy    ☒ Claim Third party    ☐ Reporting Only  
☐ Claim OD/ TP at other workshop ( )

**Sketch Plan**

A: SIM6373Z  
 (w 2 passengers:  
 1) Nurul Agilah - F  
 2) Nurul Agidah - F)  
 B: SJZ9695E  
 (alone)  
 C: FBL8786B  
 (alone)

Vehicle No: SIM6373Z (income)  
 Date & Time: 19/09/2022 @ 1955 (clear day)  
 refer to police report.

**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

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NR3C/D card)



















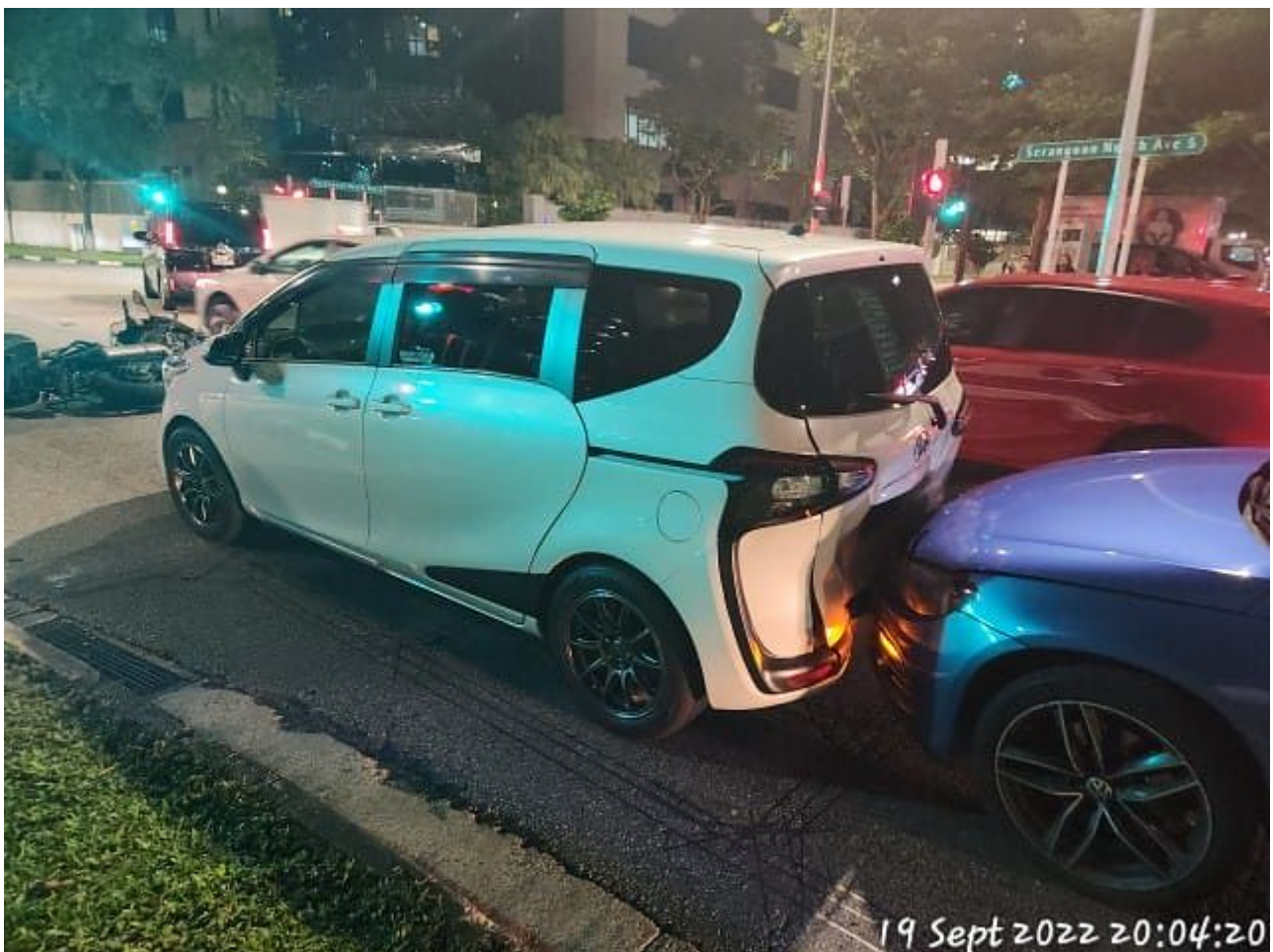




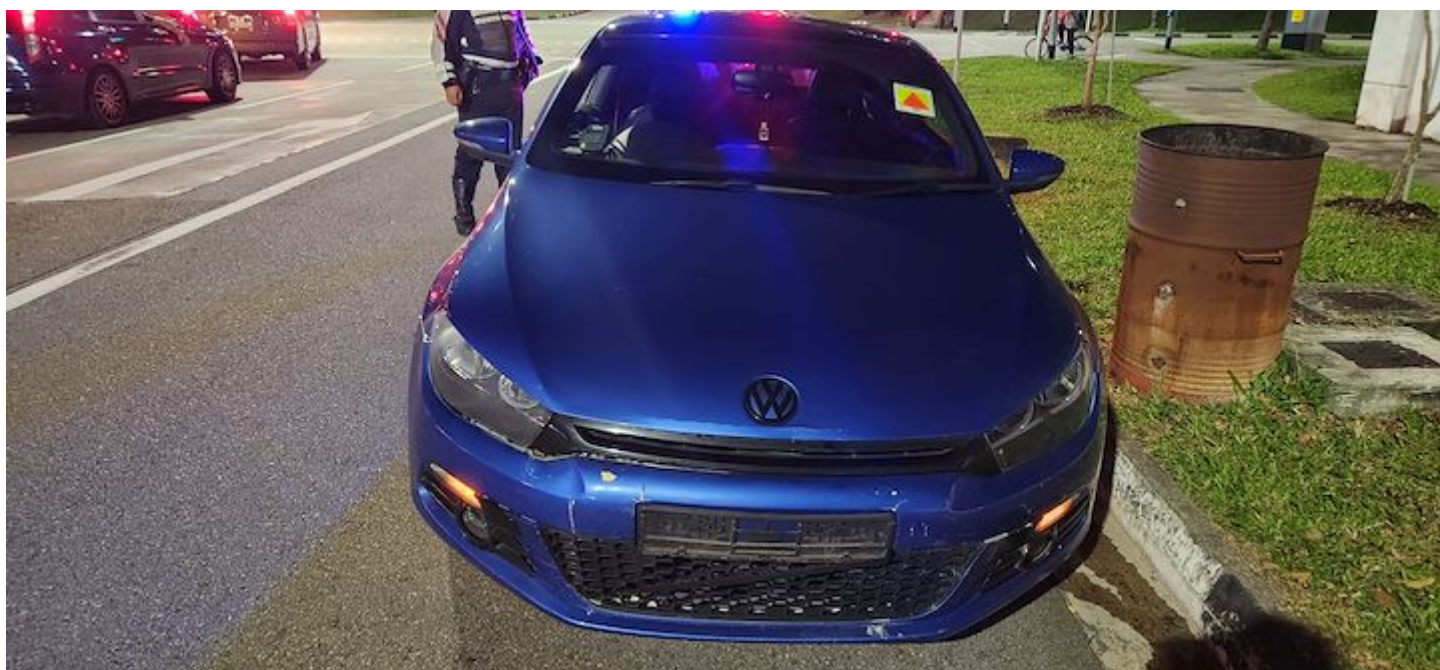














**SINGAPORE  
POLICE FORCE**



T/20220919/2092

1 of 4

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20220919/2092

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                           |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made:<br>19/09/2022 23:17 | Vide Report No.:<br>F/20220919/0138 | Station Diary No.:<br>129 |
|--|-------------------------------------|---------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>MUHAMAD SALIHIN BIN MOHAMED<br>ALI |            |                              | Address:<br>APT BLK 500 SERANGOON NORTH AVENUE 4 #12-516<br>SINGAPORE 550500 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S7600940F                 |            |                              | Contact No.:<br>Home/Office: Mobile: 96224657                                |  |                            |
| Nationality:<br>SINGAPORE CITIZEN                        |            |                              | Email:   |  |                            |
| Sex:<br>Male   | Age:<br>46 | Date of Birth:<br>17/01/1976 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Malay   |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>Engineer                                  |            |                              | Driving Licence Information:<br>Class: 2B,2A,3 Date of Expiry:               |  |                            |

**General Information of the Accident**

|  |                                 |                      |  |                   |
|--|---------------------------------|----------------------|--|-------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No   | Date/Time of Accident:<br>19/09/2022 19:55 | Type of Location: |
| Location:<br><br>SERANGOON NORTH AVENUE 5                    |                                 |                      |  |                   |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry | Road Speed Limit:                          |                   |
| Traffic Flow:  |                                 | Traffic Control:     | Traffic Volume:                            |                   |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                 |                      | Anyone conveyed by ambulance:<br>No        |                   |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model              | Color | Condition           | No of Passenger |
|-------------|------------|--------|--------------------|-------|---------------------|-----------------|
| FBL8786B    | Motorcycle |        |                    |       |                     | 0               |
| SJZ9695E    | Car        |        |                    |       |                     | 0               |
| SLM6373Z    | Car        | TOYOTA | SIENTA<br>1.5G CVT | White | Slightly<br>Damaged | 2               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|





**SINGAPORE  
POLICE FORCE**



T/20220919/2092

2 of 4

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20220919/2092

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SLM6373Z                     | NTUC Income Insurance Co-Operative Limited | 5089709683-05 | 04/04/2022 | 03/04/2023  |

| Details of Person Involved        |                                 |  |                                       |
|-----------------------------------|---------------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No       |                                 |  |                                       |
| No. of Pedestrians Injured: NIL   |                                 | Use of Pedestrian Crossing: NA         |                                       |
| <b>Rider</b>                      |                                 |  |                                       |
| Name                              | IZAN                            | ID No.                                 | NIL                                   |
| Related Vehicle                   | FBL8786B (Motorcycle)           | Contact No.                            | 91908154                              |
| Hospital/Clinic                   | NIL                             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                    | NIL                             | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL                             | Degree of Injury                       | NIL                                   |
| <b>Driver</b>                     |                                 |  |                                       |
| Name                              | LIN                             | ID No.                                 | NIL                                   |
| Related Vehicle                   | SJZ9695E (Car)                  | Contact No.                            | 81836247                              |
| Hospital/Clinic                   | NIL                             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                    | NIL                             | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL                             | Degree of Injury                       | NIL                                   |
| <b>Driver</b>                     |                                 |  |                                       |
| Name                              | MUHAMAD SALIHIN BIN MOHAMED ALI | ID No.                                 | S7600940F                             |
| Related Vehicle                   | SLM6373Z (Car)                  | Contact No.                            | 96224657                              |
| Hospital/Clinic                   | NIL                             | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                             | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL                             | Degree of Injury                       | NIL                                   |



**SINGAPORE  
POLICE FORCE**



T/20220919/2092

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 4

Report No. T/20220919/2092

**CONTINUATION OF REPORT**

**Brief Details.**

On 19/09/2022 at 1955hrs, I was in the left most lane of Serangoon North Avenue 5 in my vehicle, SLM 6373Z and everything was normal. After which, my vehicle came to a stop as the main traffic light was red. I was also on the left turning lane and there were three motorcycles in front of me.

Soon after, the left turn arrow turned in my favor and the first two motorcycle started turning however, the last motorcycle did not proceed to turn left as he was proceeding straight, as such, I had to stop my vehicle. In addition, the lane I was at, It was a left turning and straight lane. Both my vehicle and the motorcycle in front of me inched forward slightly before we came to a stop.

Suddenly, I felt an impact coming from my rear and my vehicle started moving forward colliding onto the motorcycle, FBL 8786B which was in front of me. My legs were still on the brakes when the car hit me. Due to the motorcyclist injuries, he was conveyed to Sengkang General Hospital. The rear vehicle that collided onto me was SJZ 9695E. I did not suffer any injuries however, two of my passengers suffered back pains from the collision.

My vehicle also suffered dents front and rear portion of the vehicle. I am lodging this report for record and insurance purposes.

|                          |                    |                 |                  |                |                          |
|--------------------------|--------------------|-----------------|------------------|----------------|--------------------------|
| Type of Accident         | Accident           | Date and Time   | 19/09/2022 19:55 | Location       | SERANGOON NORTH AVENUE 5 |
| Type of Vehicle Involved | Car                | Driver          | SM 6373Z         | Witness        |                          |
| Weather                  | Clear              | Police Station  | Hougang N.P.C    | Police Officer |                          |
| Traffic Light            | Left Turn Arrow    | Traffic Control | Left Turn Arrow  | Police Officer |                          |
| Type of Collision        | Car hit motorcycle | Police Officer  |                  | Police Officer |                          |

|           |           |           |           |           |           |
|-----------|-----------|-----------|-----------|-----------|-----------|
| Vehicle 1 | SLM 6373Z | Vehicle 2 | FBL 8786B | Vehicle 3 | SJZ 9695E |
| Make      | Toyota    | Make      | Toyota    | Make      | Toyota    |
| Model     | Yaris     | Model     | Yaris     | Model     | Yaris     |
| Color     | White     | Color     | White     | Color     | White     |
| Year      | 2019      | Year      | 2019      | Year      | 2019      |





**SINGAPORE  
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T/20220919/2092

4 of 4

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60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20220919/2092

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 ONG YU HAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/09/2022 23:17

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FERAZ BIN HUSSIAN

Contact No.: 65476206

Classification Of Case:

NP168