SN07219G000D / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 16/09/2021 15:16 (SGT)
SUBMITTED BY: Chen Jun Liang
VERSION: 1 (16/09/2021 15:16 (SGT))

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 Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	16/09/2021 15:16 (SGT)
Date of Accident	16/09/2021 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS BKE AFTER WOODLANDS AVE 2 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8116P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYAZWAN BIN MOHAMED KHAIRI
NRIC No	S8710934H
Email Address	SYAZWANKHAIRI87@GMAIL.COM
Mobile Phone No	(Phone) +65-91688417
Alternative Phone No	+65-91688417

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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123370048
Cover Note Number	25/08/2021 - 24/08/2022

DRIVER

Name of Driver	MUHAMMAD SYAZWAN BIN MOHAMED KHAIRI
NRIC No	S8710934H

Date Of Birth	02/05/1987
Occupation	Indoor
Date Of Driving Pass	08/05/2007
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91688417
Alt. Phone Number	+65-91688417
Email Address	SYAZWANKHAIRI87@GMAIL.COM
Address	BLK 180C RIVERVALE CRESCENT #02-369
Address complement	-
Postcode	543180
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK9271L
Vehicle Manufacturer	Mercedes
Vehicle Model	C180
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	WILLIAM KHOO
Contact Number	(Phone) +65-96534570
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS2757U
Vehicle Manufacturer	Mazda
Vehicle Model	6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM HEE KAY
Contact Number	(Phone) +65-96740293
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLD4142J
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN WEI KWAN
Contact Number	(Phone) +65-97939925
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SYAZWAN BIN MOHAMED KHAIRI
Gender	Male
Phone No	(Phone) +65-91688417
Address	BLK 180C RIVERVALE CRESCENT #02-369
Address Complement	-
Post Code	543180
Approximate Age Years Old	-
Injuries Sustained	HAND,ARM,SHOULDER,NECK
Injured person in which vehicle?	SJQ8116P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

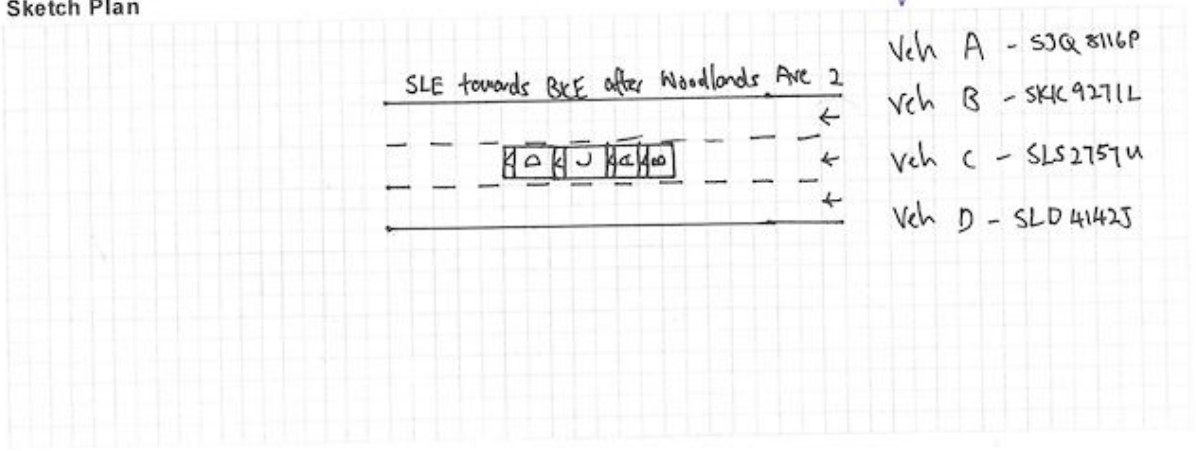
(collectively the "**Purposes**")

(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.

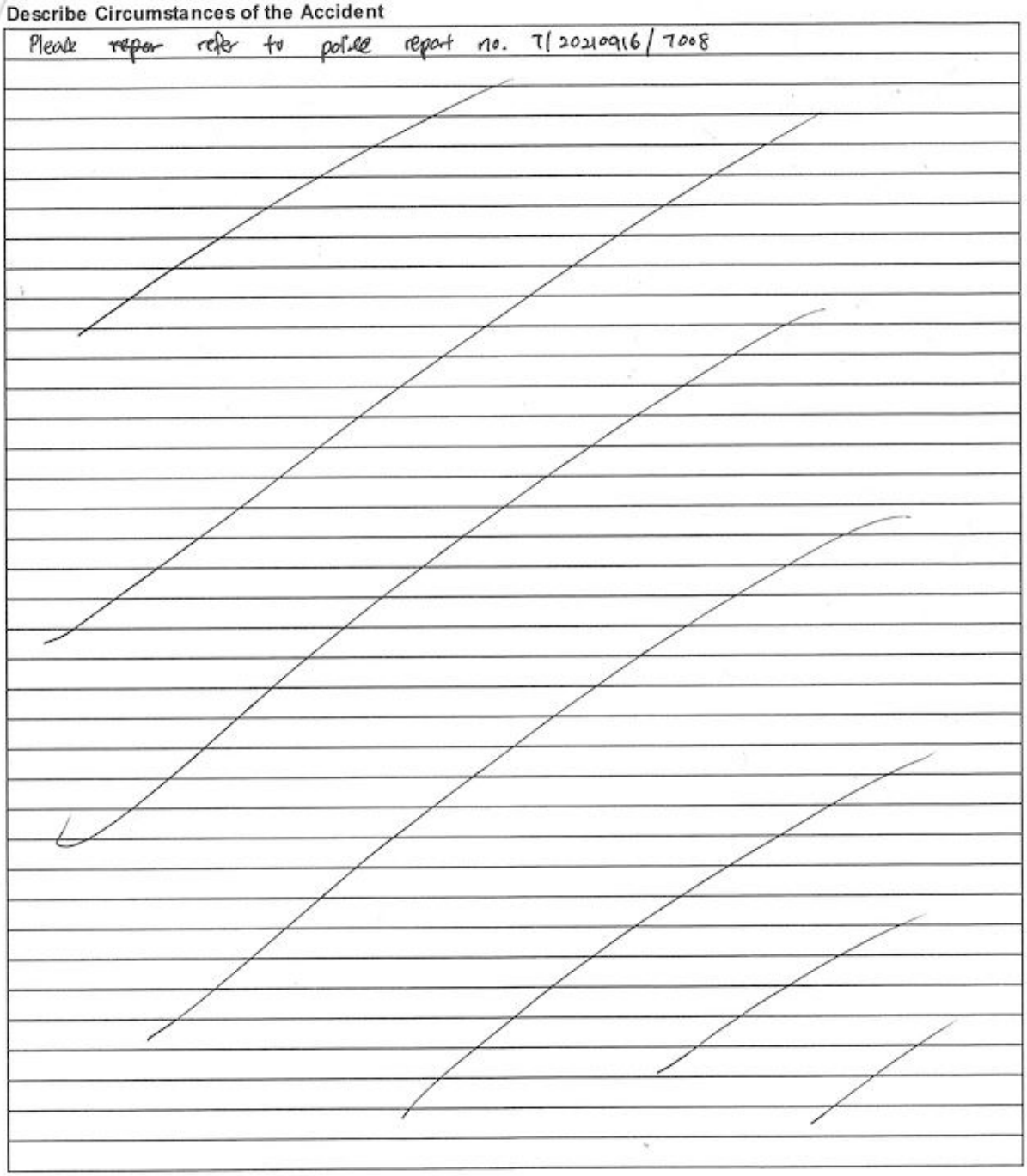
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		16/9/21

Sketch Plan



Describe Circumstances of the Accident

Please ~~refer~~ refer to police report no. T/20210916/7008

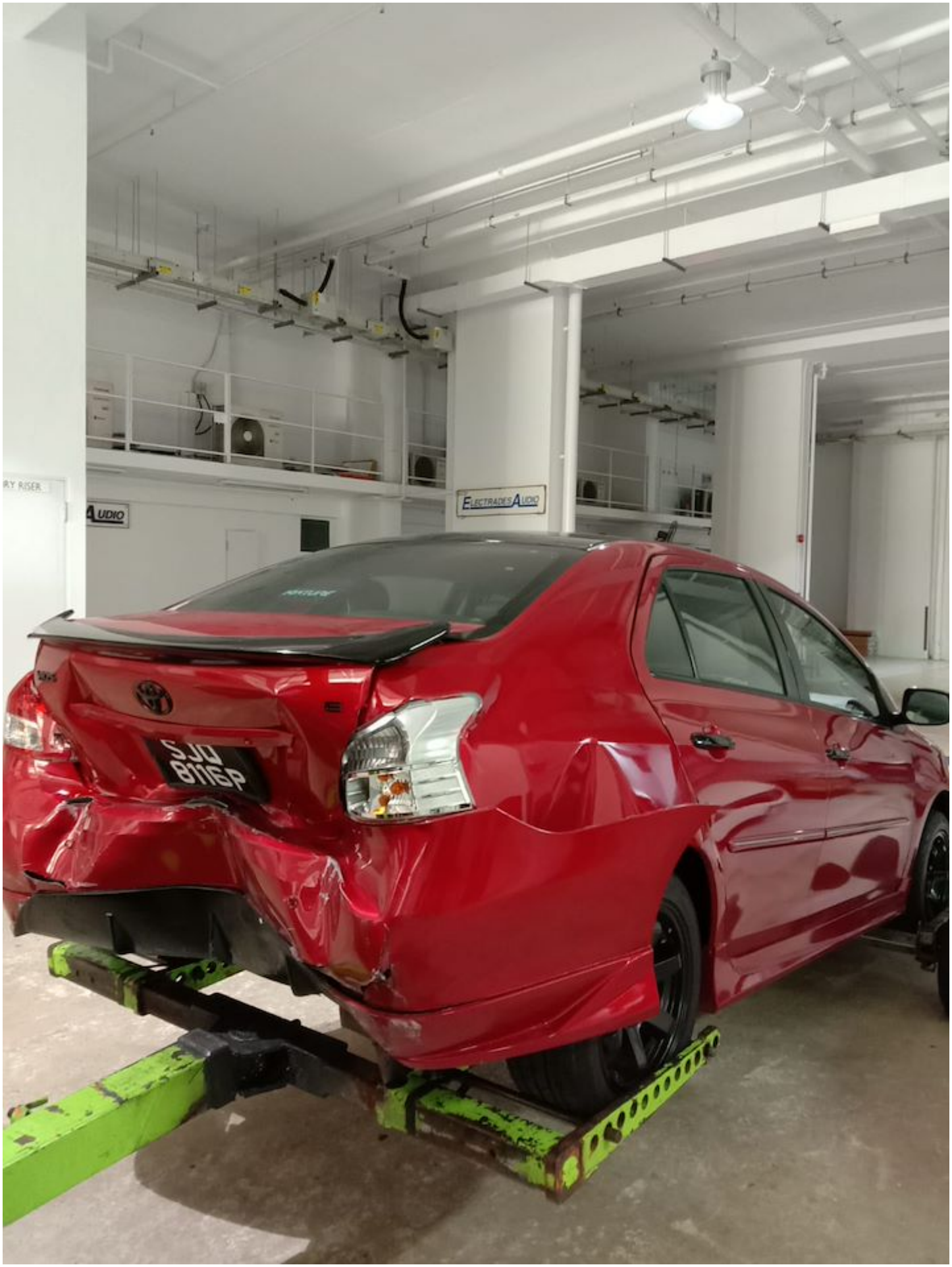


Declaration

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	Witnessed by Reporting Centre Personnel
		14/9/21

IMAGES



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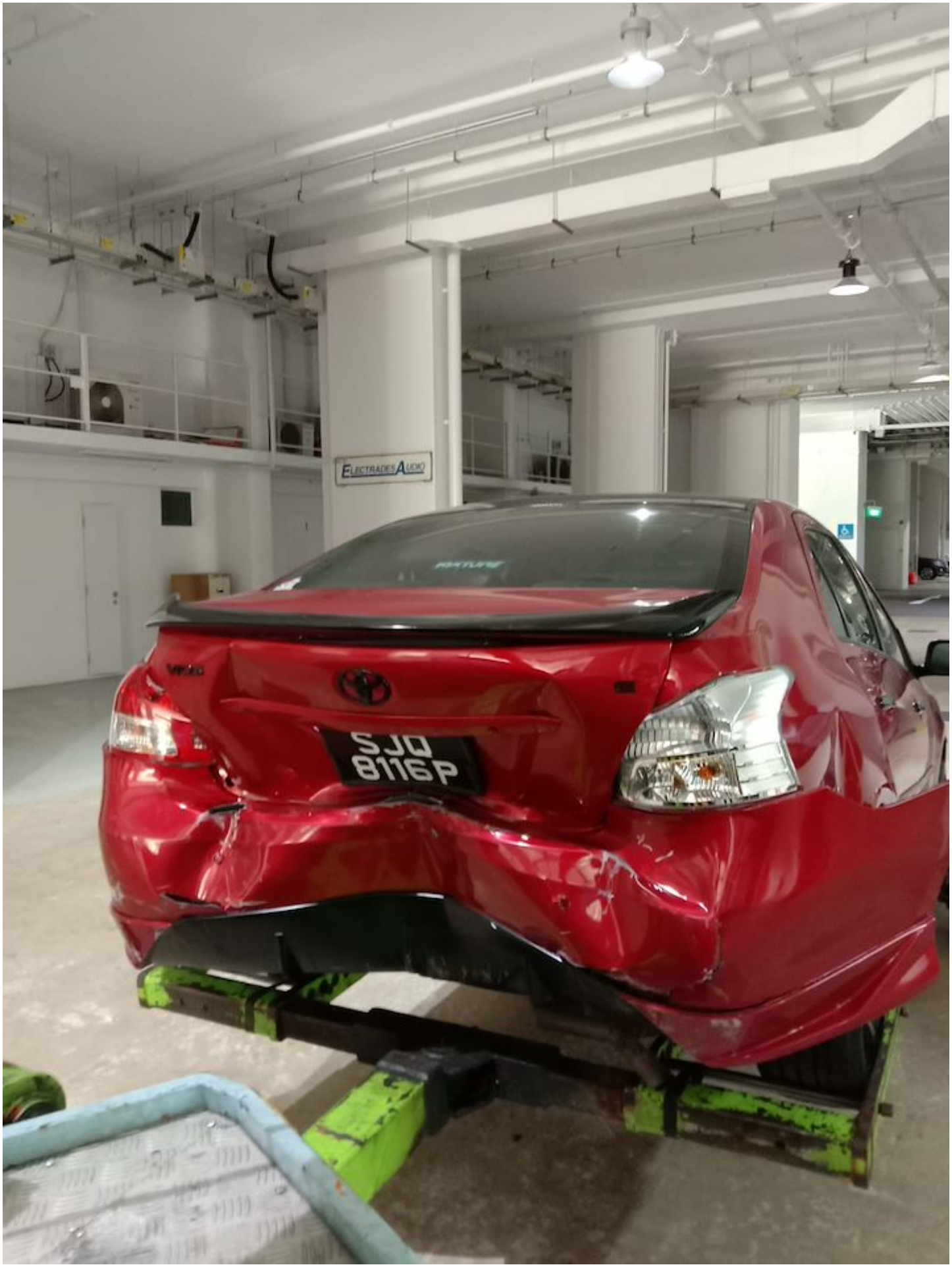

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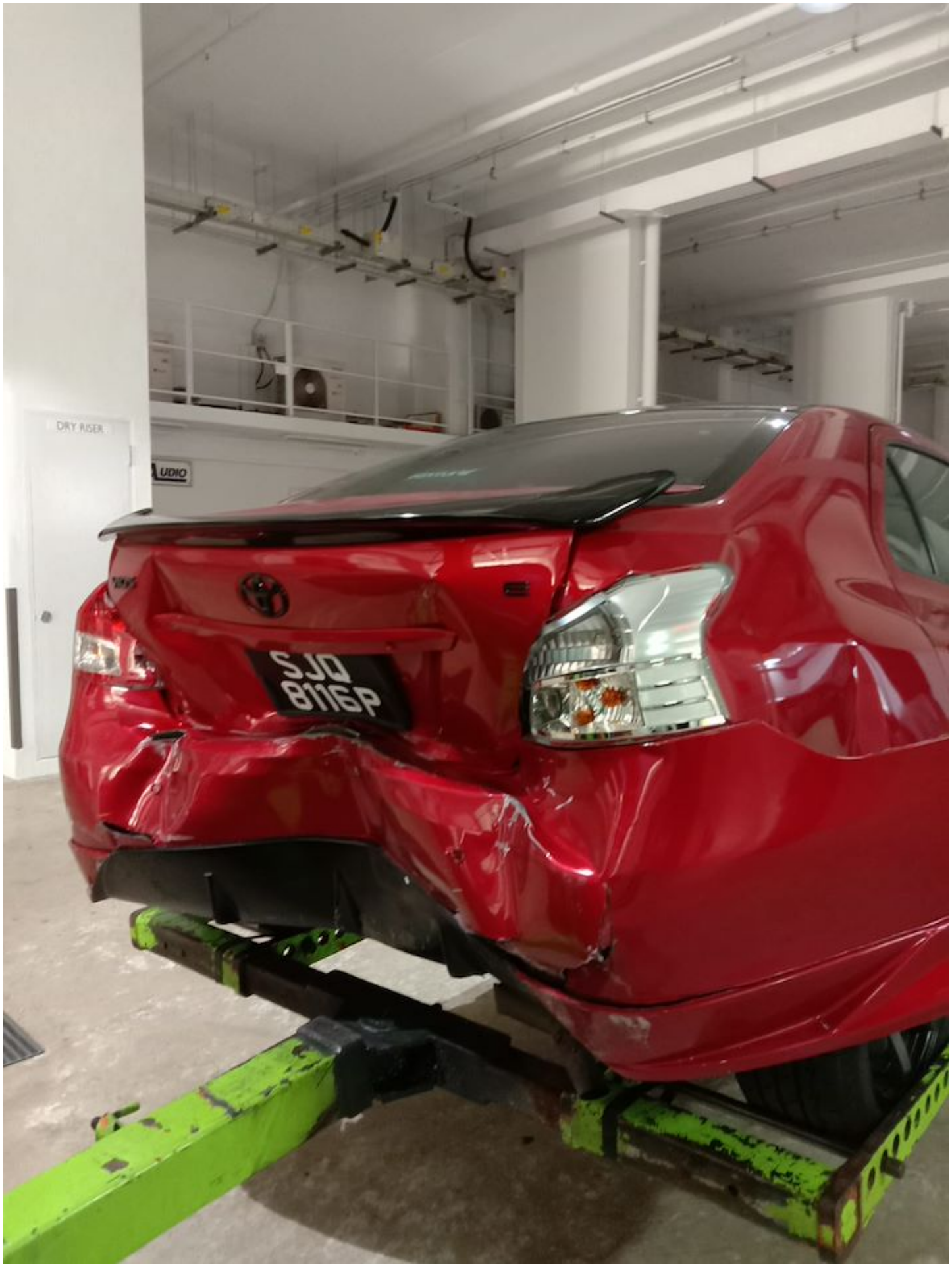

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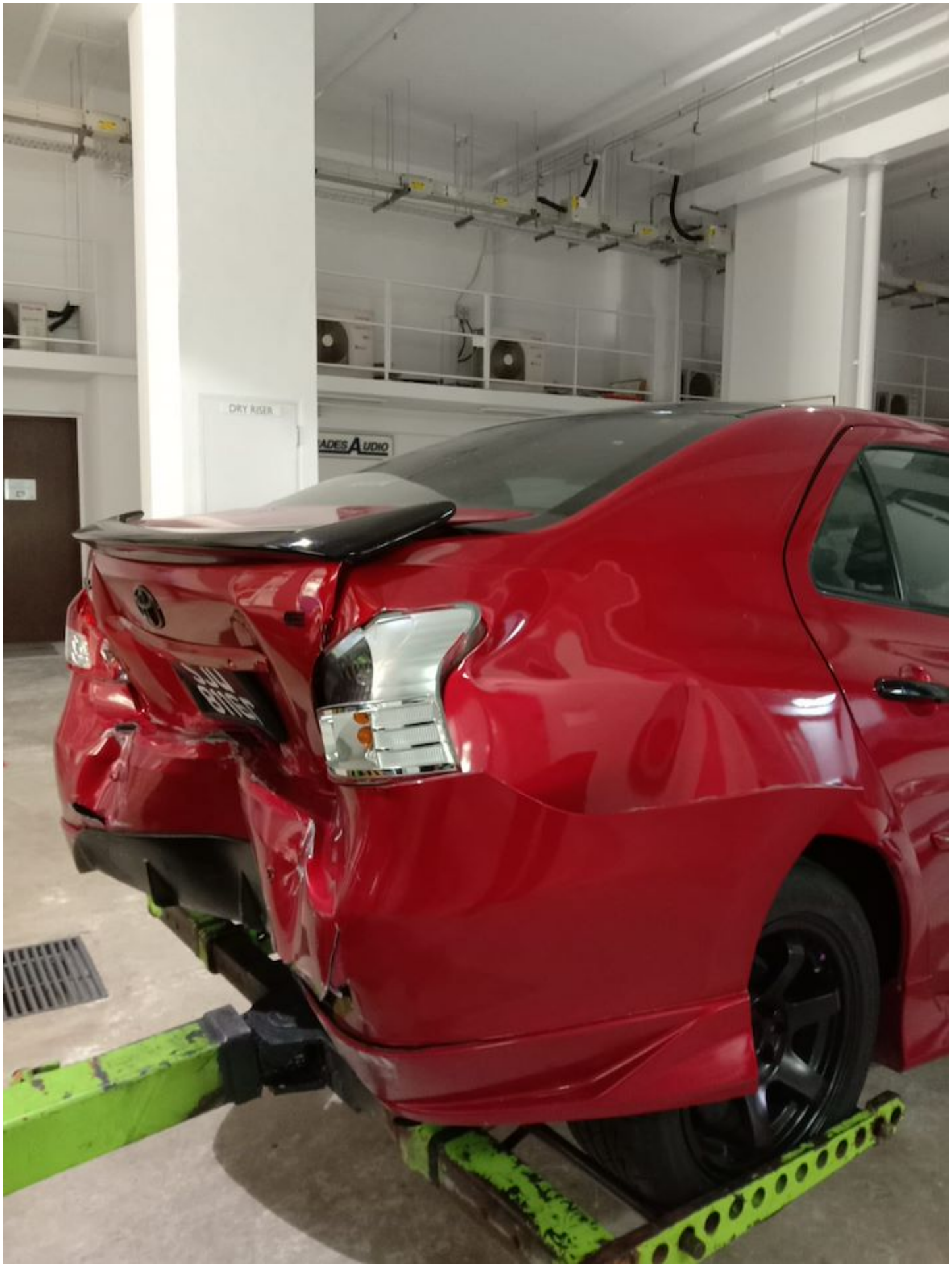

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20210916/7008

Report No. T/20210916/7008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/09/2021 11:42		

Informant's Particulars

Name of Informant: MUHAMMAD SYAZWAN BIN MOHAMED KHAIRI			Address: 180C RIVERVALE CRESCENT #02-369 SINGAPORE 543180	
ID Type / ID No.: NRIC NO / S8710934H			Contact No.: Home/Office: Mobile: 91688417	
Nationality: SINGAPORE CITIZEN			Email: SYAZWANKHAIRI87@GMAIL.COM	
Sex: Male	Age: 34	Date of Birth: 02/05/1987	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: PROPERTY OFFICER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2021 08:45	Type of Location: Flyover
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJQ8116P	Car	TOYOTA	VIOS+E+AUTO	Red	Seriously Damaged	0
SKK9271L	Car	MERCEDES BENZ	C180	Silver	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20210916/7008

Report No. T/20210916/7008

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD4142J	Car	MAZDA	3	Red	Slightly Damaged	0
SLS2757U	Car	MAZDA	mazda 6	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ8116P	NTUC Income Insurance Co-Operative Limited	5123370048	25/08/2021	24/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MUHAMMAD SYAZWAN BIN MOHAMED KHAIRI		ID No.	S8710934H
Related Vehicle	SJQ8116P (Car)		Contact No.	91688417
Hospital/Clinic	INTEGRATED MEDICINE CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/09/2021		Date	16/09/2021
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.
On the stated time and date, i am travelling along sle towards bke on lane 2, my car plate (SJQ8116P), i saw the front car (SLS2757U) brake hence i brake behind but afterwards i felt and impact on my rear, i get down my car shortly and realise the car (SKK9271L) bang onto my car hence the impact make me bang onto my front car (SLS2757U) and he bang onto (SLD4142J). shortly after, we all exchanged number and left the scene. afterwards i went to KOVAN Intermedical and gotten 5 days MC.

SINGAPORE POLICE FORCE

T/20210916/7008

Report No. T/20210916/7008

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2021 11:42
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168