

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 07/10/2022 16:32 (SGT)
Reported by Both
Date of Accident 06/10/2022 09:50 (SGT)
Exact Location of Accident Choa Chu Kang Terrace, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE141J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHD FAJAR BIN AHMAD
NRIC No SXXXX377D
Email Address mhdfr.a@gmail.com
Mobile Phone No (Phone) +65-88705715
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V06361/VPL/R00

DRIVER

Name of Driver MOHD FAJAR BIN AHMAD
NRIC No SXXXX377D
Date Of Birth 02/02/1975
Occupation Indoor

Date Of Driving Pass	17/03/1997
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88705715
Alt. Phone Number	-
Email Address	mhdjfr.a@gmail.com
Address	BLK 485D CHOA CHU KANG AVENUE 5 #04-134
Address complement	-
Postcode	684485
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 - 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221006/7041

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	SJN9757Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TUI XI BENG
NRIC No	SXXXX335C
Contact Number	(Phone) +65-92218314
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	MOHD FAJAR BIN AHMAD
Gender	Male
Phone No	(Phone) +65-88705715
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNE141J
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

 07/10/2022
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan


CHUA CHYU KONG TRUCK



Describe Circumstance of the Accident

On 6th Oct 22 at 9.50 am. I was travelling along CCC Terrace towards CCK Ave 3. I observed there was a road construction going on along CCK Ave 3, on the left lane. As I checked for on-coming vehicle on my right along CCK Ave 3 as I moved forward slowly. There was a van followed by a car approaching, so I stopped to give way. At this moment, suddenly my car was hit from the rear. The vehicle number was SN97572

POLICE REPORT 7/20221006/7041



Declaration

(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

 07/10/2022

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/20221006/7041

1 of 4

Report No. T/20221006/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2022 15:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHD FAJAR BIN AHMAD			Address: 485D CHOA CHU KANG AVENUE 5 #04-134 SINGAPORE 684485		
ID Type / ID No.: NRIC NO / S7502377D			Contact No.:		Mobile: 88705715
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email: MHDFJR.A@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 02/02/1975	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 09:50	Type of Location: T-Junction
Location: CHOA CHU KANG TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		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	Conditio	No of
SJN9757Z	Car	HYUNDAI	Avante	Purple	Slightly Damaged	0
SNE141J	Car	HONDA	Shuttle	Grey	Slightly Damaged	0



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



T/20221006/7041

2 of 4

Report No. T/20221006/7041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE141J	LIBERTY INSURANCE PTE LTD	SD22V6361/VPL/R 00	06/05/2022	05/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TUI XI BENG		ID No.	S9623335C
Related Vehicle	SJN9757Z (Car)		Contact No.	92218314
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	MOHD FAJAR BIN AHMAD		ID No.	S7502377D
Related Vehicle	SNE141J (Car)		Contact No.	88705715
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	06/10/2022		Date	06/10/2022
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details,

On 6th Oct 2022 @ abt 0950 hrs, I was driving my car, SNE141J along CCK Terrace twds CCK Ave 3. I noticed there was a road work going on the left lane of the 2 lanes road along CCK Ave 3. I drove slowly as i was filtering into the main road. At the same time I saw on my right, 2 vehicles approaching along CCK Ave 3 on the right lane. I stopped to give way to the 2 vehicles. After the 1st vehicle passed, suddenly I felt a strong impact coming from the rear. My car remained stationary as I was already on the brakes. I was wearing seatbelt, however the impact cause me to surge fwd. I came down from my vehicle and checked the rear vehicle number SJN9757Z. Driver was not injured. We took pictures and exchange contacts and particulars. At the point of accident, I was ok, however about 2 hrs later, I felt pain on my left neck.. I visited nearby Clinic and was given some medication with 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20221006/7041

3 of 4

Report No. T/20221006/7041

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

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



T/20221006/7041

4 of 4

Report No. T/20221006/7041

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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
06/10/2022 15:09

Classification Of Case: