

# 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 .....	06/10/2022 17:20 (SGT)
Reported by .....	Driver
Date of Accident .....	06/10/2022 07:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG SEMEI
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SND2016E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LUMENS AUTO PTE LTD
Company Reg No .....	201426961K
Email Address .....	KOKHOW.TAY@LUMENS.SG
Mobile Phone No .....	(Phone) +65-87781765
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22MN000847-R00

### DRIVER

Name of Driver .....	MOHAMED MUZAFFAR BIN JOHARI
NRIC No .....	S7247812F
Date Of Birth .....	17/12/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	29/11/2004
Driving experience .....	17 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92328666
Alt. Phone Number .....	-
Email Address .....	ANDY.QUEK@LUMENS.SG
Address .....	28, BAYSHORE ROAD, #02-07
Address complement .....	-
Postcode .....	469973
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Potong Pasir Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002829999
Alt. Police Station Phone No .....	(Fax) +65-62815964
Police Station Address .....	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### ATTACH 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 .....	SHA9181B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMED MUZAFFAR BIN JOHARI
Gender .....	-
Phone No .....	(Phone) +65-92328666
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SND2016E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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### 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.



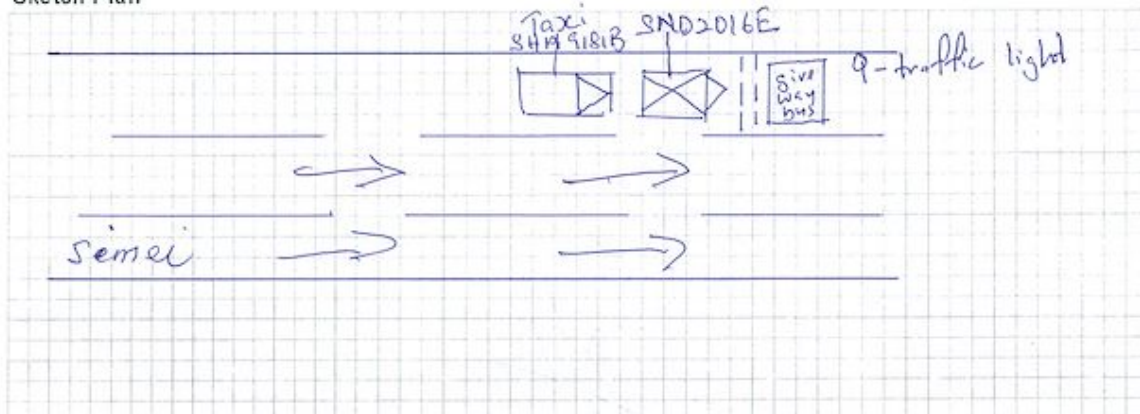
Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

*Attach Police Report*

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

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)  
 Witnessed by Reporting Centre  
 Personnel



























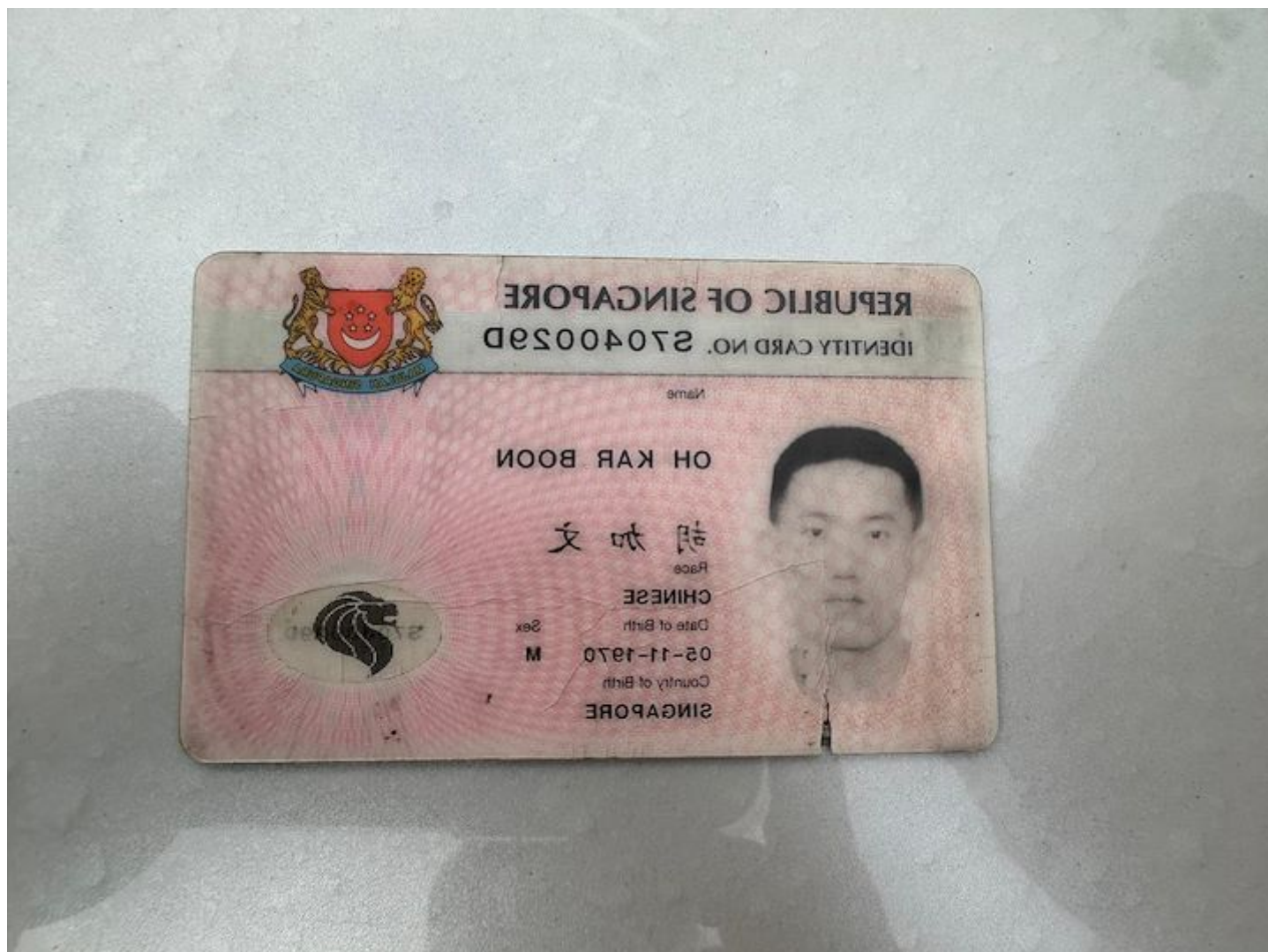




















**SINGAPORE  
POLICE FORCE**



T/20221006/2036

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3  
Report No. T/20221006/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/10/2022 12:04	Vide Report No.:	Station Diary No.: 47
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**Informant's Particulars**

Name of Informant: MOHAMED MUZAFFAR BIN JOHARI			Address: 28 BAYSHORE ROAD #02-07 SINGAPORE 469973	
ID Type / ID No.: NRIC NO / S7247812F			Contact No.: Home/Office: Mobile: 92328666	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 17/12/1972	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 07:05	Type of Location:
Location:  SIMEI ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9181B	Car				Slightly Damaged	0
SND2016E	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		





**SINGAPORE  
POLICE FORCE**



T/20221006/2036

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Report No. T/20221006/2036

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMED MUZAFFAR BIN JOHARI	ID No.	S7247812F
Related Vehicle	SND2016E (Car)	Contact No.	92328666
Hospital/Clinic	DR. PANDA MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	06/10/2022	Date Discharge	06/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

At the above date, time and location, I was driving along Simei Road at the extreme left lane when an accident happened. My GOJEK car was on stationary position behind the yellow box (bus way) when suddenly a Comfort taxi hit me on my rear. There is inbuilt CCTV in my car. The taxi driver claimed that he accidentally stepped on the accelerator and that caused the accident to happen. No one was injured and no government property damaged during the incident. I visited the clinic and was given 5 days mc.



**SINGAPORE  
POLICE FORCE**



T/20221006/2036

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Report No. T/20221006/2036

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**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:

G /

SR STAFF SGT  
NORSALELAWATI BINTE  
SHARIFUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:

Date/Time:  
06/10/2022 12:04

Classification Of Case:



