

## 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 .....	13/10/2022 11:35 (SGT)
Reported by .....	Both
Date of Accident .....	12/10/2022 17:00 (SGT)
Exact Location of Accident .....	25 Kaki Bukit Rd 4, Singapore 417800
Additional Location Information .....	SYNERGY BUILDING @ KB
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJS3093T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD NASIRUDDIN BIN MOHD KHALID
NRIC No .....	SXXXX583C
Email Address .....	NASNEYNEY07@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92306437
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	1499

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129487266

#### DRIVER

Name of Driver .....	MUHAMMAD NASIRUDDIN BIN MOHD KHALID
NRIC No .....	SXXXX583C
Date Of Birth .....	07/01/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	13/11/2020
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92306437
Alt. Phone Number .....	-
Email Address .....	NASNEYNEY07@GMAIL.COM
Address .....	BLK 283 BUKIT BATOK EAST AVENUE 3 #06-285
Address complement .....	-
Postcode .....	650283
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT: G/20221013/7001

#### 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 .....	GBJ4842J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	MUHAMMAD SHAHRI BIN SULONG KHAIRUDIN
NRIC No .....	SXXXX118J
Contact Number .....	(Phone) +65-87907613
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 .....	MUHAMMAD NASIRUDDIN BIN MOHD KHALID
Gender .....	Male
Phone No .....	(Phone) +65-92306437
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK INJURY AND DISCOMFORT IN HEAD
Injured person in which vehicle? .....	SJS3093T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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:

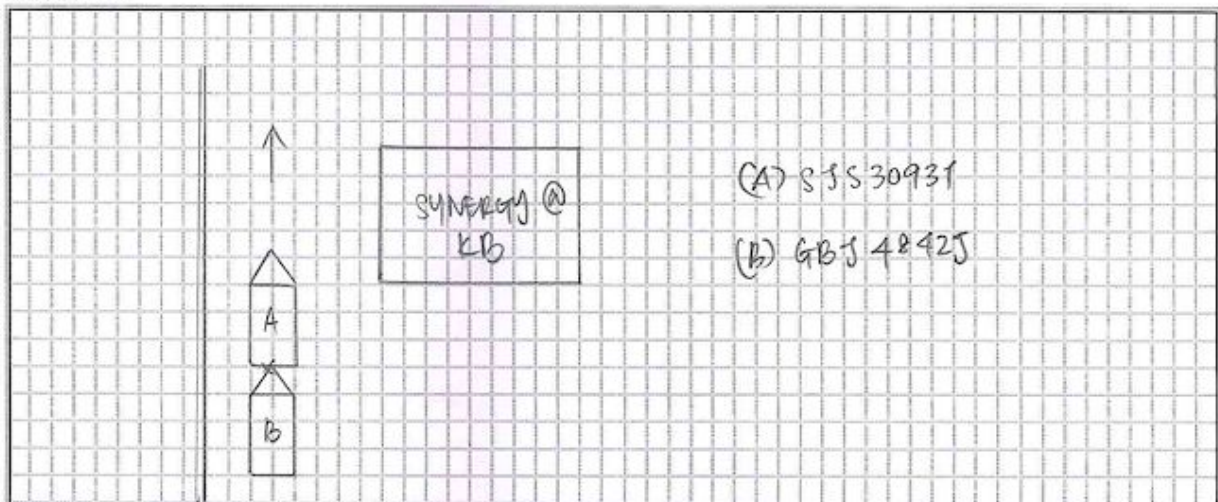
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]* 13/10/2022 1058HRS  
Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



PLEASE REFER TO POLICE REPORT NO: G/2022/013/7001

I/We declare the foregoing particulars are true in every respect.

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

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









































**SINGAPORE  
POLICE FORCE**



G/20221013/7001

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**POLICE REPORT (NP299)**

Report No. G/20221013/7001

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 13/10/2022 00:40	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD NASIRUDDIN BIN MOHD KHALID	Address 283 BUKIT BATOK EAST AVENUE 3 #06-285 SINGAPORE 650283	
ID Type / ID No. NRIC NO / S8900583C	Contact No. Home/Office: Mobile: 92306437	
Nationality SINGAPORE CITIZEN	Email Address NASNEYNEY07@GMAIL.COM	
Occupation Private security officer	Sex Male	Age 33
Institution/School Name	Date of Birth 07/01/1989	Race Malay
Date/Time Of Incident 12/10/2022 17:00 - 12/10/2022 17:05	Location Of Incident 25 KAKI BUKIT ROAD 4 SYNERGY @ KB SINGAPORE 417800	

**Brief details.**

I am lodging this report for recordings and claimant purposes.

Name: Muhammad Nasiruddin Bin Mohd Khalid  
NRIC: 583C  
Mobile: 92306437  
Address: 283 BUKIT BATOK EAST AVE 3 #06-285

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: 13/10/2022 00:40
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20221013/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221013/7001

650283

Vehicle Registration Number: SJS 3093T

Vehicle Make: Mitsubishi Lancer Ex 1.5 Mivec

Nature of incident: Road Traffic Accident

Place of Incident: 25 Kaki Bukit Road 4 Synergy building.

Date & Time of incident: 12/10/2022 at Approximately 1700hrs

Who were involved:

1. Muhammad Nasiruddin Bin Mohd Khalid

Vehicle: SJS 3093T, Mitsubishi Lancer Ex 1.5

2. Muhammad Shahri Bin Sulong Khairudin

Vehicle: GBJ 4842J

Facts of case:

On the above mentioned date,time and place, I ended my meet up with my mechanics in the mentioned building and was making my way out of the building. As I was driving my motor vehicle forward, A car was reversing trying to make a parrallel parking into a parking spot. I have slowed down my motor vehicle and was about to come to a full stop giving the reversing motorist ample space to manoeuvre into the parking spot. It was at a safe distance that i slowed down for the motorist to manoeuvre around, that was when my motor vehicle was rear ended (hit) by the above mentioned motorist, Mr Muhammad Shahri Bin

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: 13/10/2022 00:40
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20221013/7001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221013/7001

Sulong Khairudin driving a vehicle registration number GBJ 4842J.

I exited my motor vehicle and proceeded to the rear of my vehicle and found extensive damages to my vehicle. We exchanged particulars and I proceeded to take photos of my motor vehicle as a exhibit for follow up action.

Mr Shahri informed me that he was unsure of what to do next. I spoke to Mr Shahri superior and came to a mutual agreement to claim through insurance. Both parties agreed.

I will be sending my vehicle on 13/10/2022 for extensive inspection for damages that was incurred during the incident.

I had sustained a neck injury and discomfort in my head during the incident. I had visited a general practitioner at Block 280 Bukit Batok East Ave 3 #01-323 650280 on 12/10/2022 and was prescribed with 20 paracetamol tablet and I was issued 3 days outpatient leave by Dr Ku Vee Ching MCR M08919B.

That is all.

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: 13/10/2022 00:40
Officer In-Charge Of Case:	Classification Of Case:



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5129487266

**Cover :** drive CLASSIC

- |   |                                       |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJS3093T                            |
| Chassis Number  | : JMYSRCY2A9U004437                   |
| 2. Name of Policyholder   | : MUHAMMAD NASIRUDDIN BIN MOHD KHALID |
| 3. Effective Date of Insurance  | : 10 Aug 2022                         |
| 4. Expiry Date of Insurance   | : 09 Aug 2023                         |
| 5. Persons or Classes of Persons entitled to drive#   |                                       |
| (a) The Policyholder.   |                                       |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                       |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                       |
| 6. Limitations as to Use#   |                                       |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                       |

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.
- This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD NASIRUDDIN BIN MOHD KHALID
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSURANCE MARKET PTE. LTD. (00000691183)  
 Date of Issue : 09 Aug 2022 16:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



**Onecare Clinic Bukit Batok East**  
280 Bt Batok East Ave 3 #01-323 Singapore 650280  
Tel: 65138589

## **MEDICAL CERTIFICATE**

This is to certify that **MUHAMMAD NASIRUDDIN BIN MOHD KHALID (S8900583C)** is under treatment by me.

### **Unfit For Duty**

Outpatient Leave: 3 Days From 12-10-2022 To 14-10-2022

Certified By:  
Locum ()

**DR. KU VEE CHING**  
M.B.,B.S (S'PORE)  
MCR. M08919B

Certificate No: MC/1279837


Date of Visit: 12-10-2022

Date of Issue: 12-10-2022

**Note:**

This certificate is not valid for absence from court.

This certificate is electronically generated. No signature is required.

 **OneCare Clinic Bukit Batok East**  
**OC Medical Clinics Pte Ltd**

Blk 280 Bukit Batok East Ave 3 TEL 6513 8589  
#01-323, S'pore 650280 FAX 6513 6558