

## 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 .....	15/10/2022 09:47 (SGT)
Reported by .....	Both
Date of Accident .....	14/10/2022 11:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JOO SENG CAR PARK (BLK 16)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA492D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NURUL HAKIN BINTE ROHAIZAT
NRIC No .....	S8818665F
Email Address .....	KINEKACLICKS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91875930
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 car
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5121038805-01

#### DRIVER

Name of Driver .....	MUHAMMAD RAZIFF BIN HISHAM
NRIC No .....	S8804419C
Date Of Birth .....	23/01/1988
Occupation .....	Outdoor

Date Of Driving Pass .....	30/08/2012
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88993004
Alt. Phone Number .....	-
Email Address .....	AJIBHISHAM351@GMAIL.COM
Address .....	BLK 320 HOUGNG AVENUE 5 #04-02
Address complement .....	-
Postcode .....	530320
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJY1726H
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire

Name of Driver .....	MOHD SHAFARIN BIN AHMAD
NRIC No .....	S7434177B
Contact Number .....	-
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 .....	MUHAMMAD RAZIFF BIN HISHAM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SMA492D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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;

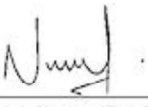
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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

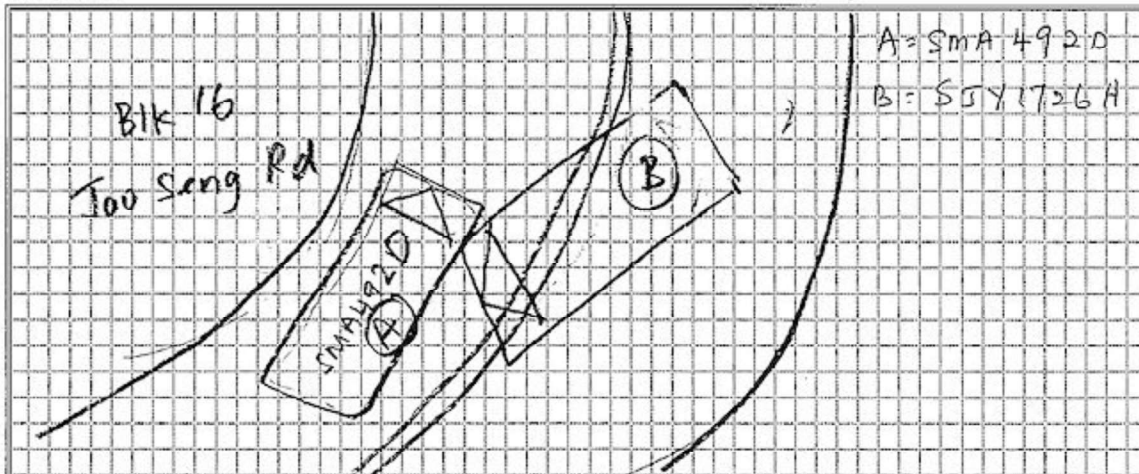
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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)

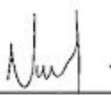
**Sketch Plan**





Describe Circumstance of the Accident	
VEHICLE NO: SMA492D	ACCIDENT DATE & TIME: 14 <sup>th</sup> October 2022 11.54RS
CONTACT NUMBER: 88993004 / 91875920	E-MAIL: kinekadict@gmail.com
LOCATION: Blk 16 Joo Seng Carpark	
<p>I was approaching a bend in a carpark when the other party vehicle number 57Y1726H was coming from the opposite direction at a high speed. He was. The car was too fast approaching for me to react and coming in to my lane. Due to the impact, both my airbag was activated and I suffered an injured on my left arm and my lower back. I was traumatised as this is my first ever to experience an accident at such scale and I was shivering right after the impact and was panick to be found out that my driver side door was stuck. At this moment I slowly crawl to my left side passenger door to exit the car. Right after I exit I bend down for sometime as my body is still recovering from the impact. While later I took photos of the accident and exchange particulars with the other party after I have call ambulance.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OOT/AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

## Declaration

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

  
 Policyholder's Signature / Date & Time

 14/10/22 2.16 pm  
 Driver's Signature (if driver is not the policyholder) / Date & Time

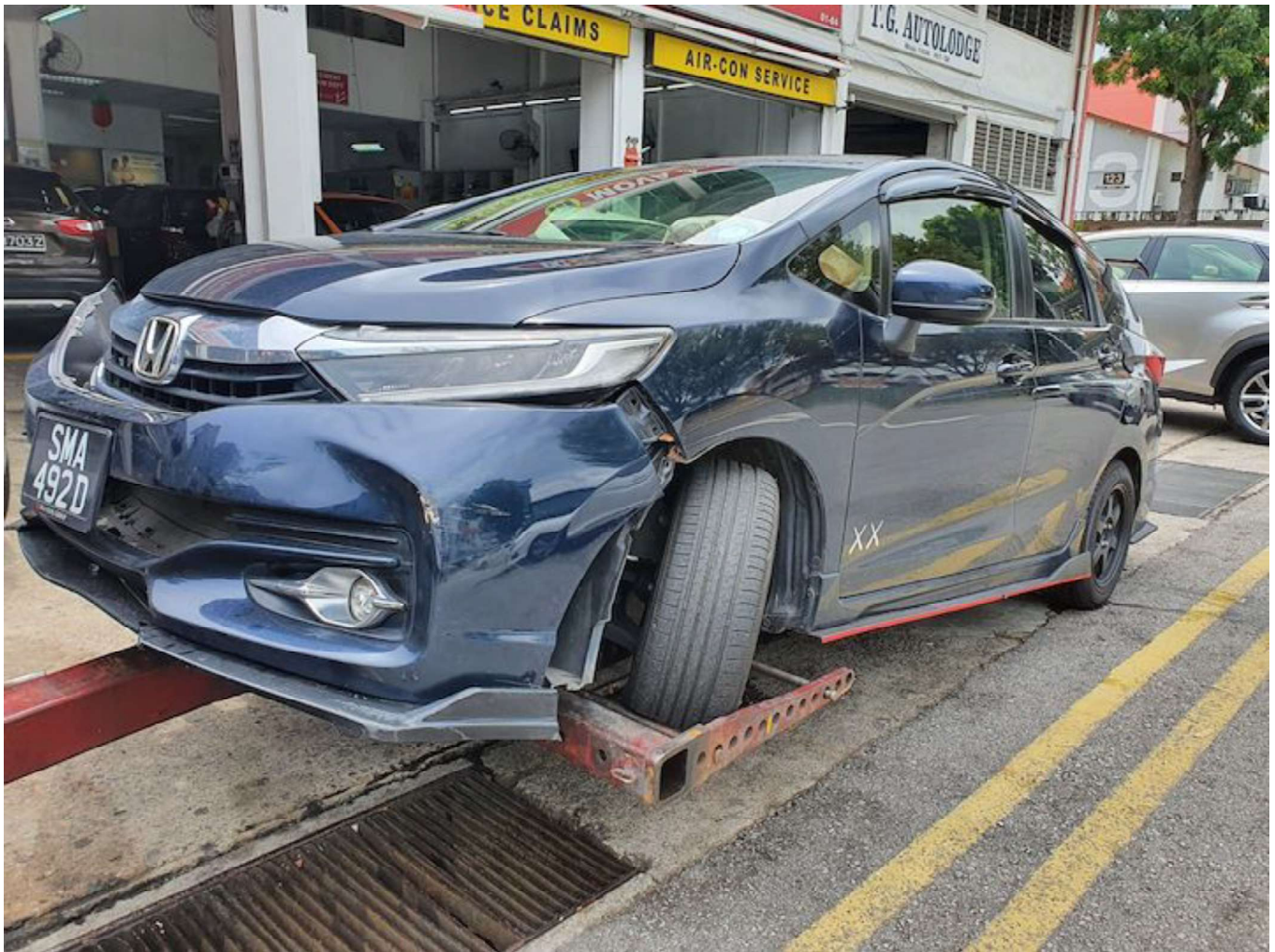
  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)



















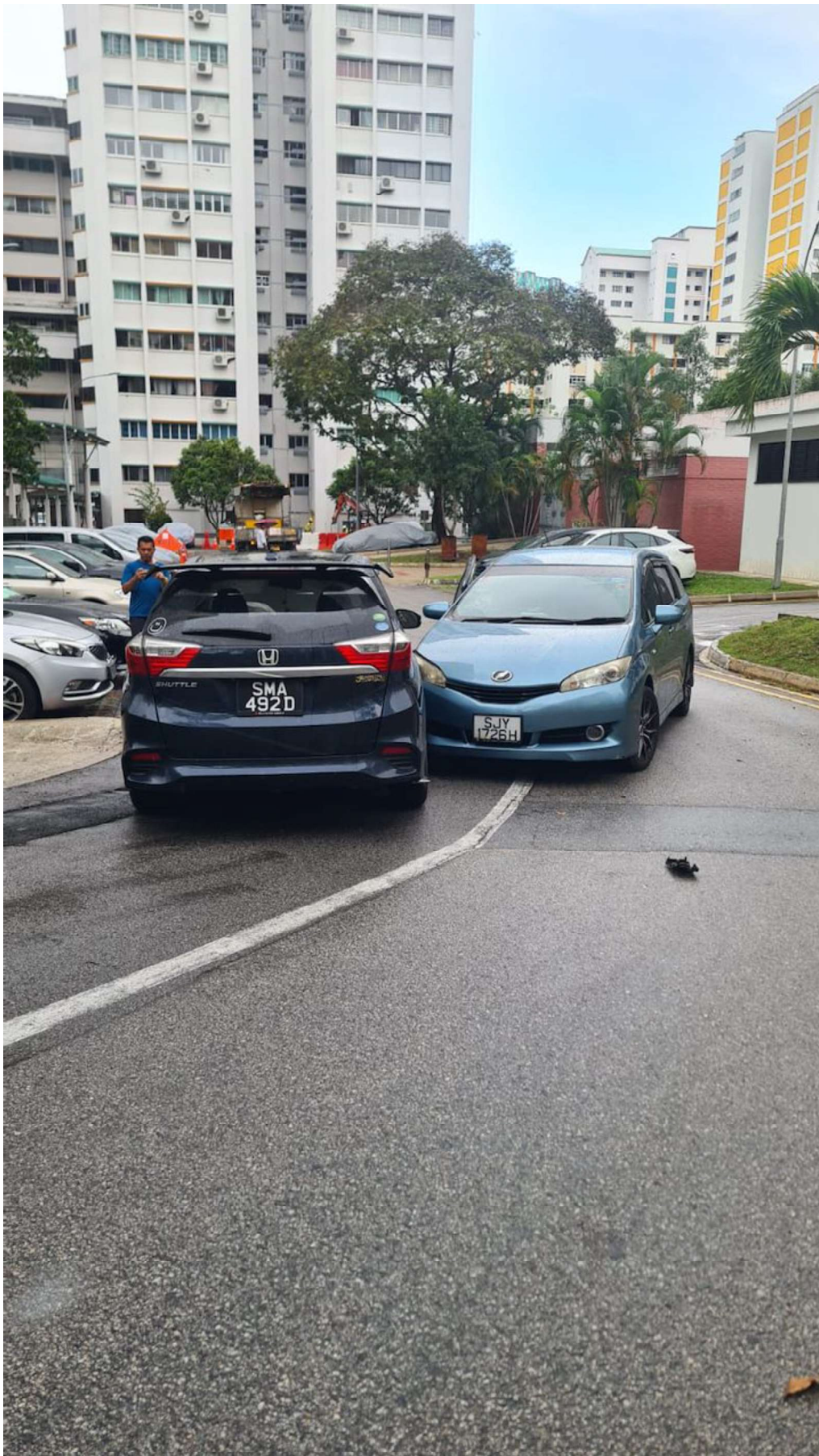






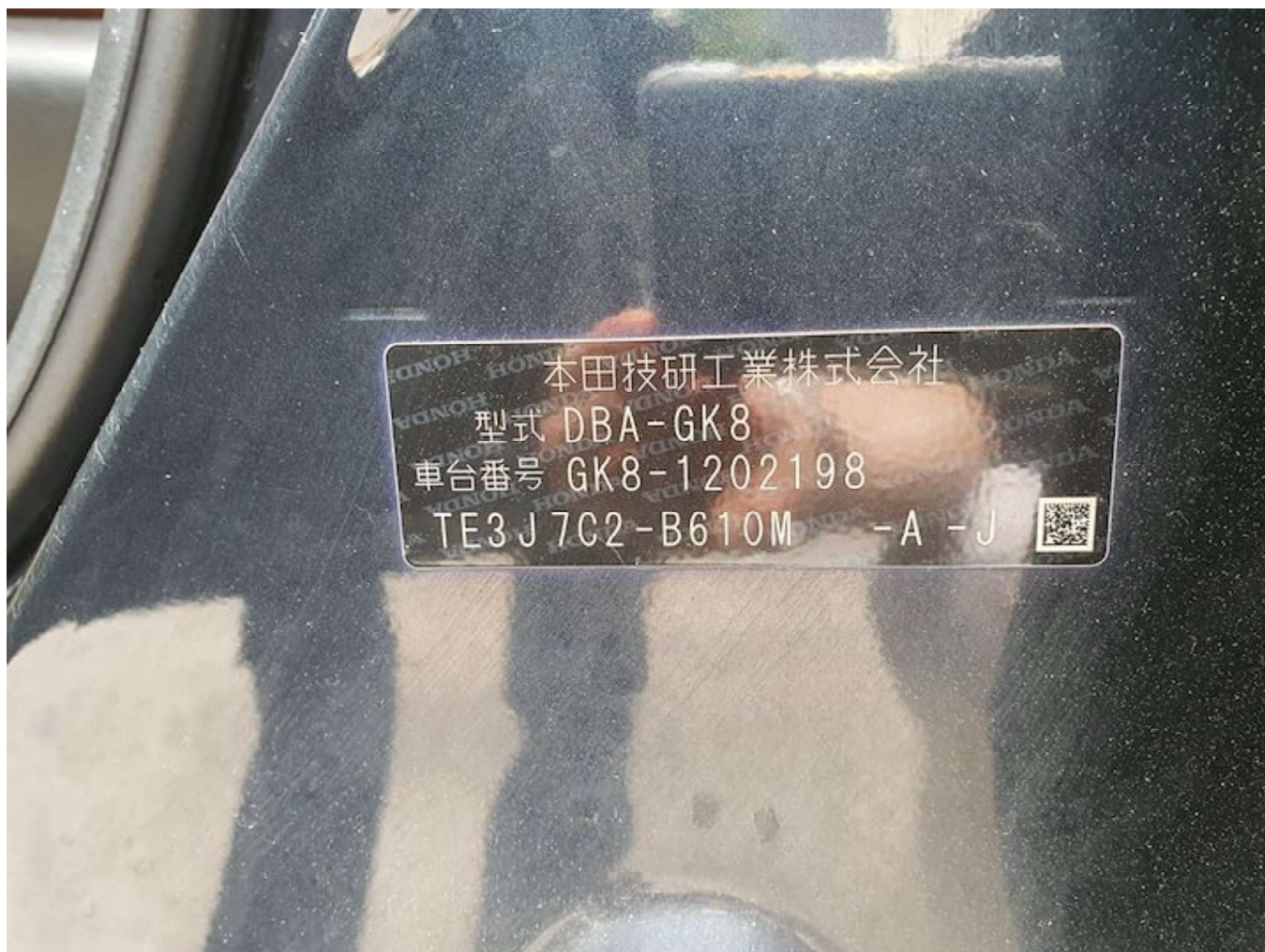
























**SINGAPORE  
POLICE FORCE**



T/20221014/2112

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

\* Report No. T/20221014/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2022 22:57	Vide Report No.:	Station Diary No.: 92
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**Informant's Particulars**

Name of Informant: MUHAMMAD RAZIFF BIN HISHAM			Address: APT BLK 320 HOUGANG AVENUE 5 #04-02 SINGAPORE 530320	
ID Type / ID No.: NRIC NO / S8804419C			Contact No.:	Mobile: 88993004
Nationality: SINGAPORE CITIZEN			Email: ajibhisham351@gmail.com	
Sex: Male	Age: 34	Date of Birth: 23/01/1988	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: FOOD PANDA DELIVERY			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2022 11:15	Type of Location: Car Park
Location:  JOO SENG ROAD				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY1726H	Car	TOYOTA	WISH	Blue	Slightly Damaged	0
SMA492D	Car	HONDA	SHUTTLE	Blue	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221014/2112

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20221014/2112




**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHD SHAFARIN BIN AHMAD		ID No. S7434177B
Related Vehicle	SJY1726H (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL 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	MUHAMMAD RAZIFF BIN HISHAM		ID No. S8804419C
Related Vehicle	SMA492D (Car)		Contact No. 88899304
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	14/10/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 14/10/2022 at about 1115hrs, I was driving my car (SMA492D- Blue Honda Shuttle) and just completed a delivery at Blk 17 Joon Seng Road. I was driving towards the exit gantry. While I was maneuvering the bend near to Blk 16 Joon Seng Road, I saw another car (SJY1726H-Blue Toyota Wish) approaching the bend, quite fast, at the opposite direction. The said car collided onto my car near my driver side door. The collision caused the air bags to be deployed. Traffic police and ambulance were at scene. However, no one was conveyed. I exchanged particulars with the driver. After the accident, I went to Alexandra Hospital as I felt some pain on my back area. I was given 3 days MC. I sustained some bruises on my left arm. I have an in car camera but it was not recording. I believed that the other car has an in car camera. I have taken photos of the accident. I have also left my contact number on a few parked cars who was near the accident location to assist me with their in car camera footage.



 <b>SINGAPORE POLICE FORCE</b>	 T/20221014/2112
Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999	3 of 3 Report No. T/20221014/2112
CONTINUATION OF REPORT	
<b>Sketch Plan</b> 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 <u>report number</u> as reference.	
Signature of Officer Recording The Report: J / SR STAFF SGT MUHAMMAD FIRDAUS BIN SAHROL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2022 22:57
Officer In Charge Of Case: TP / GIT / STAFF SGT YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
NP168	