

# 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 .....	25/10/2022 11:49 (SGT)
Reported by .....	Driver
Date of Accident .....	23/10/2022 21:20 (SGT)
Exact Location of Accident .....	Near FQ89+C7 Johor Bahru, Johor, Malaysia
Additional Location Information .....	JOHOR BHARU CAUSEWAY MALAYSIA
Country/State of Loss .....	Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJT9516X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JOHARI BIN ZAKARIA
NRIC No .....	SXXXX692D
Email Address .....	DINANAMIRAH63@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87990414
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Airwave
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 .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00246112100

### DRIVER

Name of Driver .....	MOHAMMAD FAIZAL BIN SALIHAN
NRIC No .....	SXXXX658A
Date Of Birth .....	12/09/1981
Occupation .....	Indoor

Date Of Driving Pass .....	17/03/2006
Driving experience .....	16 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94562809
Alt. Phone Number .....	-
Email Address .....	DINANAMIRAH63@GMAIL.COM
Address .....	BLK 277D COMPASSVALE LINK #03-304
Address complement .....	-
Postcode .....	544277
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	-

#### PASSENGER 1

Name .....	FEMALE
Gender .....	Female

#### PASSENGER 2

Name .....	FEMALE
Gender .....	Female

#### PASSENGER 3

Name .....	FEMALE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

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 ..... SJR1964Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

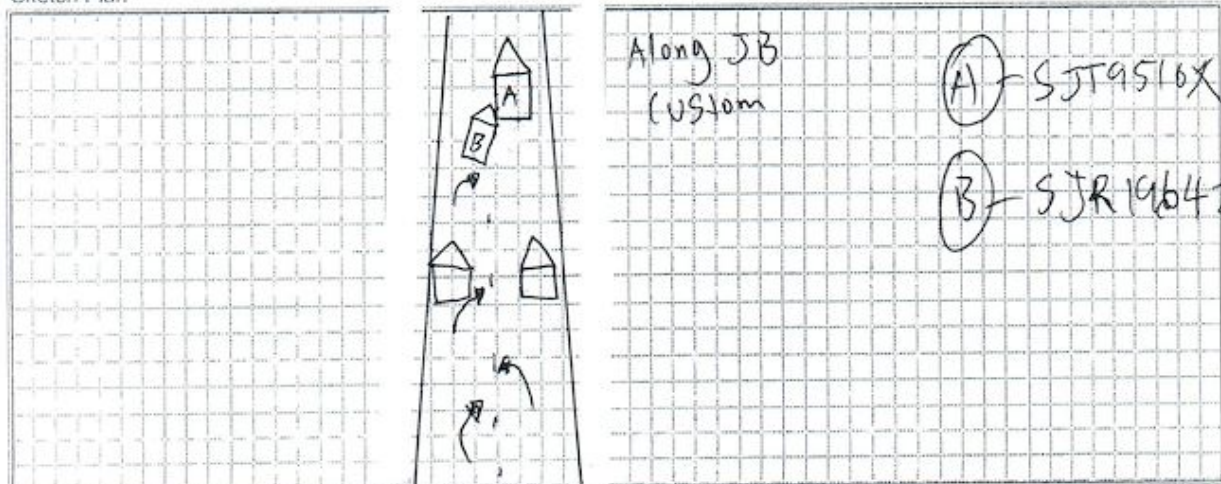
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022

Describe Circumstance of the Accident

On the date stated I was driving at JB custom  
towards gg. I was at the lane after the merging lane  
I felt slight hit from the Rear Left of ~~my~~ my vehicle

Declaration

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

Policyholder's Signature / Date & Time

Actual 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**



F/20221024/2001

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**POLICE REPORT (NP299)**

Report No. F/20221024/2001

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



Date/Time Report Made 24/10/2022 00:47	Vide Report No.	Station Diary No. 11
Name Of Informant MOHAMMAD FAIZAL BIN SALIHAN	Address APT BLK 277D COMPASSVALE LINK #03-304 SINGAPORE 544277	
ID Type / ID No. NRIC NO / S8126658A	Contact No. Home/Office	Mobile 94562809
Nationality SINGAPORE CITIZEN	Email Address	
Occupation CONTAINER DRIVER	Sex Male	Age 41
Institution/School Name	Date of Birth 12/09/1981	Race Javanese
Date/Time Of Incident 23/10/2022 21:20	Location Of Incident Johor Bharu Causeway MALAYSIA	

**Brief details.**

On 23/10/2022, at about 2120hrs, I was driving in Malaysia, Johor Bharu causeway, towards Singapore.

I am driving SJP9516X. It is a rented vehicle.

While I was driving, there were 2 cars driving behind me. SJR1964Z (black colour) and SJH5165P (grey colour).

Signature Of Officer Recording The Report: F / SGT 2 LIM JING JING JOANNE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2022 00:47
Officer In-Charge Of Case: F / Sengkang N.P.C / SI MUHAMMAD REMIE BIN HAMZAH Contact No.: 63438999	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20221024/2001

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221024/2001

It was a merging lane and SJR1964Z was trying to join the merging lane from the left.

Subsequently, SJR1964Z stopped and SJH5165P overtook me.

The driver of SJH5165P then stopped his vehicle, and came down to tell me that SJR1964Z have hit the right rear of my vehicle.

I was not aware of the accident as I did not feel any impact.

My wife (Ms Farah, HP 9138 0171), then went down to check on the vehicle and saw that there were scratches at the back left rear bumper.

My wife then approached the driver of SJR1964Z who informed that she did not realise that she scratched my car. When my wife asked for her particulars for insurance purposes, the driver only provided her name, contact number and address.

The driver of the SJH5165P also approached the driver of SJR1964Z and showed a picture of the scratches of my vehicle.

Below are the particulars she provided:

Name: Diyana

HP: 9456 4345 / 8292 4427 / 8235 3356

Address: Blk 255 Tampines St 21 #01-88

Both parties then agreed to settle privately via insurance.

Signature Of Officer Recording The Report:  
F / SGT 2 LIM JING JING JOANNE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/10/2022 00:47

Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
SI MUHAMMAD REMIE BIN HAMZAH  
Contact No.: 63438999

Classification Of Case: