SN0922B20008-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 02/11/2022 15:55 (SGT)
SUBMITTED BY: IRFAN
VERSION: 2 (02/11/2022 16:14 (SGT))

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 witholding 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	02/11/2022 15:55 (SGT)
Reported by	Both
Date of Accident	01/11/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEFORE CHIJ JUNCTION OF BARTLEY ROAD AND SERANGOON AVENUE 1 TOWARDS WOODLEIGH UNDERPASS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5889G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYED MANDAR BIN MOHAMED ALMASHOOR
NRIC No	SXXXX676F
Email Address	MOHDAV5366@GMAIL.COM
Mobile Phone No	(Phone) +65-97289472
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1968

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-005738

DRIVER

Name of Driver	SYED MANDAR BIN MOHAMED ALMASHOOR
NRIC No	SXXXX676F

Date Of Birth	16/06/1953
Occupation	Outdoor
Date Of Driving Pass	12/01/1974
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97289472
Alt. Phone Number	-
Email Address	MOHDAV5366@GMAIL.COM
Address	BLK 710 BEDOK RESERVOIR ROAD #05-3124
Address complement	-
Postcode	470710
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
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	PASSENGER
Gender	Female

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 ATTACHED 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	FBP2031P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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 Authorised 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. The 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.
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

2/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan Before CHIJ Junction of Bartley Road and Serangoon Avenue 1 towards Woodleigh underpass

Describe Circumstances of the Accident

– Refer to police report attached –

Report No.: T/20221102/7027

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

I/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

2/11/2022

Witnessed by Reporting Centre Personnel

IMAGES #2

IMAGES #3


VOLKSWAGEN AG
WVWZZZ3CZJE099220
2080 kg
4080 kg
1 - 1080 kg
2 - 1070 kg
Typ 3C
CHHB 4335
4520033

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


idac
Vehicles
idac

SINGAPORE POLICE FORCE

T/20221102/7027

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

Report No. T/20221102/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/11/2022 14:27		

Informant's Particulars

Name of Informant: SYED MAHDAR BIN MOHAMED ALMASHOOR			Address: 710 BEDOK RESERVOIR ROAD #05-3124 SINGAPORE 470710	
ID Type / ID No.: NRIC NO / S0082676F			Contact No.: Home/Office: Mobile: 97289472	
Nationality: SINGAPORE CITIZEN			Email: MOHDAR5366@GMAIL.COM	
Sex: Male	Age: 69	Date of Birth: 16/06/1953	Type of Informant: Driver	
Race: Arab			Language: English	Institution / School Name:
Occupation: Designer			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/11/2022 07:50	Type of Location: Straight Road
Location: BARTLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP2031P	Motorcycle					0
SLW5889G	Car	VOLKSWAGON	PASSAT 2.0 TFSI AT W/OSR 3G24MY	Silver		1

SINGAPORE POLICE FORCE

T/20221102/7027

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

Report No. T/20221102/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW5889G	EQ INSURANCE COMPANY LTD.	DMPPHQ22-005738	26/07/2022	25/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SYED MAHDAR BIN MOHAMED ALMASHOOR	ID No.	S0082676F
Related Vehicle	SLW5889G (Car)	Contact No.	97289472
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.
On 01/11/2022 at about 0750hrs at before cross junction of Bartley Road and Serangoon Avenue 1 towards Woodleigh Underpass. I was travelling along the left lane and came to a stop while waiting for the 'green' traffic light and suddenly, a vehicle (B) from my right lane cut across into my lane without checking his blind spot and collided onto my right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger inside my vehicle.

Vehicles involving in the situation:
(A)SLW5889G
(B)FBP2031P

SINGAPORE POLICE FORCE

T/20221102/7027

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

Report No. T/20221102/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 02/11/2022 14:27
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922B20008 Vehicle Registration No: SLW 5889G

Name (as shown in NRIC): SYED MAHDAR BIN MOHAMED ALMASHOOR / NRIC/FIN/Passport No: S0082676F

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: Blk 710 Bedok Reservoir Road Singapore (470710

Contact (Tel): Mobile No.: 9728 9472

Email Address: mohdav5366@gmail.com

Date of Accident: 1/11/2022 Time of Accident: 07:50

Place of Accident: Before CHIJ Junction of Bartley Road and Serangoon Avenue 1 towards Woodleigh underpass

Insurance Company: / EQ Insurance.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Driver Name

Policyholder / Actual Driver's Signature
Date:

2/11/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

v3Jun2022