

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 27/10/2022 16:10 (SGT)
Reported by Both
Date of Accident 26/10/2022 21:40 (SGT)
Exact Location of Accident Kampong Glam, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC7941G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HAZMAN BIN KAMARUL ZAMAN
NRIC No S8331007C
Email Address HAZ_HASBI@HOTMAIL.COM
Mobile Phone No (Phone) +65-87768132
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1597

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5125373734

DRIVER

Name of Driver MUHAMMAD HAZMAN BIN KAMARUL ZAMAN
NRIC No S8331007C
Date Of Birth 01/10/1983
Occupation Indoor

Date Of Driving Pass	24/12/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87768132
Alt. Phone Number	-
Email Address	HAZ_HASBI@HOTMAIL.COM
Address	APT BLK 107 JALAN RAJAH
Address complement	#07-105
Postcode	320107
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	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 THE 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	GBC4437H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88437937
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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

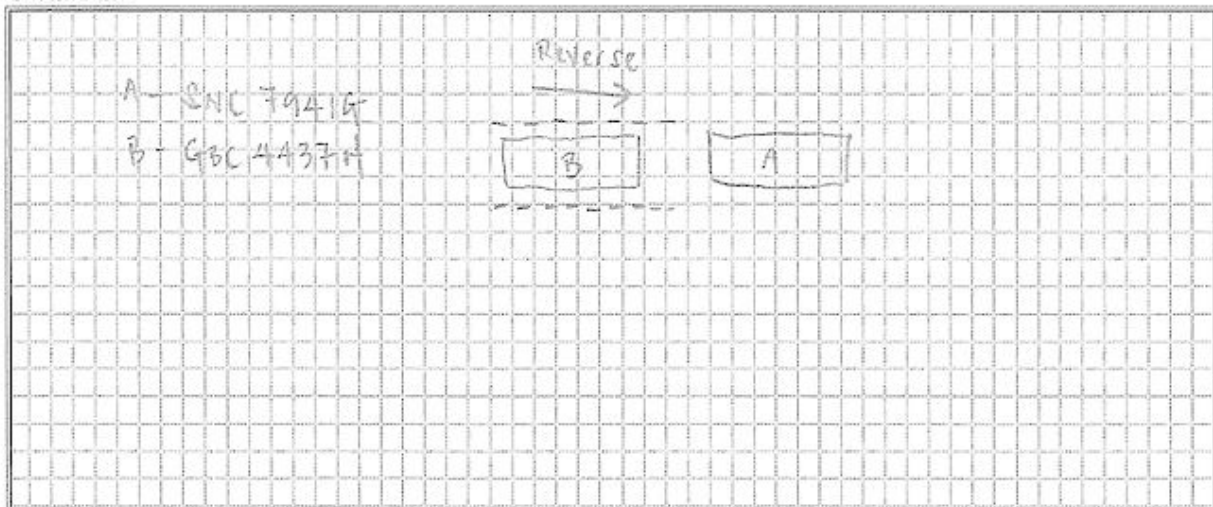
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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


Sketch Plan



Describe Circumstance of the Accident	
VEHICLE NO: SNC 79415	ACCIDENT DATE & TIME: 26/10/22 @ about 2:140hrs
CONTACT NUMBER: 87768132	E-MAIL: hai-hashi@hotmail.com
LOCATION: Kampong Glam Area	
<p>At about 2:140hrs, I just reached kampong glam area and parked behind this lorry (4324724)</p> <p>just a short while to read my phone msges. I am not aware that the lorry was reversing to exit out from the parking lot and suddenly it hit my front bonnet and front grille. My front bonnet dented and my front grille damaged. So I took the lorry driver particular of his driving licence and took photo of his lorry and plate no.</p>	
<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.</p> <p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM CD/TP AT OTHER WORKSHOP <input checked="" type="checkbox"/> REPORTING ONLY</p>	

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


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







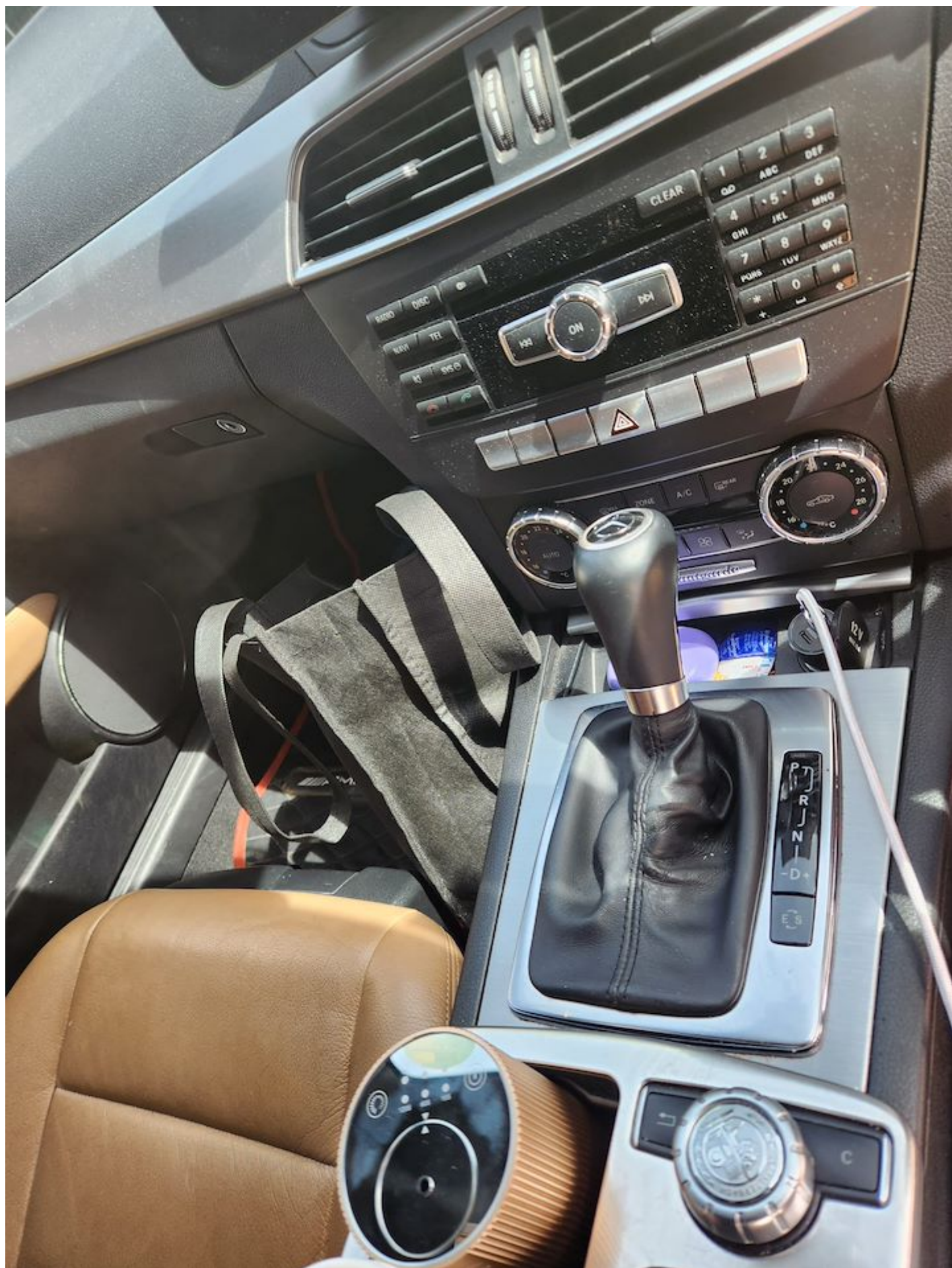














**SINGAPORE
POLICE FORCE**



T/20221027/7088

1 of 3

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

Report No. T/20221027/7088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2022 23:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HAZMAN BIN KAMARUL ZAMAN			Address: 107 JALAN RAJAH #07-105 SINGAPORE 320107		
ID Type / ID No.: NRIC NO / S8331007C			Contact No.: Home/Office:		Mobile: 87768132
Nationality: SINGAPORE CITIZEN			Email: HAZ_HASBI@HOTMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 01/10/1983	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Property management			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2022 21:40	Type of Location: Straight Road
Location: SULTAN GATE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC4437H	Lorry					0
SNC7941G	Car	MERCEDES BENZ	C+180+KOM PRESSOR	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221027/7088

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

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Report No. T/20221027/7088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC7941G	NTUC Income Insurance Co-Operative Limited	5125373734	07/01/2022	06/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HAZMAN BIN KAMARUL ZAMAN		ID No. S8331007C
Related Vehicle	SNC7941G (Car)		Contact No. 87768132
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time , I was driving my car bearing vehicle number SNC7941G . When i just reached kampong glam area and parked behind the lorry vehicle number bearing GBC4437H . Suddenly the front lorry reversing and hit onto my front portion of my vehicle . After the collision, I felt my neck slightly pain and I just ignore until 28th Oct 2022 my neck portion getting worse hence I went to consult doctor and given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20221027/7088

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Report No. T/20221027/7088

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
27/10/2022 23:59

Classification Of Case:



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: _____ Vehicle Registration No: SNC 7941 G
 Name (as shown in NRIC): Muhammad Harman Bin Kemanthaman NRIC/FIN/Passport No: S8271009/C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 81K 107 Jalan Rajah #107-105 Singapore (710107)
 Contact (Tel): _____ Mobile No.: 8776 8132
 Email Address: haz_hashi@hotmail.com
 Date of Accident: 26/10/22 Time of Accident: 2140 hrs
 Place of Accident: Kumpong Glam area
 Insurance Company: Income 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:

I felt my neck slightly pain and I just ignore until 28 Oct 22. My neck portion getting worse hence I went to consult doctor and given 3 days MC.

Attached police report


 Policyholder / Actual Driver's Signature
 Date: 28/10/22



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