

# 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 .....	21/11/2022 14:39 (SGT)
Reported by .....	Both
Date of Accident .....	20/11/2022 16:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE (CHANGI) BEFORE EUNOS EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM1916D
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ASHRAF BIN HASSAN
NRIC No .....	S7641733D
Email Address .....	ASHRAFSG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97294239
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216d
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129976508

### DRIVER

Name of Driver .....	ASHRAF BIN HASSAN
NRIC No .....	S7641733D
Date Of Birth .....	23/12/1976
Occupation .....	Indoor

Date Of Driving Pass .....	06/03/1996
Driving experience .....	26 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97294239
Alt. Phone Number .....	-
Email Address .....	ASHRAFSG@GMAIL.COM
Address .....	BLK 124 #12-02
Address complement .....	PENDING ROAD
Postcode .....	670124
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
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) .....	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 .....	Annisa Darajatun
Gender .....	Female

#### PASSENGER 2

Name .....	Fatimah Ibrahim
Gender .....	Female

#### PASSENGER 3

Name .....	Sorfina Alani Binti Ashraf
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

#### 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 ..... SKV4206B  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... Adam Edward John Langton bin Adil  
 NRIC No ..... T0044183F  
 Contact Number ..... (Phone) +65-96587942  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SHA1206S  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 Name of Driver ..... UNKNOWN  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SNB8027U  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... ROBERT  
 Contact Number ..... (Phone) +65-92984273  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number ..... SLV9506R

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANG CHEE SIONG
NRIC No .....	S7101889Z
Contact Number .....	-
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 .....	Sorfina Alani Binti Ashraf
Gender .....	Female
Phone No .....	(Phone) +65-91286014
Address .....	BLK 124 #12-02
Address Complement .....	PENDING ROAD
Post Code .....	670124
Approximate Age Years Old .....	17
Injuries Sustained .....	NECK AND NOSE PAIN, HEADACHE
Injured person in which vehicle? .....	SMM1916D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstance of the Accident


Refer to Police Report

Declaration

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

  
Policyholder's Signature / Date & Time  
21/11/2022  
1400hrs

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
MD SHAN KASMEIR BIN ABDULLAH 2

**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 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 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

21/11/2022

Sketch Plan 1400HRS

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

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

MD SHAN KASMEIR BIN ABDULLAH

A- SMM1916D				A	PIE (CHANGI) BEFORE EUNOS EXIT
B - SKV4206B				B	
C- SHA1206S				C	
D- SNB8027U				D	
E-SLV9506R				E	



























































**SINGAPORE  
POLICE FORCE**



T/20221120/7044

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

1 of 4

Report No. T/20221120/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/11/2022 20:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ASHRAF BIN HASSAN			Address: 124 PENDING ROAD #12-02 SINGAPORE 670124		
ID Type / ID No.: NRIC NO / S7641733D			Contact No.: Home/Office: Mobile: 97294239		
Nationality: SINGAPORE CITIZEN			Email: ASHRAFSG@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 23/12/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2022 16:40	Type of Location: Straight Road
Location:  PIE before Eunus exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA1206S	Car					0
SKV4206B	Car	VOLKSWAGO N			Seriously Damaged	1
SLV9506R	Car	HYUNDAI				0



**SINGAPORE  
POLICE FORCE**



T/20221120/7044

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

2 of 4

Report No. T/20221120/7044

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM1916D	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Blue	Slightly Damaged	0
SNB8027U	Car	MG				0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMM1916D	NTUC Income Insurance Co-Operative Limited	5129976508	23/09/2022	22/09/2023	

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	SORFINA ALANI		ID No.	T0518245F	
Related Vehicle	SMM1916D (Car)		Contact No.	91286014	
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	20/11/2022		Date	20/11/2022	
No. of Days granted Medical Leave		03	Degree of		Slight
Driver					
Name	ASHRAF BIN HASSAN		ID No.	S7641733D	
Related Vehicle	SMM1916D (Car)		Contact No.	97294239	
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





**SINGAPORE  
POLICE FORCE**



T/20221120/7044

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

3 of 4

Report No. T/20221120/7044

**CONTINUATION OF REPORT**

Brief Details.

Chain collision involving 5 vehicles on the right most lane of PIE about 100m before the Eunost Exit.

I was the driver of the first vehicle (SMM1916D). While driving at about 70-80kmph, a vehicle travelling in front of me stopped. On seeing its brake lights, I braked and stopped. My vehicle did not collide into the back of the car traveling in front of me. However, I felt a big impact at the rear. I asked my wife (front seat passenger), my mom (rear seat passenger) and my daughter (third row passenger rear seat) if they are alright. My daughter said she banged her nose against the front head rest and felt giddy. Thankfully everyone wore seatbelt. We stepped out of the car and saw 4 other cars behind me in head to rear collision:

- 1st car: my car (SMM1916D) no frontal damage at all. Moderate damage at rear bumper.
- 2nd car: VW Jetta (SKV4206B) driven by Adam Edward John Langton bin Adil (T0044183F)
- 3rd car: Comfort taxi (SHA1206S)
- 4th car: MG Black (SNB8027U)
- 5th car: Hyundai (SLV9506R) driven by Ang Chee Siong (S7101889Z).

As I did not collide onto the rear of the car traveling in front of me, it moved off.

My daughter was checked by paramedics as she complained of headache and was in tears due to the shock. She refused to be conveyed. Paramedics were most helpful.

At about 7pm, my wife brought my daughter to clinic and she was given 3 days MC.

I have photos after collision. My car is not equipped with in-car camera.



**SINGAPORE  
POLICE FORCE**



T/20221120/7044

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

4 of 4

Report No. T/20221120/7044

**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 / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

NP168

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

Date/Time:  
20/11/2022 20:55

Classification Of Case: