

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 17:02 (SGT)
Reported by Both
Date of Accident 18/11/2022 19:25 (SGT)
Exact Location of Accident Jln Eunoz, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP3696H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMED SHAFRIZAL BIN MOHD SHARIF
NRIC No S8214387D
Email Address SHAF@FILLOZ.COM
Mobile Phone No (Phone) +65-85112447
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 523i
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 2497

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5119686702-01

DRIVER

Name of Driver MOHAMMED SHAFRIZAL BIN MOHD SHARIF
NRIC No S8214387D
Date Of Birth 04/05/1982
Occupation Indoor

Date Of Driving Pass	20/09/2007
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85112447
Alt. Phone Number	-
Email Address	SHAF@FILLOZ.COM
Address	BLK 627 PASIR RIS DRIVE 3
Address complement	#03-332
Postcode	510627
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBQ4860U
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SMM4021R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMED SHAFRIZAL BIN MOHD SHARIF
Gender	Male
Phone No	(Phone) +65-85112447
Address	BLK 627 PASIR RIS DRIVE 3
Address Complement	#03-332
Post Code	510627
Approximate Age Years Old	40
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SKP3696H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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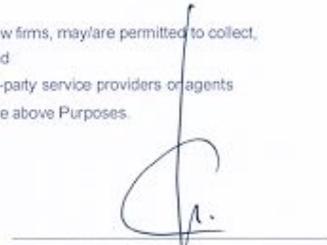
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

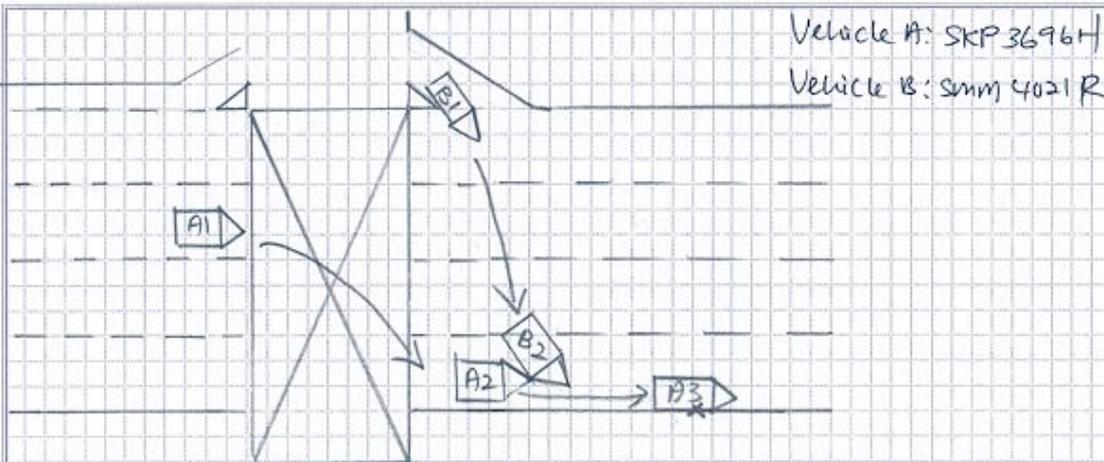
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

Refer to Police Report

T/2022 1120/2032

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

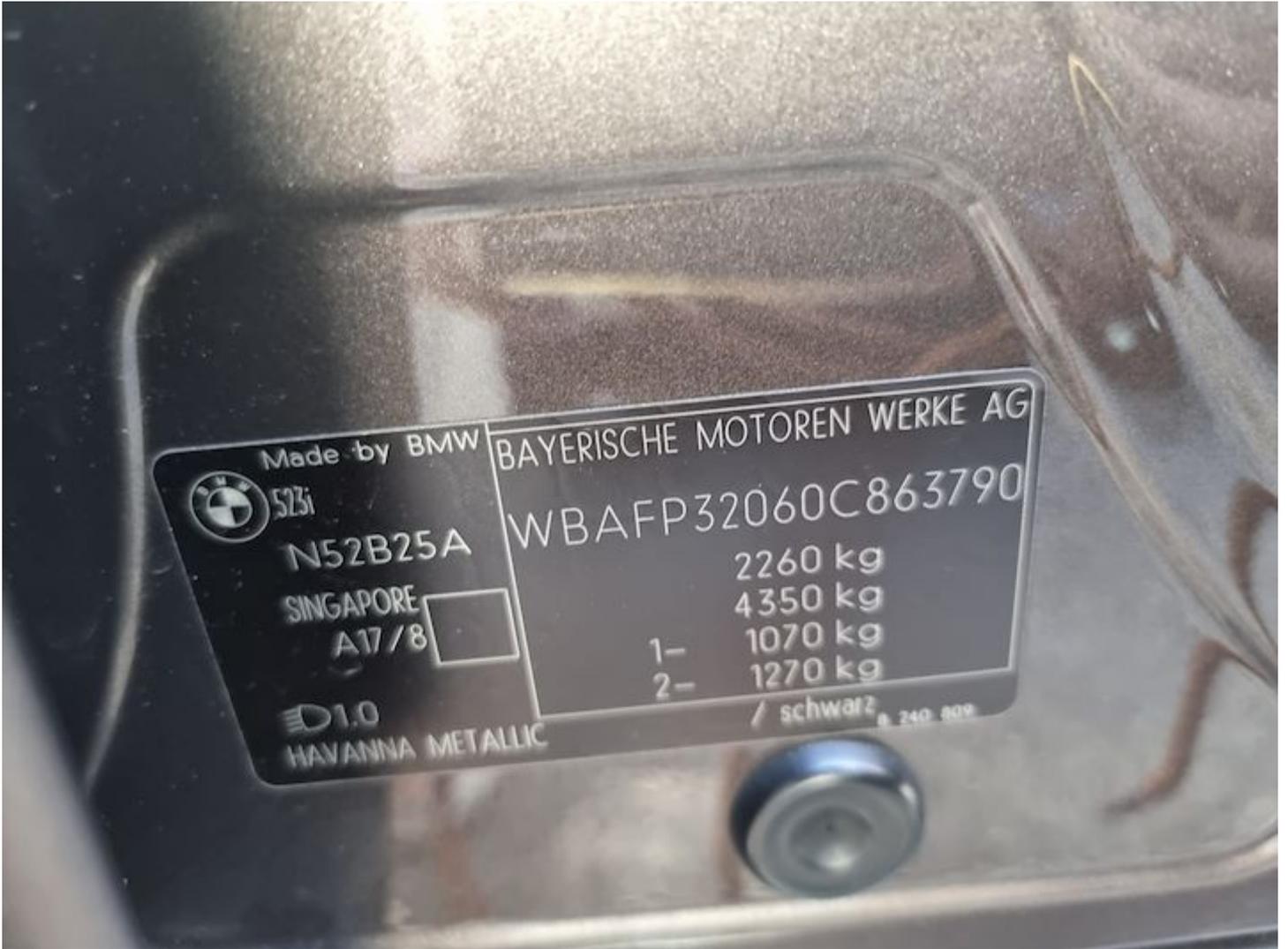

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID Card)



















**SINGAPORE
POLICE FORCE**



T/20221120/2032

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20221120/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2022 15:29		Vide Report No.:		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: MOHAMMED SHAFRIZAL BIN MOHD SHARIF			Address: APT BLK 627 PASIR RIS DRIVE 3 #03-332 SINGAPORE 510627		
ID Type / ID No.: NRIC NO / S8214387D		Contact No.:		Mobile: 85112447	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 40	Date of Birth: 04/05/1982	Type of Informant: Driver		
Race: Chinese-Indian		Language: English		Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2022 19:25	Type of Location: T-Junction
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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	Condition	No of Passenger
SKP3696H	Car	BMW	523i 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Brown	Seriously Damaged	0
SMM4021R	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20221120/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP3696H	NTUC Income Insurance Co-Operative Limited	5119686702-01	25/02/2022	24/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMMED SHAFRIZAL BIN MOHD SHARIF	ID No.	S8214387D	
Related Vehicle	SKP3696H (Car)	Contact No.	85112447	
Hospital/Clinic	DR NAH & LEE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	20/11/2022	Date Discharge	20/11/2022	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	CINDY	ID No.	NIL	
Related Vehicle	SMM4021R (Car)	Contact No.	81638256	
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	

Brief Details.

On 18/11/2022 at about 1928hrs, I was driving my vehicle (SKP3696H) along Eunos Link Road towards PIE. I was travelling at lane 2 while maintaining at speed at about 40km/hour. I reached the T-junction of Eunos Link, Jalan Eunos and Bedok Reservoir Road. The traffic light was green in my favor, and I maintained my speed and the same lane 2.

Subsequently, from afar I noticed a black vehicle exiting from Bedok Reservoir Road filter lane entering the Jalan Eunos Road. I began to press the horn to alert the black vehicle driver, however the black vehicle after exit from the filter lane immediately attempted to enter directly to lane 1 of Jalan Eunos Road at a slow speed. I am unable to stop in time and immediately conducted an emergency lane change from lane 2 to lane 1. The black vehicle still tries to enter lane 1 and the black vehicle right body frame collided with my vehicle left body frame. My vehicle right body frame and rim area also hit onto the curb on the right side. Both our vehicles then proceeded to stop at the nearby bus stop to discuss the issues.

The black vehicle (SMM4021R) driver was a Female Chinese together with a Male passenger. The



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Report No. T/20221120/2032

CONTINUATION OF REPORT

Female driver apologize for the accident and mentioned that she thought there was an opportunity to enter to lane 1 earlier. However, the Female driver refused to provide her personal information and only gave her mobile number (HP: 81638256). The Female driver and the passengers both were observed to have no visible injuries. The Female driver further mentioned that she would consult her brother on how to settle this matter. I provided my contact number and both parties left the scene.

On 20/11/2022, I felt pain at the rear neck and the left arm area. I visited a private clinic 'Dr Nah & Lee Family Clinic' and was given a 5-day medical leave from 20/11/2022 to 24/11/2022.

I wish to inform that I tried to contact the Female brother but there were no responses. On 19/11/2022 at about 1123hrs, there was a Male Chinese (HP: 86146767) who claims to be the cousin for the Female Chinese wanted to settle this matter for a compensation of SGD\$800/-. However, I disagreed and informed that I would be claiming through the insurance company.



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T/20221120/2032

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Report No. T/20221120/2032

CONTINUATION OF REPORT

Sketch Plan

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 report number as reference.

Signature of Officer Recording The Report: L/ SR STAFF SGT POH JIANYU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2022 15:29
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168