

VEHICLE NO: SJQ7370C

MAKE &amp; MODEL : Mitsubishi Lancer AUTO / MANUAL

DATE OF ACCIDENT	29 / 11 / 2022	*C.C. 15
TIME OF ACCIDENT	10:00 AM / PM	
LOCATION OF ACCIDENT	Canberra Crescent to Canberra Way.	
ACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Mohamed Haleem Bin Mohamed Ibrahim	
EMAIL	666.haleem@gmail.com	Office: MOBILE: 86367676
TRK	S7539478J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
WELT POLICY	YES / NO?	
INSURANCE CO.	Etiga	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MA025226	
NAME OF DRIVER	AS ABOVE / IF NO:	
SEX	As above	
DATE OF BIRTH	04 / 12 / 1975	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	13 / 02 / 2007	
GENDER	Male / Female	
CONTACT NO.	Mobile: 86367676 Office: Home:	
EMAIL		
ADDRESS	104A Canberra Street #07-473 S(75104)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER	
RELATIONSHIP	Employee / If No: owner	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? owner	
CONTACT NO.		
POLICE REPORT	No / If yes: Where? Sembrawang NPC	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	S4D3773S Any Passenger: NO	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
WERE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Zoom Autowerks Pte Ltd	
Have you been approach by unknown person soliciting (s) /		
Require accident claims assistance?	YES / NO -	



## 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.

#### 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

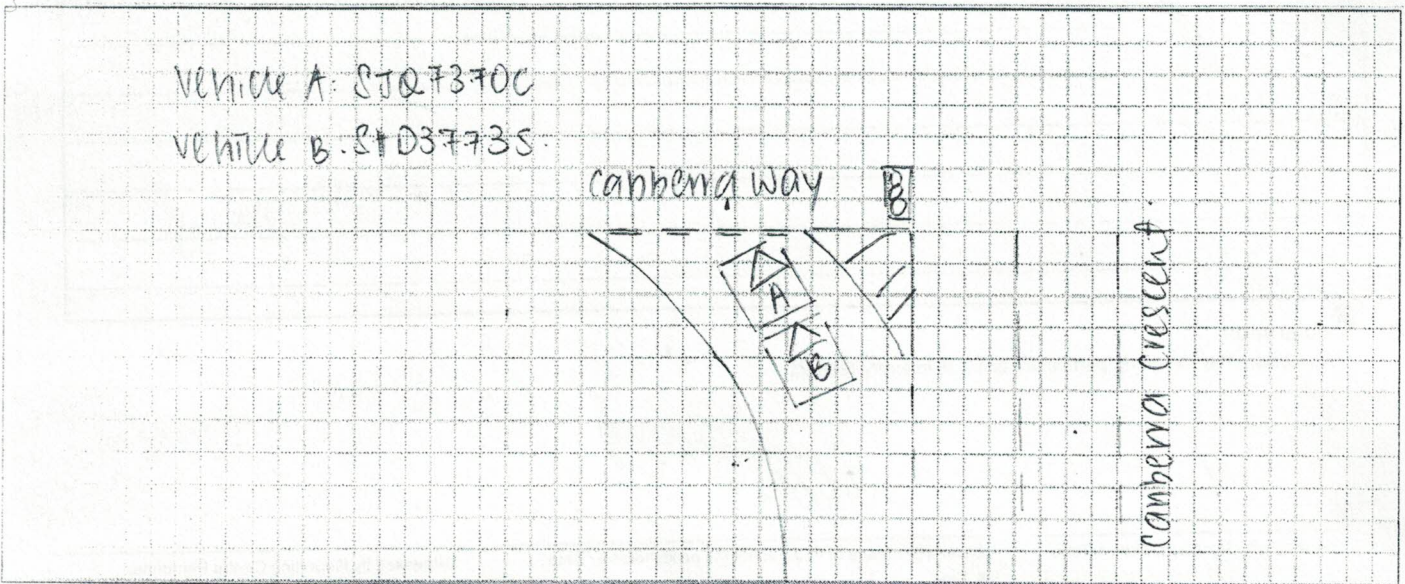
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



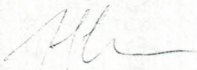


Describe Circumstance of the Accident

- Refer to police report -

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/20221129/2138

1 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20221129/2138

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2022 23:10	Vide Report No.:	Station Diary No.: 144
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**Informant's Particulars**

Name of Informant: MOHAMED HALEEM BIN MOHAMED IBRAHIM			Address: APT BLK 104A CANBERRA STREET #07-473 SINGAPORE 751104	
ID Type / ID No.: NRIC NO / S7539478J			Contact No.: Home/Office: Mobile: 86367676	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 04/12/1975	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: SAFETY COORDINATOR		Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/11/2022 22:00	Type of Location: Straight Road
Location:  CANBERRA WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3773S	Car				Slightly Damaged	0
SJQ7370C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

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



T/20221129/2138

2 of 3

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4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20221129/2138

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7370C	ETIQA INSURANCE BERHAD	MA025226	03/11/2022	02/11/2023

**Brief Details.**

On 29/11/2022 at about 2200hrs, I was driving my vehicle, SJQ 7370C, along Canberra Way heading back to my address. As I approached a zebra crossing towards Canberra Crescent, I stopped and checked for vehicle. Suddenly, I felt a knocked on my vehicle rear. I then saw a Comfortdelgro taxi, SHD 3773S, hit onto my vehicle rear. I then came out of my vehicle to access the damages. My rear vehicle bumper and bonnet were completely dented. I then checked with the taxi driver, Tan Bee Leong, HP: 8781 5502. He informed to exchange particulars and proceed for insurance claims. The taxi driver then left afterwards.

I wish to state that I felt pain on my head, neck and back after the accident. I have yet to seek medical treatment. I do not have any in-car camera installed in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20221129/2138

3 of 3

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757633  
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Report No. T/20221129/2138

**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 /

SGT 2 TOH YOU SHENG,  
FABIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

29/11/2022 23:10

Classification Of Case: