

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	04/01/2023 15:18 (SGT)
Reported by	Owner
Date of Accident	03/01/2023 13:25 (SGT)
Exact Location of Accident	462 Crawford Ln, Singapore 190462
Additional Location Information	462 CRAWFORD LANE OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8164R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MATRIX ADVANCED PTE LTD
Company Reg No	2XXXXX318G
Email Address	MATRIXADVANCEDPTLTD@GMAIL.COM
Mobile Phone No	(Phone) +65-97730025
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5110895607-03

DRIVER

Name of Driver	MOHAMED FAIZUL SYED IBRAHIM
NRIC No	SXXXX149B
Date Of Birth	21/10/1984
Occupation	Outdoor

Date Of Driving Pass	06/11/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97730025
Alt. Phone Number	-
Email Address	MATRIXADVANCEDPTELTD@GMAIL.COM
Address	31 TAMPINES STREET 34
Address complement	02-33
Postcode	529237
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF THE COMPANY
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE 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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH3233Y
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	MOHAMED FAIZUL SYED IBRAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNE8164R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.

5. 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

Jayal

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



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

Sketch Plan

① SNE 8164R

② SCH 3233Y

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

Jasul

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/20230104/2044

Police Station Of Origin:
Bedok N.P.C.
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20230104/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2023 13:07	Vide Report No.:	Station Diary No.: 45
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMED FAIZUL SYED IBRAHIM			Address: BLK 31 TAMPINES STREET 34 #02-33 SINGAPORE 529237	
ID Type / ID No.: NRIC NO / S8483149B			Contact No.: Home/Office: Mobile: 97730025	
Nationality: SINGAPORE CITIZEN			Email: MOHAMEDFAIZUL@GMAIL.COM	
Sex: Male	Age: 38	Date of Birth: 21/10/1984	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: PROJECT MANEGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2023 13:25	Type of Location: Car Park
Location: CRAWFORD LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCH3233Y	Car	PORSCHE	CAYENNE V6 (E2-II) TIP E5	Silver	Slightly Damaged	0
SNE8164R	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	Beige	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230104/2044

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3
Report No. T/20230104/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED FAIZUL SYED IBRAHIM	ID No.	S8483149B
Related Vehicle	SNE8164R (Car)	Contact No.	97730025
Hospital/Clinic	FAITH MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/01/2023	Date Discharge	03/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 3/1/2023 at about 1327hrs. When I was in the open-air car park at 462 Crawford Lane when there was this vehicle (SCH3233Y) suddenly jammed brake and straight after reverse into a parking lot without checking his rear, when the vehicle was reversing it, side swiped onto the front of my vehicle (SNE8164R) which caused my front bumper to be slightly damaged. There was no police or ambulance attended to us on the accident. I have exchanged particulars with the driver of (SCH3233Y). Later on, the day I went to seek medical treatment at FAITH Medical Clinic & Surgery and was given 3 days MC from 03/01/23 to 05/01/23.

I have an in-car camera that have captured the incident that have happened.



**SINGAPORE
POLICE FORCE**



T/20230104/2044

3 of 3

Report No. T/20230104/2044

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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:
G /
SGT 2 Ng Jing Xuan

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/01/2023 13:07

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168