

## 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 .....	09/01/2023 17:51 (SGT)
Reported by .....	Driver
Date of Accident .....	06/01/2023 19:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN8309R
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ALI AMRAN BIN MOHAMED SHARIF
NRIC No .....	SXXXX884A
Email Address .....	haziqaqmar001@gmail.com
Mobile Phone No .....	(Phone) +65-91541969
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Stream
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1799

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00074482200

#### DRIVER

Name of Driver .....	MOHAMED HAZIQ AQMAR BIN ALI AMRAN
NRIC No .....	TXXXX827E
Date Of Birth .....	09/12/2001
Occupation .....	Outdoor

Date Of Driving Pass .....	07/07/2021
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88722506
Alt. Phone Number .....	-
Email Address .....	haziqaqmar001@gmail.com
Address .....	APT BLK 348 UBI AVENUE 1
Address complement .....	# 02-1049
Postcode .....	400348
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Male

#### 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? .....	-

PLEASE REFER TO THE ATTACHED POLICE REPORT

## 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 ..... SME162K  
 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) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJJ1502R  
 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) ..... -

## 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.

ON BEHALF

4 09/01/23

Policyholder's Signature / Date &amp; Time

4 09/01/23

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

9/1/2023

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

Sketch Plan

PE TOWARDS CHANGI



vJun2022



**Describe Circumstance of the Accident**

I was on my way back home on 06/01/2023 back from Johor travelling along PIE Changi. It was a 5 lane way highway, and my speed was 60-70km per hour. There was Vehicle B in front of me. It was a heavy traffic. While moving towards, Vehicle B was in front of me. Suddenly, Vehicle B jam Brake and I hit his rear portion of the vehicle. I came out of my vehicle and got to know I was involved in a chain collision.

**Declaration**

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

ON BEHALF

f 09/01/23

Policyholder's Signature / Date & Time

f 09/01/23

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

9/1/2023

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

ANNEX E

## NOTICE OF REPORTING

This is to confirm that MOHAMED HAZIQ AOMAR BIN ALI AMRAN, FIN: T0137827E, has reported to the Police a non-injury traffic accident which occurred at PIE TOWARDS CHANGI on 06/01/2023 at 1915hrs involving the following vehicles:

SJN8309R (COMPLT'S VEHICLE) CAR NUMBER 3

SME162K (OTHERS PARTY) CAR NUMBER 2

SJJ1502R (OTHERS PARTY) CAR NUMBER 21

Bedok NPC  
30 Bedok North Road  
Singapore 469676  
Tel: 1800 - 2449999

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok NPC  
30 Bedok North Road  
Singapore 469676  
Tel: 1800 - 2449999

Name of Issuing officer: SSSGT SIM CHENG SIONG

Date: 07/01/2023

Time: 1508hrs

S/D Ref: 67

Police Post/ Unit: BEDOK NPC

Original - To be issued to informant  
Duplicate- to be submitted to Traffic Police







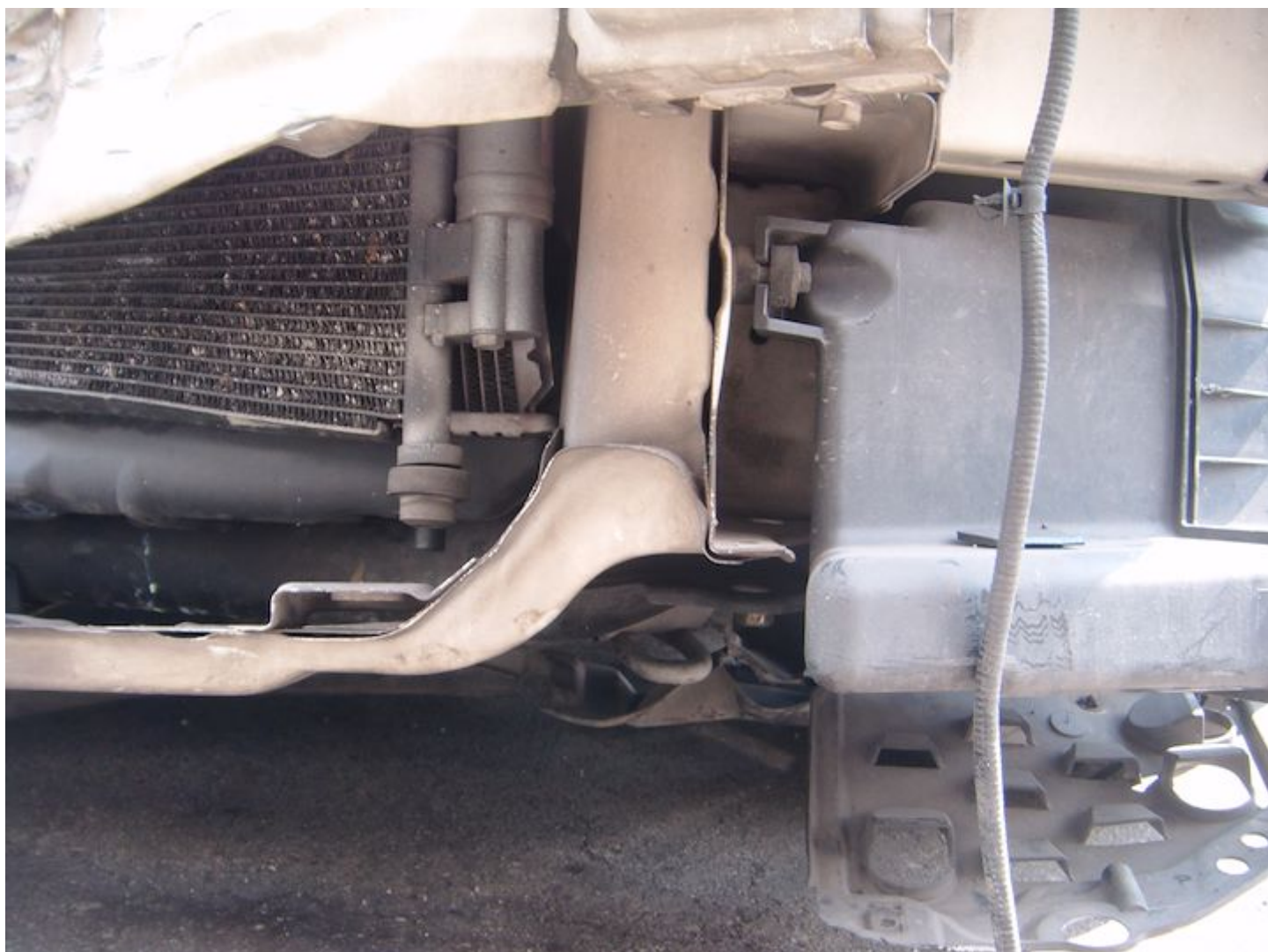














































ANNEX E

## NOTICE OF REPORTING

This is to confirm that MOHAMED HAZIQ AOMAR BIN ALI AMRAN, FIN: T0137827E, has reported to the Police a non-injury traffic accident which occurred at PIE TOWARDS CHANGI on 06/01/2023 at 1915hrs involving the following vehicles:

SJN8309R (COMPLT'S VEHICLE) CAR NUMBER 3

SME162K (OTHERS PARTY) CAR NUMBER 2

SJJ1502R (OTHERS PARTY) CAR NUMBER 1

Bedok NPC  
30 Bedok North Road  
Singapore 469676  
Tel: 1800 - 2449999

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok NPC  
30 Bedok North Road  
Singapore 469676  
Tel: 1800 - 2449999

Name of Issuing officer: SSSGT SIM CHENG SIONG

Date: 07/01/2023

Time: 1508hrs

S/D Ref: 67

Police Post/ Unit: BEDOK NPC

Original - To be issued to informant  
Duplicate - to be submitted to Traffic Police





**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: SN092319000B Vehicle Registration No: SJN 8309 R  
 Name (as shown in NRIC): Mohamed Haziq Agmar Bin Ali Amrin NRIC/FIN/Passport No: TC137827E  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: APT BLK 348 Ubi Avenue 1 # 02-1049 Singapore (400348)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8872 2506  
 Email Address: haziq.agmar001@gmail.com  
 Date of Accident: 06/01/2023 Time of Accident: 19:20  
 Place of Accident: PIE TOWARDS CHANGI  
 Insurance Company: Chinn Tai Ping

**(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:

Amend claiming under own insurance policy - YES

Policyholder / Actual Driver's Signature  
Date:

guals 11/1/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: