

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	26/01/2023 18:41 (SGT)
Reported by	Both
Date of Accident	20/01/2023 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMOY STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6485D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD KAMAL BIN MOHD RAMLAN
NRIC No	SXXXX843I
Email Address	muhammadkamal0607@gmail.com
Mobile Phone No	(Phone) +65-87798878
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00018572200

DRIVER

Name of Driver	MUHAMMAD KAMAL BIN MOHD RAMLAN
NRIC No	SXXXX843I
Date Of Birth	06/07/1990
Occupation	Outdoor

Date Of Driving Pass	30/07/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87798878
Alt. Phone Number	-
Email Address	muhammadkamal0607@gmail.com
Address	APT BLK 420C NORTHSHORE DRIVE
Address complement	# 04-639
Postcode	823420
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230121/2084

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	SKS3465S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEAH SOON KEONG
NRIC No	SXXXX881J
Contact Number	(Phone) +65-96967747
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

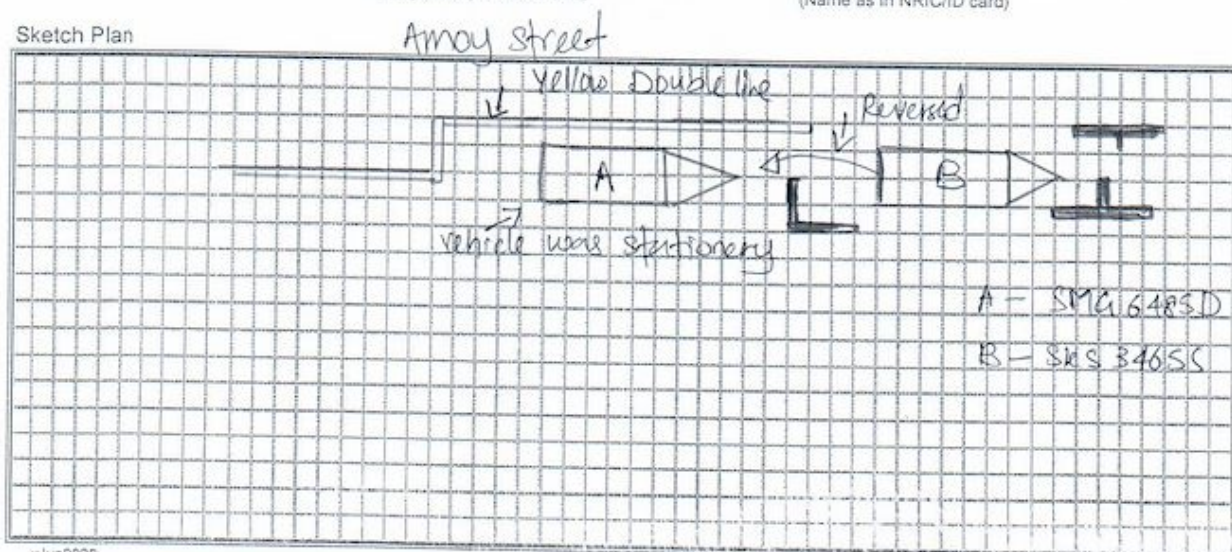
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature] 26/01/23
Policyholder's Signature / Date & Time

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

[Signature] 26/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

- please Refer to the attached police Report -
 - T/20230121/2084 -

Declaration

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

 26/01/23
 Policyholder's Signature / Date & Time

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

 26/1/23
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230121/2084

2 of 4

Report No. T/20230121/2084

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG6485D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000185 72200	30/09/2022	29/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH SOON KEONG	ID No.	S6946881J
Related Vehicle	SKS3465S (Car)	Contact No.	96967747
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
Driver			
Name	MUHAMMAD KAMAL BIN MOHD RAMLAN	ID No.	S9022843I
Related Vehicle	SMG6485D (Car)	Contact No.	87798878
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 20/01/2023 at about 2202hrs, i was seated alone in my vehicle bearing plate number SMG6485D which was stationary along the double yellow line in front of 105 Amoy street.

Suddenly, i felt an impact and realised that a vehicle in front bearing plate number SKS3465S had collided into the front of my vehicle while he was reversing.

Subsequently, i got down of my vehicle and exchanged particulars with the involved driver. The driver claimed that there was no damage to my vehicle and left the location.

On the morning of 21/01/2023, i brought my vehicle to a workshop and was informed that my vehicle sustained the following damages:

- 1) Front bumper misaligned
- 2) Front headlight damaged
- 3) Spray required for front bumper



**SINGAPORE
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Report No. T/20230121/2084

CONTINUATION OF REPORT

Next, i sent a text message to the involved driver to inform about the cost of repair, however he shows no intention of paying up for the repair cost. The driver then said that he will be making a police report.

There is a camera installed at the front and back of my vehicle, and i have the footage of the incident.

I wish to state that i did not sustain any injury due to the incident. No police or ambulance came down to scene. No government property damaged. No pedestrian involved.

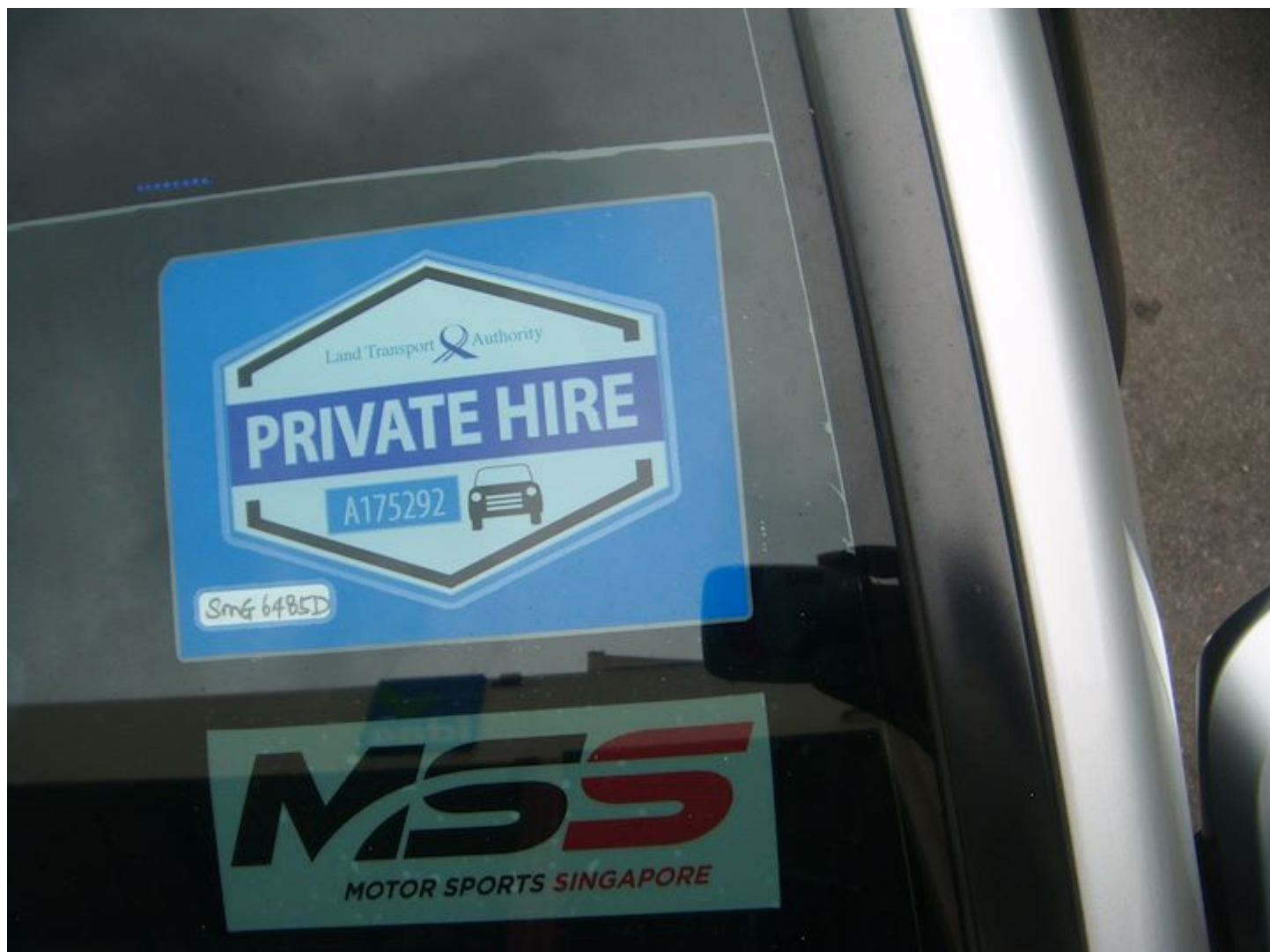
I am making a police report as i was informed that i need to lodge a accident report within 24 hours, however the accident reporting center for insurance claim is closed due to the festive season.























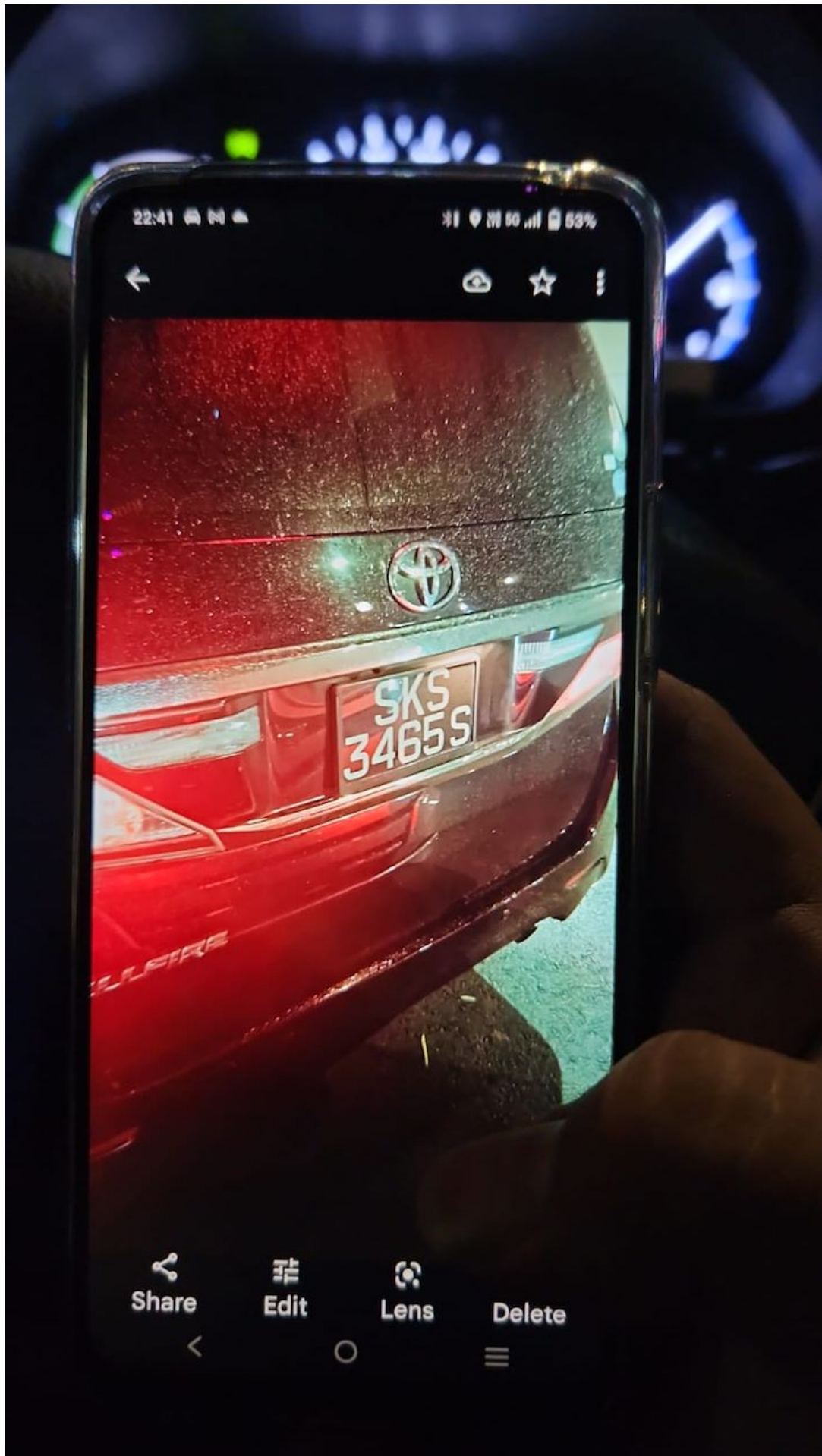


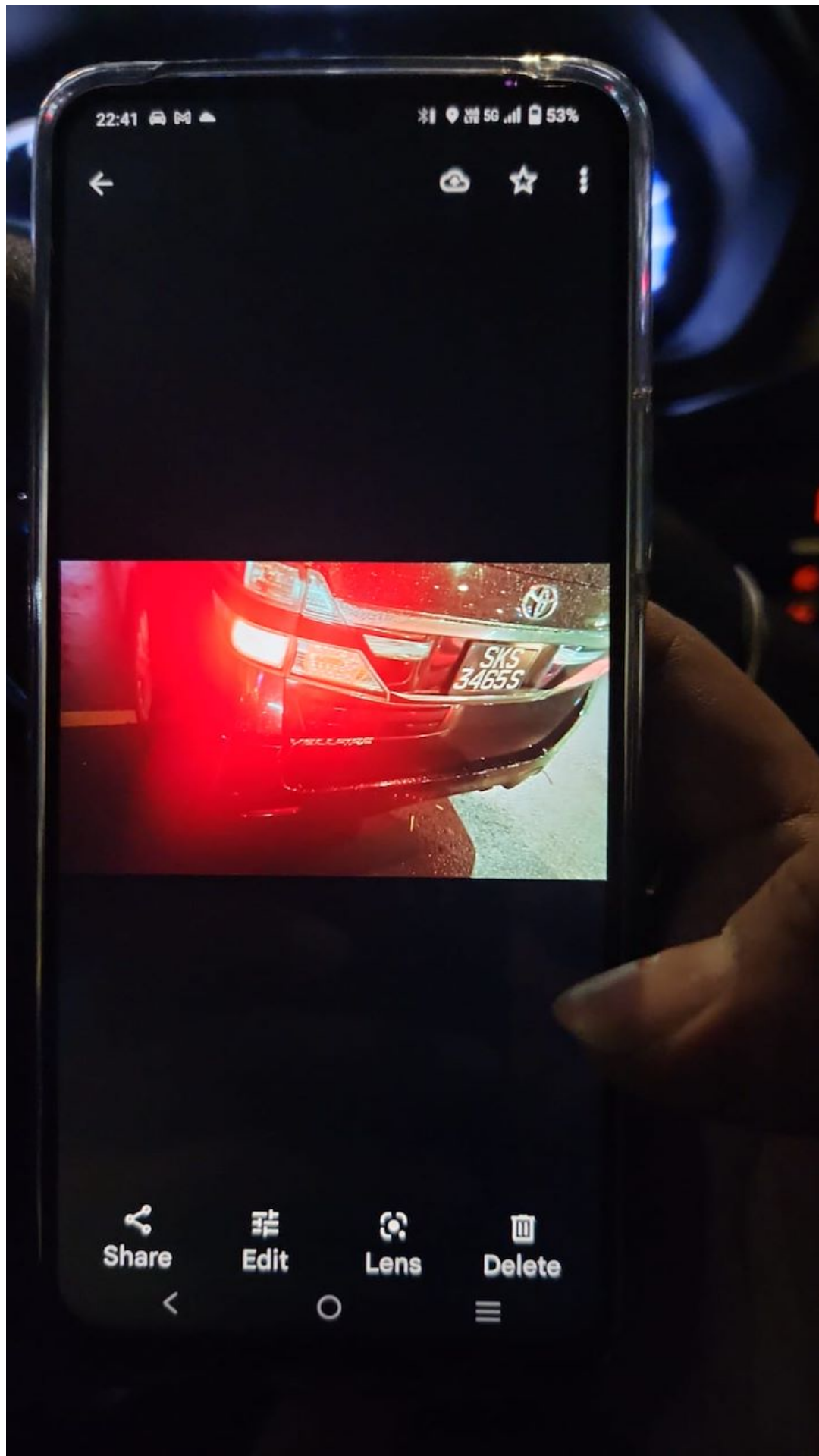














SINGAPORE POLICE FORCE



T/20230121/2084

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Report No. T/20230121/2084

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MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2023 21:54	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: MUHAMMAD KAMAL BIN MOHD RAMLAN	Address: APT BLK 420C NORTHSHORE DRIVE #04-639 SINGAPORE 823420		
ID Type / ID No.: NRIC NO / S9022843I	Contact No.: Home/Office: Mobile: 87798878		
Nationality: SINGAPORE CITIZEN	Email: muhammadkamal0607@gmail.com		
Sex: Male	Age: 32	Date of Birth: 06/07/1990	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 22:00	Type of Location: Straight Road
Location: AMOY STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SKS3465S	Car					0
SMG6485D	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20230121/2084

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Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

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Related Vehicle	SKS3465S (Car)	Contact No.	96967747
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
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T/20230121/2084

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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 LIM ZHENG HONG

Signature Of Informant:

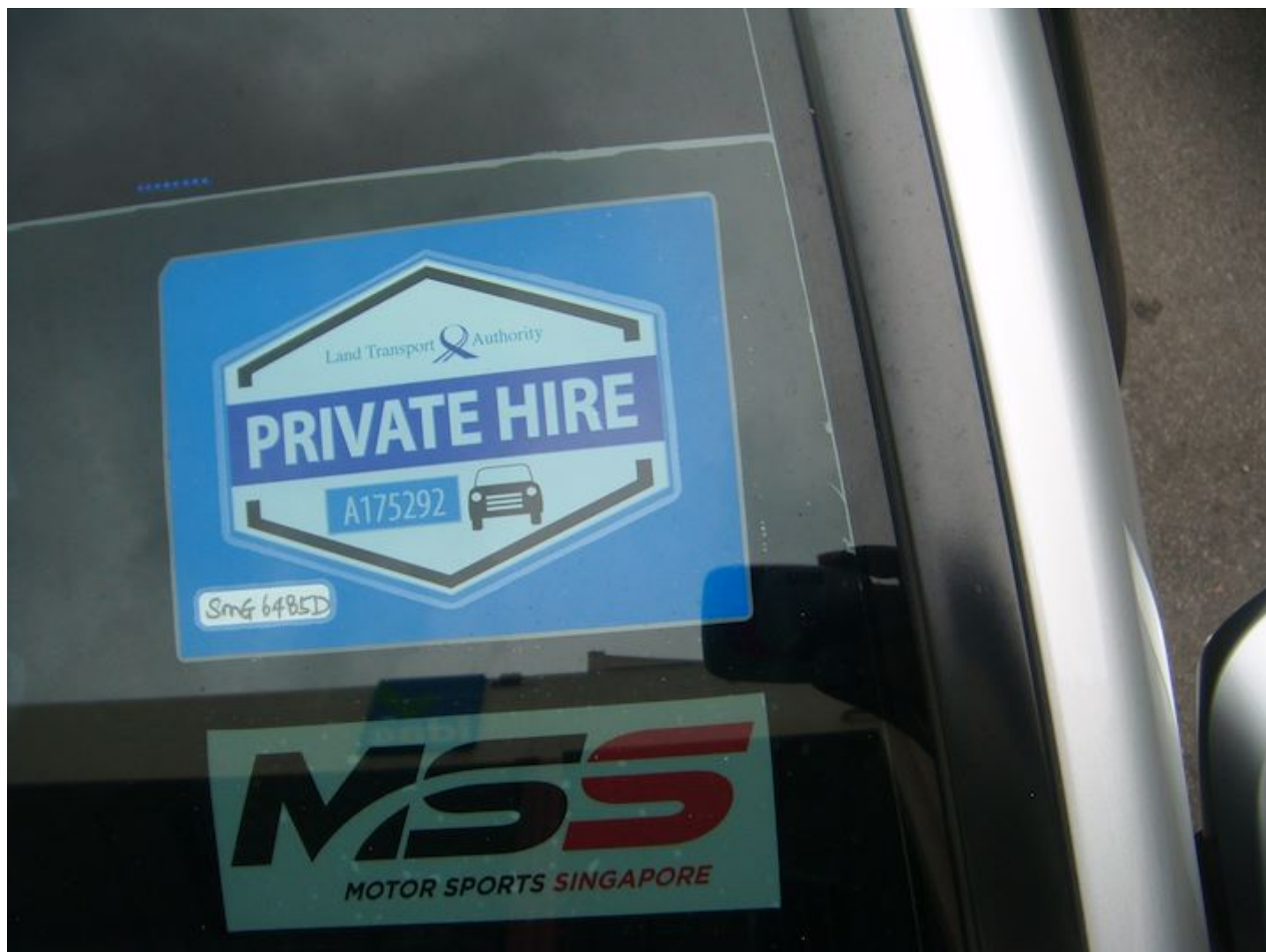
Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2023 21:54

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

Classification Of Case:

NP168



14:49

VoD 4G LTE 1+ 91%

← Job Details

an 2023, 10:04 pm

AFTER THE INCIDENT MY JOB
COME IN.
A-4FK2DANGWJCS

- 5 Gemmill Lane
- Orchard Towers

**GrabPay**GrabCar
Premium

5.28 km

Total net earnings**S\$ 21.95**

Earnings details

Net earnings ⓘ	≈ 21.95
Fare	11.00
Demand surcharge	16.00

