

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	06/01/2023 16:41 (SGT)
Reported by	Driver
Date of Accident	10/12/2022 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BUKIT PANJANG ROAD AND PENDING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8575G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KH LEASING PTE. LTD.
Company Reg No	201611813C
Email Address	Kahupleasing@gmail.com
Mobile Phone No	(Phone) +65-90690032
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120438776-01

DRIVER

Name of Driver	MUHAMMAD FAIRUZ BIN MUSA
NRIC No	S8634712A
Date Of Birth	12/11/1986
Occupation	Outdoor

Date Of Driving Pass	03/08/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89112515
Alt. Phone Number	-
Email Address	YUZLISYAFILIA@GMAIL.COM
Address	BLK 162B RIVERVALE CRESCENT
Address complement	#03-216
Postcode	S542162
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Cross Junction
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	THIAN LE YONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH3750P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	JUANITA
Contact Number	(Phone) +65-81235664
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD FAIRUZ BIN MUSA
Gender	Male
Phone No	(Phone) +65-89112515
Address	BLOCK 13 BEDOK SOUTH ROAD
Address Complement	#13-615
Post Code	460013
Approximate Age Years Old	35
Injuries Sustained	CLOSED FRACTURE OF LEFT DISTAL RADIUS
	RIGHT FOOT INJURY
	LACERATION OF LEFT HAND
	FRACTURE OF PROXIMAL PHALANX OF LEFT THUMB
	STRAIN, BACK
Injured person in which vehicle?	SMR8575G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER POLICE REPORT.

Declaration

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



Policyholder's Signature / Date & Time

06/01/2023
1400

[Handwritten Signature]

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

06/01/2023
1400

IGNATIUS LIM

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

IMPORTANT NOTICE

SKETCH PLAN

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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.



Policyholder's Signature, Date & Time

Sketch Plan

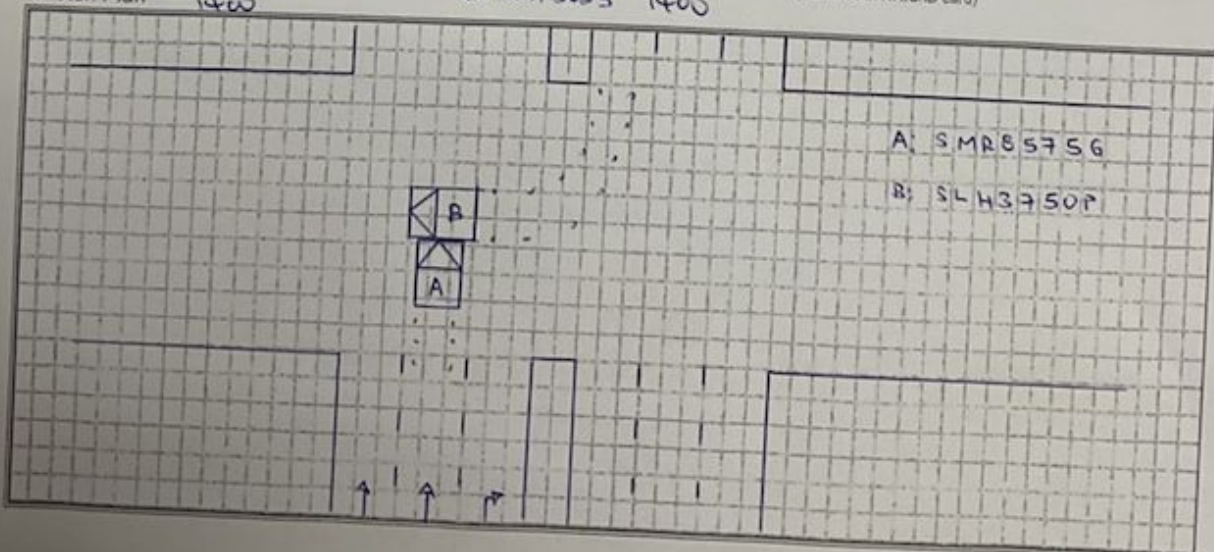
06/01/2023
1400

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

06/01/2023 1400

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

IGNATIUS LIM



















**SINGAPORE
POLICE FORCE**



T/20230101/2038

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Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20230101/2038

CONTINUATION OF REPORT

Name	Juanita	ID No.	NIL
Related Vehicle	SLH3750P (Car)	Contact No.	81235664
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	Serious
Driver			
Name	MUHAMMAD FAIRUZ BIN MUSA	ID No.	S8634712A
Related Vehicle	SMR8575G (Car)	Contact No.	89112515
Hospital/Clinic	JURONG COMMUNITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/12/2022	Date Discharge	30/12/2022
No. of Days granted Medical Leave	47	Degree of Injury	Serious

Brief Details.

On 10/12/2022 at about 11.13pm, I picked up my passenger from 543 Jelapang Road to entrance of Orchard Plaza. I would like to state that I am working as a Grab Driver. As I was driving straight towards the BKE (Bukit Timah Expressway) on Bukit Panjang Road, I realized that there was a car that made a sudden right turn to cross my lane. The traffic light was green and in my favor. The distance was short, and I did not manage to stop in time causing me to hit her from the left side. Both airbags were activated. The impact was hard that I was unconscious for a few seconds. The other driver moved away about 2-3 meters after the impact and did not stay stagnant. My passenger, Thian Le Yong (HP: 97880271), (S9302736A) managed to carry me from the driver's seat to the roadside as he was scared that the car will catch fire.

My passenger seemed fine, but I am not sure whether he had suffered any injuries. I was conscious and asked what the other driver was trying to do, and she mentioned that she did not see my car. She seemed fine to me and had no visible injuries on her. I would like to mention that I have an in-car camera, but I am not sure whether it's functional. I took a few photos of the incident from my mobile phone. We did not manage to exchange particulars as I was conveyed to Ng Teng Fong Hospital. After two days, I was transferred to Jurong Community Hospital for rehabilitation. I suffered closed fracture of Left Distal Radius, a right foot injury laceration, fracture of proximal phalanx of left thumb, strain, back.

The front bumper of my car is wrecked, and the other car (SLH3750P) was seriously damaged on the left side. I was given 47 days of hospitalization leave from 12/12/2022 to 27/01/2023 until further notice.


**SINGAPORE
POLICE FORCE**


T/20230101/2038

Police Station Of Origin:
Punggol N.P.C
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Tel No: 1800-6049999

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Report No. T/20230101/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2023 15:57	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: MUHAMMAD FAIRUZ BIN MUSA			Address: APT BLK 13 BEDOK SOUTH ROAD #13-615 SINGAPORE 460013	
ID Type / ID No.: NRIC NO / S8634712A			Contact No.: Home/Office: Mobile: 89112515	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 12/11/1986	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/12/2022 23:30	Type of Location: Straight Road
Location: BUKIT PANJANG ROAD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SLH3750P	Car				Seriously Damaged	0
SMR8575G	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230101/2038

Police Station Of Origin:
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151 Punggol Central SINGAPORE 828727
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Report No. T/20230101/2038

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20230101/2038

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Report No. T/20230101/2038

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:

F /
SGT 2 NABEEL BIN OMAR
PATAIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

NP168

Signature Of Informant:

Date/Time:

01/01/2023 15:57

Classification Of Case:

