

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	04/02/2023 12:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/02/2023 06:46 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS AFTER KALLANG EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3816U
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ATIQA BINTE MOHAMED YUSOFF
NRIC No	S8817582D
Email Address	NURHAKIMYASSIN@GMAIL.COM
Mobile Phone No	(Phone) +65-91515493
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01016107

DRIVER

Name of Driver	NUR HAKIM BIN YASSIN
NRIC No	S9371490C
Date Of Birth	10/06/1993
Occupation	Indoor

Date Of Driving Pass	16/03/2015
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88771982
Alt. Phone Number	-
Email Address	NURHAKIMYASSIN@GMAIL.COM
Address	BLK 318 UBI AVE 1 #02-481
Address complement	-
Postcode	400318
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	7
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230204/2015.

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	SLD1618Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BRYAN
Contact Number	(Phone) +65-81956846
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH9451B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAMIE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SCA688A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BERNADETTE THAM
Contact Number	(Phone) +65-90400797
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SGU909K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN MIN YEOW
Contact Number	(Phone) +65-98460530
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE E
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMQ7388S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG
Contact Number	(Phone) +65-98620936
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE F
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SLF8596X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANG
Contact Number	(Phone) +65-98202875
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE G
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NUR HAKIM BIN YASSIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJT3816U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BRYAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD1618Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMH9451B
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.

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

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

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

A	G	A SST-3816V
B	F	B SLD 1618Z
C	E	C SMH 9451B
D	C	D SCA 688A
E	A	E SGU 909K
F	B	F SMG 7388S
G	D	G SLF 8596X

SMG

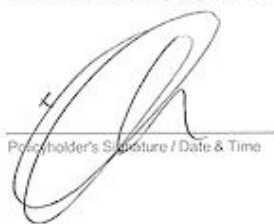
1

Describe Circumstance of the Accident

Ref to police report

Declaration

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

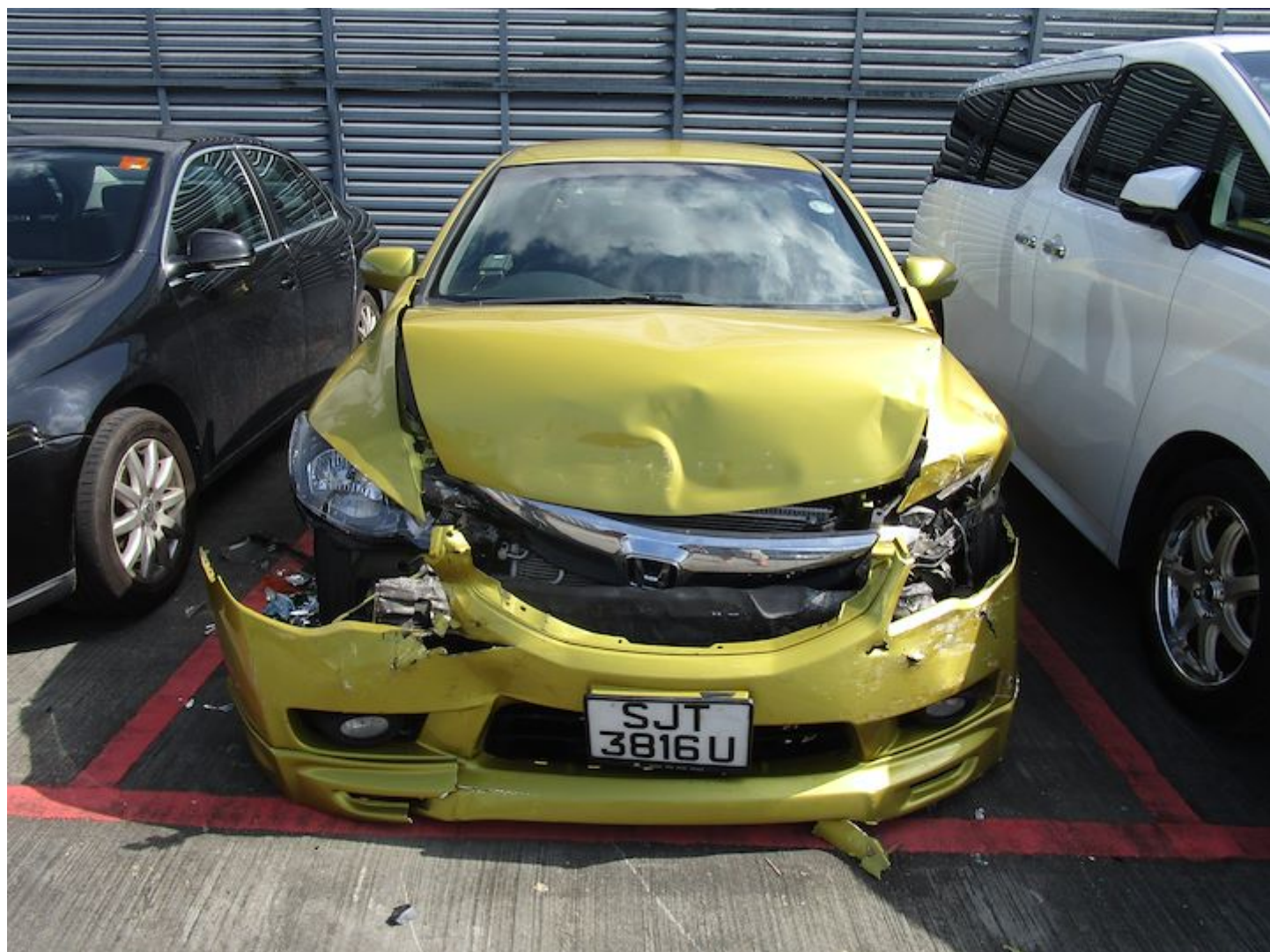

Policyholder's Signature / Date & Time


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

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





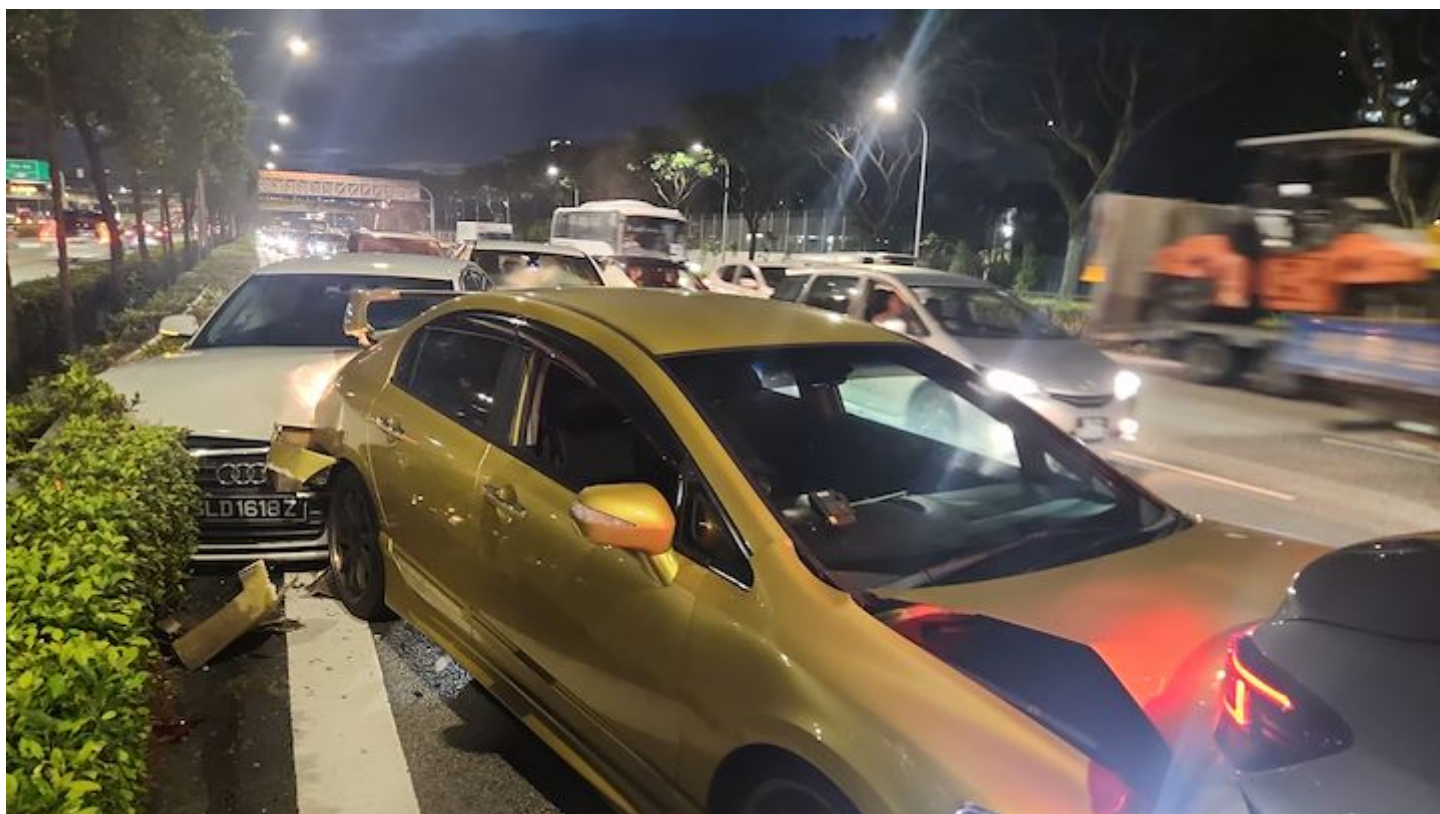























**SINGAPORE
POLICE FORCE**


T/20230204/2015

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 5

Report No. T/20230204/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2023 02:22	Vide Report No.: E/20230203/0033	Station Diary No.: 34
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: NUR HAKIM BIN YASSIN			Address: APT BLK 318 UBI AVENUE 1 #02-481 SINGAPORE 400318	
ID Type / ID No.: NRIC NO / S9371490C			Contact No.: Home/Office: Mobile: 88771982	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 29	Date of Birth: 10/06/1993	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: AUTOMOTIVE TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2023 06:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 46				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCA688A	Car	MERCEDES BENZ	GLC		Seriously Damaged	1
SGU909K	Car	TOYOTA	ESTIMA		Seriously Damaged	0
SJT3816U	Car	HONDA	CIVIC		Seriously Damaged	0
SLC2933L	Car	TOYOTA	VIOS		Seriously Damaged	0
SLD1618Z	Car	AUDI			Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230204/2015

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 5

Report No. T/20230204/2015

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF8596X	Car	KIA	CARENS		Seriously Damaged	0
SMH9451B	Car	KIA	CERATO		Seriously Damaged	0
SMQ7388S	Car	NISSAN	SERENA		Seriously Damaged	0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	BERNADETTE THAM		ID No.	NIL
Related Vehicle	SCA688A (Car)		Contact No.	90400797
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	TAN MIN YEOW		ID No.	NIL
Related Vehicle	SGU909K (Car)		Contact No.	98460530
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	NUR HAKIM BIN YASSIN		ID No.	S9371490C
Related Vehicle	SJT3816U (Car)		Contact No.	88771982
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20230204/2015

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 5

Report No. T/20230204/2015

CONTINUATION OF REPORT

Driver			
Name	AZMI	ID No.	NIL
Related Vehicle	SLC2933L (Car)	Contact No.	98580655
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	BRYAN	ID No.	NIL
Related Vehicle	SLD1618Z (Car)	Contact No.	81956846
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	PANG	ID No.	NIL
Related Vehicle	SLF8596X (Car)	Contact No.	98202875
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	SAMIE	ID No.	NIL
Related Vehicle	SMH9451B (Car)	Contact No.	97854878
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



**SINGAPORE
POLICE FORCE**



T/20230204/2015

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 5

Report No. T/20230204/2015

CONTINUATION OF REPORT

Driver			
Name	ANG	ID No.	NIL
Related Vehicle	SMQ7388S (Car)	Contact No.	98620936
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.

Vide E/20230203/0033, IC SI Siddiq

On 03/02/2023 at about 0646hrs, I was driving (SJT3816U) along PIE towards Tuas at Lane 1. While driving, the vehicle in front of me (SLC2933C) suddenly swerved out of the lane as apparently a chain collision happened, causing me to jam break. Afterwards the vehicle behind me (SLD1618Z) could not react in time, and as a result hit my vehicle from behind. My vehicle was lunged forward and afterwards I hit the vehicle in front of me (SMH9451B). Afterwards I alighted from my car, and Traffic Police came to the scene about 15 minutes after the accident happened and followed by ambulance.

Mr Bryan (SLD1618Z) and Ms Bernadette's daughter (SCA688A) was conveyed by ambulance.

The Traffic Police officers who were at scene also seized Mr Azmi's (98580655) in-vehicle SD card for further investigation.

Afterwards EMAS came and towed 3 vehicles from the scene.

As a result of the accident, I am suffering pain at my neck, however I have not yet seek any medical attention.



SINGAPORE POLICE FORCE



T/20230204/2015

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

5 of 5

Report No. T/20230204/2015

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 SYED CAIREL AMILI BIN
SYED ZAINUL ABEDEEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2023 02:22

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476904

Classification Of Case:

NP168



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6452 6555 | Fax: 6221 3302 | www.sompo.com.sg
 Co. Reg. No. 198905400E | GST Reg. No. M200903190

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11A26209

Policy No. : D22MTPV01016107

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the
 PRIVATE CAR Policy wordings, ref. MTP.30

Insured : ATIQAH BINTE MOHAMED YUSOFF
 Address : BLK 290D
 COMPASSVALE STREET
 #03-46
 SINGAPORE 544298

Business/Profession : EXECUTIVE

INSURED DETAILS

Date of Birth & Age : 21 MAY 1988 & 34 years old
 Driving Experience in Singapore : 13 years
 Identification Type : NRIC (Singaporean)
 Identification No. : S8817582D
 Marital Status : MARRIED
 Gender : Female

Period of Insurance : 05 OCTOBER 2022 00:00 TO 04 OCTOBER 2023 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SJT3616U
 Chassis No. : JHMFD16309S202526
 Engine No. : R18A14014241
 Vehicle Make & Model : HONDA CIVIC 1.8
 Engine Capacity : 1800
 NCD Entitlement : 50%
 Year of Registration : 2009
 NCD Protection : Yes
 Estimated value of Vehicle : Market value at time of loss
 Hire Purchase Owner : WSJ CREDIT PTE LTD

PREMIUM DETAILS

Premium after applicable discount(s) : \$5 672.09
 GST : \$5 47.05
 Premium (incl. GST) : \$5 719.14

Coverage : Comprehensive - ExcelDrive GOLD
 Excess : \$ 500 - Section I

Voluntary Excess : N/A

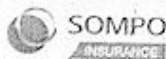
Additional Excess :
 Named : Young and/or Inexperienced Drivers : \$51,500
 Un-named : Young and/or Inexperienced Drivers : \$53,000
 Un-named : All Other Drivers : \$5500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
 'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : \$5100.00 for each and every applicable claim.

Endorsements Applicable :
 Endorsement AA2 - ExcelDrive Gold Plan
 Endorsement D1 - Young and/or Inexperienced Drivers
 Endorsement E - Excess Clause
 Endorsement H - Total Loss
 Endorsement L - Hire Purchase
 Endorsement M - Inclusion Of Special Perils
 Endorsement PG - Riot And Strike Endorsement
 Endorsement V - No Claim Discount Protection
 Endorsement Z - Loss of Use Benefit

Additional Cover : NIL



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6452 6555 | Fax: 6221 3302 | www.sompo.com.sg
 Co. Reg. No. 198905400E | GST Reg. No. M200903190

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11A26209

Policy No. : D22MTPV01016107

Named Drivers :
 1 Name : ATIQAH BINTE MOHAMED YUSOFF
 Date of Birth & Age : 21 MAY 1988 & 34 years old