

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	06/02/2023 14:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/02/2023 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS CHANGI BEFORE NORTH/SOUTH BUONA VISTA ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1639K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED HABIB NOOR BIN ABDUL JABBAR
NRIC No	S9100235C
Email Address	HABIB_HAZE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98630100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121951796-01

DRIVER

Name of Driver	MOHAMED HABIB NOOR BIN ABDUL JABBAR
NRIC No	S9100235C
Date Of Birth	07/01/1991

Occupation	Indoor
Date Of Driving Pass	18/05/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98630100
Alt. Phone Number	-
Email Address	HABIB_HAZE@HOTMAIL.COM
Address	BLK 669A JURONG WEST STREET 64
Address complement	#08-94
Postcode	641669
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	Collision - Head to Rear
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)	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	HAMETAH BINTE ABDUL AZIZ
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER AS 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	QX2534K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	ABDUL RUSYDIN BIN SUKIMAN
Contact Number	(Phone) +65-86991284
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**

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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.



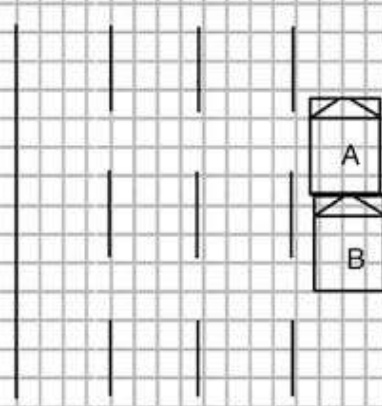
Policyholder's Signature / Date & Time
06/02/2023

Sketch Plan 14:02HRS

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530

				A - SMZ1639K	
				B - QX2534K	
				AYE BEFORE NORTH/SOUTH BUONA VISTA EXIT	

Describe Circumstance of the Accident

_____ REFER TO GEARS _____

Declaration

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

Policyholder's Signature / Date & Time

06/02/2023
14:02HRS

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

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

Muhammad Sumardi Bin Mohd Affandi
S995530

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SINGAPORE POLICE FORCE



T/20230204/7065

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230204/7065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2023 23:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMED HABIB NOOR BIN ABDUL JABBAR			Address: 669A JURONG WEST STREET 64 #08-94 SINGAPORE 641669		
ID Type / ID No.: NRIC NO / S9100235C			Contact No.: Home/Office: Mobile: 98630100		
Nationality: SINGAPORE CITIZEN			Email: HABIB_HAZE@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 07/01/1991	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 04/02/2023 17:25	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
QX2534K	Ambulance	MERCEDES BENZ		White	Slightly Damaged	0
SMZ1639K	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Blue	Seriously Damaged	1

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230204/7065

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Report No. T/20230204/7065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ1639K	NTUC Income Insurance Co-Operative Limited	5121951796-01	14/04/2022	13/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ABDUL RUSYDIN BIN SUKIMAN		ID No.	NIL
Related Vehicle	QX2534K (Ambulance)		Contact No.	86991284
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	MOHAMED HABIB NOOR BIN ABDUL JABBAR		ID No.	S9100235C
Related Vehicle	SMZ1639K (Car)		Contact No.	98630100
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	HAMETAH BINTE ABDUL AZIZ		ID No.	S1736338G
Related Vehicle	SMZ1639K (Car)		Contact No.	90583489
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230204/7065

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230204/7065

CONTINUATION OF REPORT

Brief Details.

On 04/02/2023 at about 1725hrs, I was driving my vehicle bearing the registration number of SMZ1639K along AYE towards Changi, before North & South Buona Vista exit on the extreme right with a passenger (my mother) onboard. The weather was drizzling and the road surface was wet. The traffic was heavy and thus, the vehicle in front of me came slowly to a halt. Thus, I too gradually stopped pressed my brakes and my vehicle came to a halt. I was driving within the speed limit.

Suddenly, I heard a loud siren from behind, followed a loud bang sound on the rear of my vehicle. As a result, of that, my vehicle jerked slightly forward. However, my vehicle did not hit the vehicle in front. I turned behind and realized that an ambulance had collided onto the rear of my vehicle. I then drove to the side of the road and the ambulance driver did likewise. I came out of my vehicle and spoke to the driver namely, Abdul Rusydin Bin Sukiman, HP: 86991284, driving the SCDF ambulance bearing the registration number of QX2534K. The driver informed that he had seen me slowly down gradually from afar but he could not stop his vehicle in time. I asked him if he was alright and if his passengers were alright. He informed me that none of them were injured. Likewise, I informed him that my mother and I were not injured. The rear of my bumper had some dents, scratches and some paint chipped off. I asked the driver if he had any patient on-board and he replies yes. I told the driver to go to carry on his duties first. The driver gave me an Annex A form from SCDF. The form entailed the steps to do the claims. We exchanged particulars and left the place. Shortly after, I contacted the driver via call and WhatsApp and we exchanged photos of the damages to our vehicles. The driver was apologetic.

I wish to state that my mother and I were not injured. As a result of the accident, the rear of my bumper had some dents, scratches and some paint chipped off. However, my vehicle can still be driven. I have an in-car camera. However, the in-car camera is not working. This is the first time my personal vehicle had been involved in a traffic accident with a government vehicle. I would be claiming via my insurance against SCDF. I also wish to state that I had informed my supervisors in SPF. I am lodging this report for the Traffic Police to investigate into the matter.

**SINGAPORE
POLICE FORCE**

T/20230204/7065

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230204/7065

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/02/2023 23:35

Classification Of Case:

NP168