

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	13/02/2023 18:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/02/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS RECREATIONAL CENTRE, 200 WOODLANDS IND PARK E7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4179K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROHAIZARD BIN ALIAS
NRIC No	SXXXX419D
Email Address	izad_alias@yahoo.com.sg
Mobile Phone No	(Phone) +65-91064091
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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 hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00015742200

DRIVER

Name of Driver	ROHAIZARD BIN ALIAS
NRIC No	SXXXX419D
Date Of Birth	09/03/1968

Occupation	Outdoor
Date Of Driving Pass	31/05/1988
Driving experience	34 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91064091
Alt. Phone Number	-
Email Address	izad_alias@yahoo.com.sg
Address	APT BLK737 WOODLANDS CIRCLE
Address complement	# 06-479
Postcode	730737
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 on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	WIFE
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5354B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAN XIAOZHEN
Passport No/FIN	GXXXX217X
Contact Number	(Phone) +65-85495750
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ROHAIZARD BIN ALIAS
Gender	Male
Phone No	(Phone) +65-91064091
Address	APT BLK737 WOODLANDS CIRCLE
Address Complement	# 06-479
Post Code	730737
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND GIDDINESS-GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SMJ4179K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WIFE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN AND GIDDINESS
Injured person in which vehicle?	SMJ4179K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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:

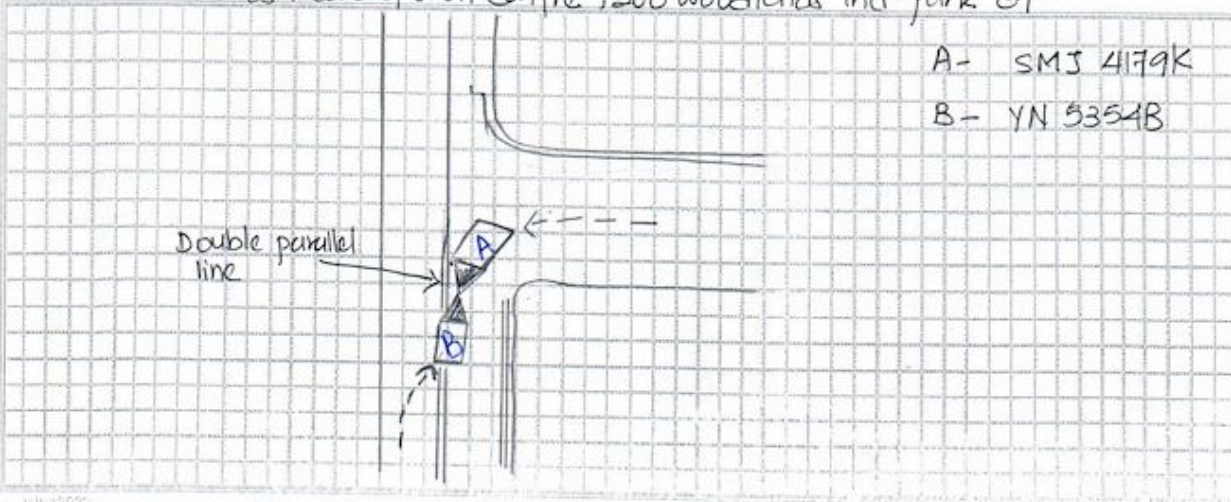
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan Woodlands Recreational Centre, 200 Woodlands Ind. Park G7



Describe Circumstance of the Accident

I was exiting the carpark at the above stated date and time and it was after the exit from the barrier at 200 woodlands Ind. Park E7 and suddenly Vehicle B (YN 5354B) cut into my lane and hit my front side portion of my vehicle causing damages and dented. Also it was raining heavily and the road was wet.

Declaration

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

 13/2/23
Policyholder's Signature / Date & Time

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

 13/2/2023
Witnessed by Reporting Centre Personnel
(Name in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230214/7074

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

2 of 3

Report No. T/20230214/7074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	RIFA'AH BTE ABDULLAH	ID No.	S6821394J
Related Vehicle	SMJ4179K (Car)	Contact No.	87000704
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/02/2023	Date	13/02/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	ROHAIZARD BIN ALIAS	ID No.	S6809419D
Related Vehicle	SMJ4179K (Car)	Contact No.	91064091
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	13/02/2023	Date	13/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

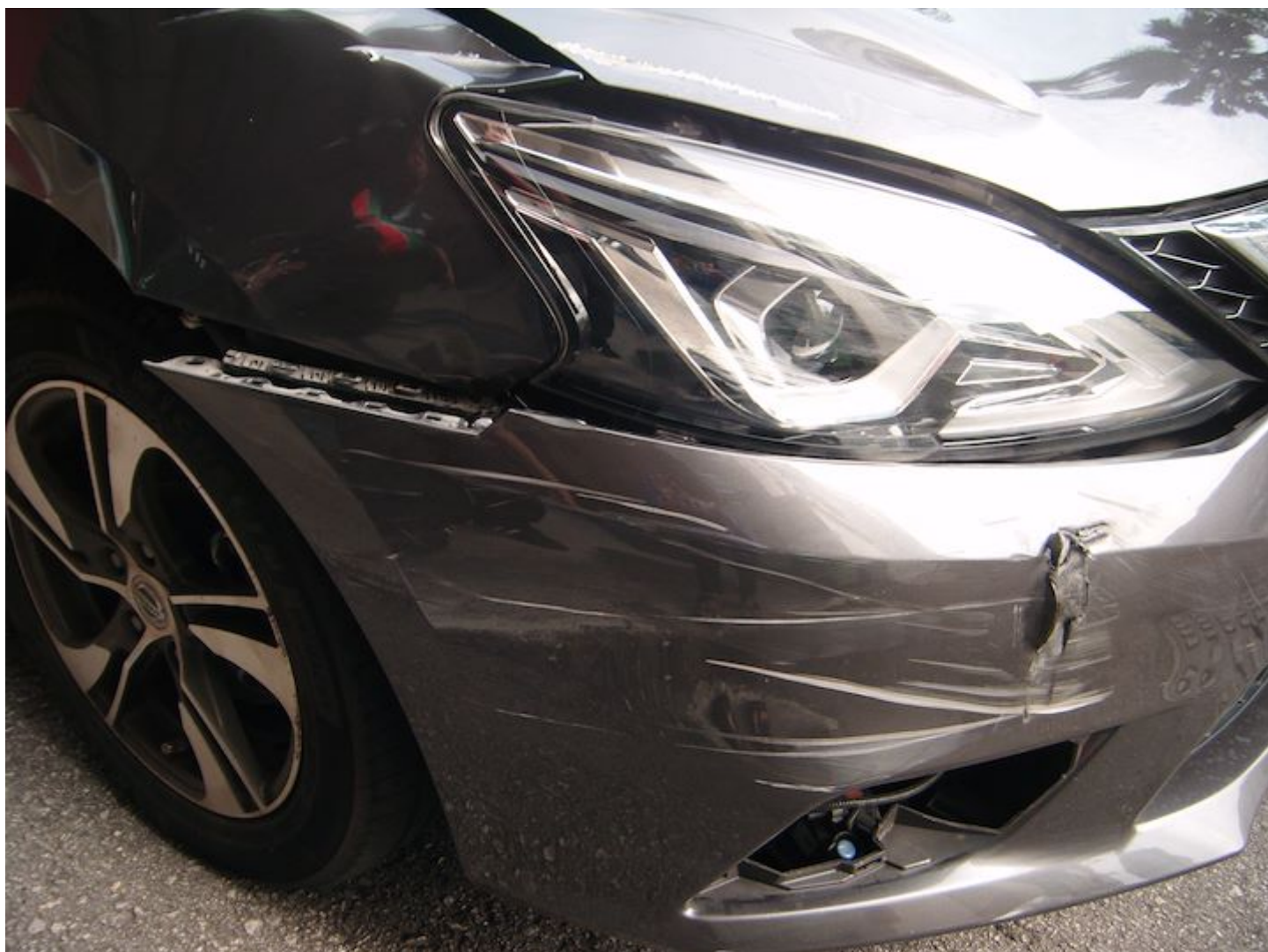
Brief Details.

I was exiting the carpark at the above stated date and time and it was after the exit from the barrier at 200 Woodlands Industrial Park E7 and suddenly vehicle B (YN 5354B) cut into my lane and hit my front side portion of my vehicle causing damages and dented. Also it was raining heavily and the road was wet.













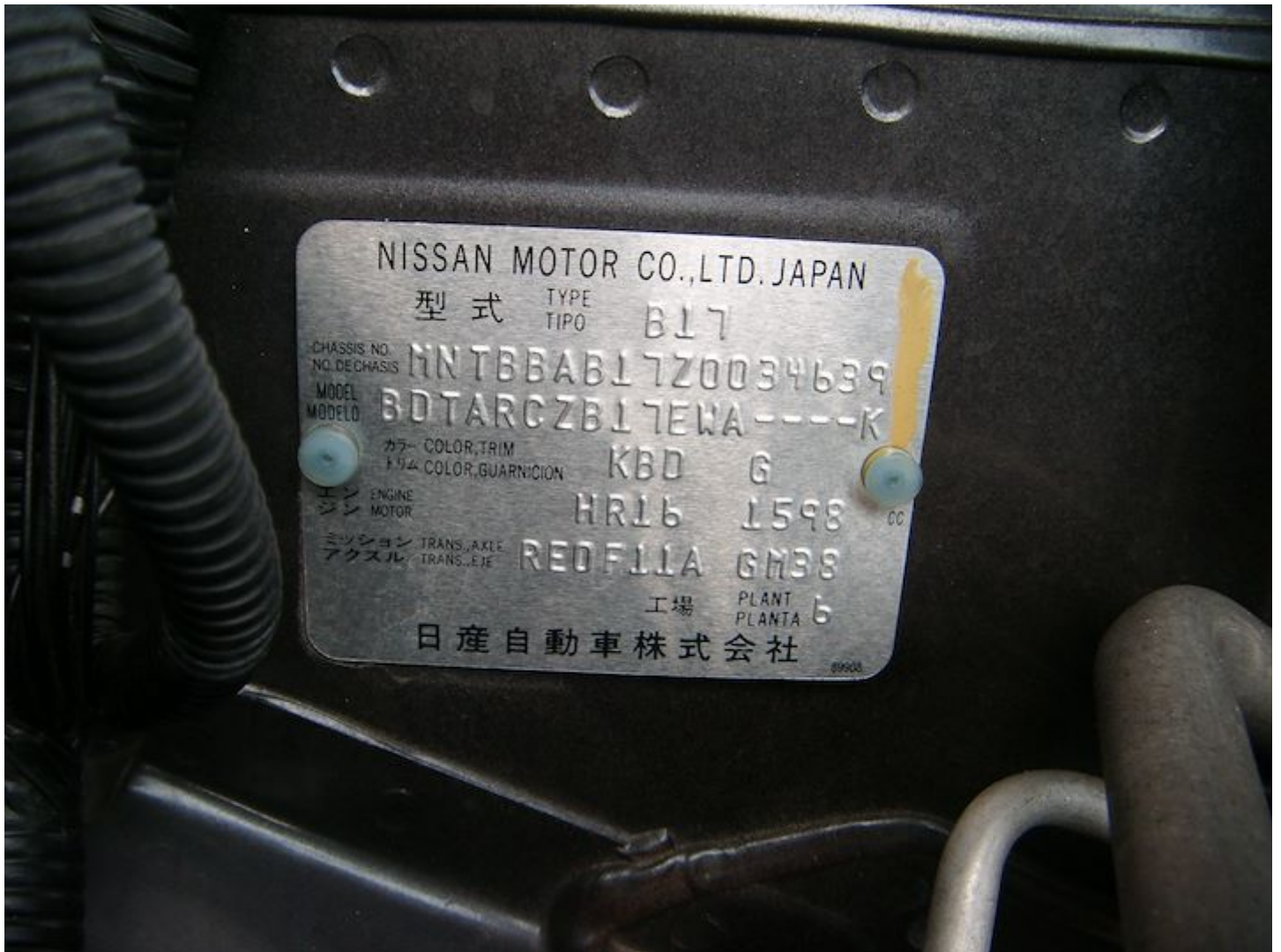














**SINGAPORE
POLICE FORCE**



T/20230214/7074

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

1 of 3

Report No. T/20230214/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2023 20:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ROHAIZARD BIN ALIAS			Address: 737 WOODLANDS CIRCLE #06-479 SINGAPORE 730737		
ID Type / ID No.: NRIC NO / S6809419D			Contact No.: Home/Office: Mobile: 91064091		
Nationality: SINGAPORE CITIZEN			Email: IZAD_ALIAS@YAHOO.COM.SG		
Sex: Male	Age: 54	Date of Birth: 09/03/1968	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2023 15:30	Type of Location: Car Park
Location: WOODLANDS INDUSTRIAL PARK E7				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMJ4179K	Car	NISSAN	SYLPHY 1.6 CVT	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ4179K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000157 42200	26/10/2022	25/10/2023



**SINGAPORE
POLICE FORCE**



T/20230214/7074

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

2 of 3

Report No. T/20230214/7074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	RIFA'AH BTE ABDULLAH	ID No.	S6821394J
Related Vehicle	SMJ4179K (Car)	Contact No.	87000704
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/02/2023	Date	13/02/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	ROHAIZARD BIN ALIAS	ID No.	S6809419D
Related Vehicle	SMJ4179K (Car)	Contact No.	91064091
Hospital/Clinic	CENTRAL 24-HR CLINIC (WOODLANDS)	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	13/02/2023	Date	13/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was exiting the carpark at the above stated date and time and it was after the exit from the barrier at 200 Woodlands Industrial Park E7 and suddenly vehicle B (YN 5354B) cut into my lane and hit my front side portion of my vehicle causing damages and dented. Also it was raining heavily and the road was wet.

**SINGAPORE
POLICE FORCE**

T/20230214/7074

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

3 of 3

Report No. T/20230214/7074

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

NP168

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

Date/Time:
14/02/2023 20:46

Classification Of Case:





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: SN09232D000G Vehicle Registration No: SMJ 4179K
 Name (as shown in NRIC): Roheizard Bin Alias NRIC/FIN/Passport No: S6809419D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt 814 737 woodlands Circle #06-479 Singapore (730737)
 Contact (Tel): _____ Mobile No.: 9106 4091
 Email Address: izad_alias@yahoo.com.sg
 Date of Accident: 12/02/2023 Time of Accident: 15:30
 Place of Accident: woodlands Recreational Centre, 200 woodlands Ind park E7
 Insurance Company: _____

(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 Upload police Report - uploaded
Amend place of Accident- Woodlands Recreational Centre, 200 woodlands Ind Park E7
Amend Driver Injury statement- Back pain and Ciddiness and Given 3 days of MC
Amend sketch plan.

Policyholder / Actual Driver's Signature
 Date:

Amul 17/2/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: