

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 18:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 20:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6462J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN JUMARI
NRIC No	SXXXX619F
Email Address	firdaus_jumari@hotmail.com
Mobile Phone No	(Phone) +65-82208675
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00218832201

DRIVER

Name of Driver	MUHAMMAD FIRDAUS BIN JUMARI
NRIC No	SXXXX619F
Date Of Birth	24/05/1991
Occupation	Indoor

Date Of Driving Pass	14/06/2014
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82208675
Alt. Phone Number	-
Email Address	firdaus_jumari@hotmail.com
Address	BLK 854 JURONG WEST STREET 81 #06-514
Address complement	-
Postcode	640854
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	Chain Collision
Weather Conditions	Raining
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	NURAMIRA BINTE HASHIM
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 SKETCH AND POLICE REPORT T/20230213/7051

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	GBG3420R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THAN NAING SOE
Contact Number	(Phone) +65-87783547
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJB8372U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN YEE YUIN WENDY
Contact Number	(Phone) +65-97848219
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	MUHAMMAD FIRDAUS BIN JUMARI
Gender	Male
Phone No	(Phone) +65-82208675
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK6462J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2


Name of injured person	NURAMIRA BINTE HASHIM
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJK6462J
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.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 be a fee be made available upon application by interested parties.
7. By the lodging 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 my 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.
 - (d) My Personal Information will be collected and used to complete claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) The information so collected under (d) above may be shared/disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: _____
NIC/FIN No.: _____

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/02/2023, I was travelling along C/E towards PE.
As the vehicle in front of me (SJ8 8372U) has stopped, I slowed down my vehicle and stop. Suddenly, I felt an impact on my rear and realised that vehicle B (GBG 3420R) has collided on my vehicle. The impact pushed my vehicle forward and collided on vehicle C (SJ8 8372U).
As a result, my car sustained damages on the front and rear portion. After the incident, I and my wife felt neck and back pain.

POLICE REPORT 7/20230213/7051

DECLARATION

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:


Reporting Center Personnel's Signature
Date:
NIC/ID No:

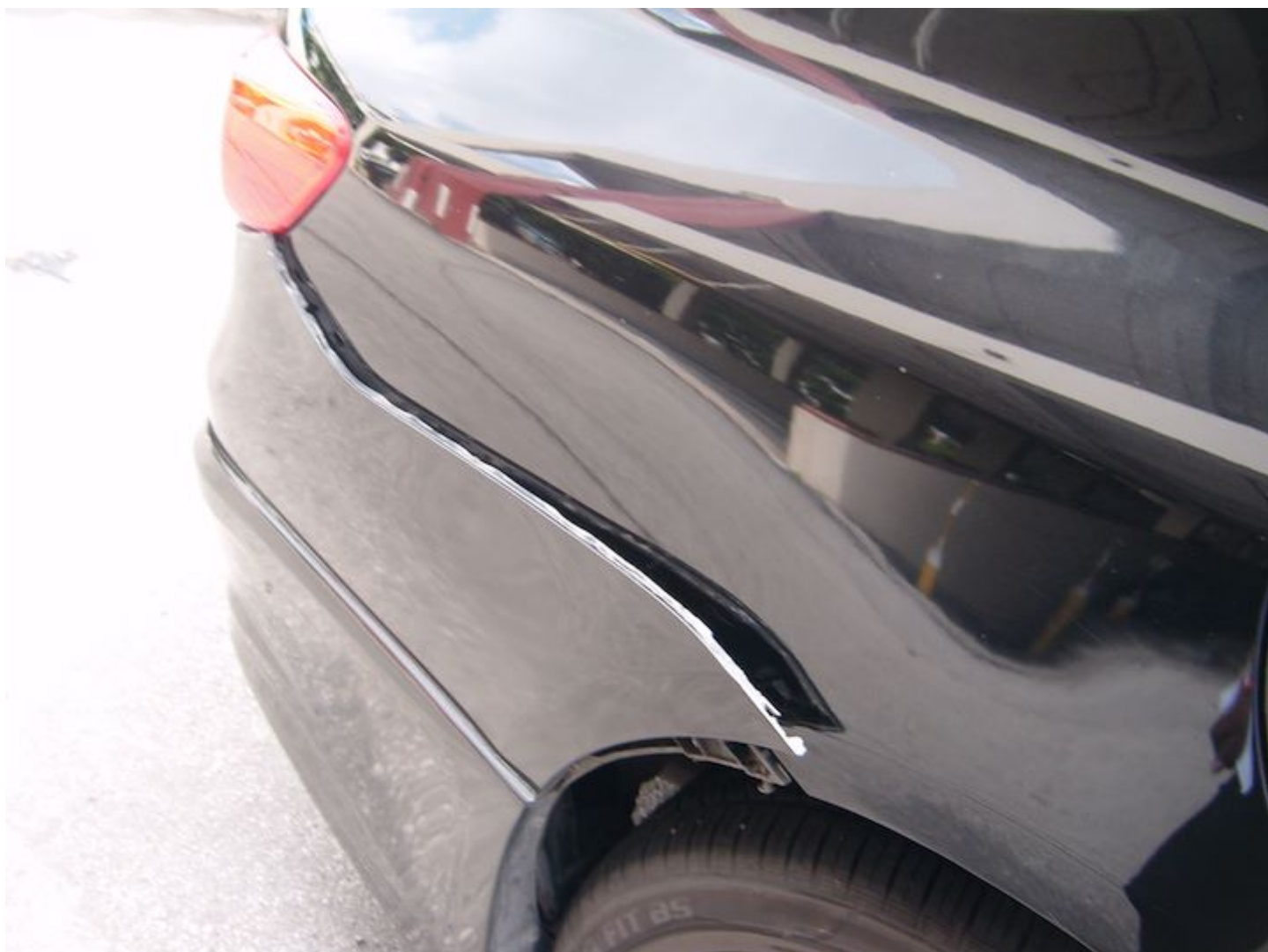




























SINGAPORE POLICE FORCE



T/20230213/7051

1 of 3

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

Report No: T/20230213/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 14:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FIRDAUS BIN JUMARI			Address: 854 JURONG WEST STREET 81 #06-514 SINGAPORE 640854		
ID Type / ID No.: NRIC NO / S9120619F			Contact No.: Home/Office: Mobile: 82208675		
Nationality: SINGAPORE CITIZEN			Email: FIRDAUS_JUMARI@HOTMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 24/05/1991	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: TECHNICIAN			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2023 20:05	Type of Location:
Location: POTONG PASIR AVENUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3420R	Van	NISSAN	NV200			0
SJB8372U	Car	TOYOTA	RAV 4			0
SJK6462J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black		1



**SINGAPORE
POLICE FORCE**



T/20230213/7051

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

2 of 3
Report No: T/20230213/7051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK6462J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00218832201	29/10/2022	28/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NURAMIRA BINTE HASHIM	ID No.	S9340462I
Related Vehicle	SJK6462J (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/02/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	MUHAMMAD FIRDAUS BIN JUMARI	ID No.	S9120619F
Related Vehicle	SJK6462J (Car)	Contact No.	82208675
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/02/2023	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details:

On 10/02/2023, I was travelling along CTE towards PIE.
As the vehicle in front of me (SJB8372U) has stopped, I slowed down my vehicle and stop.
Suddenly, I felt an impact on my rear and realised that vehicle B (GBG3420R) has collided on my vehicle.
The impact pushed my vehicle forward and collided on vehicle C (SJB8372U).
As a result, my car sustained damages on the front and rear portion.
After the incident, I and my wife felt neck and back pain.

**SINGAPORE
POLICE FORCE**

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



T/20230213/7051

3 of 3

Report No. T/20230213/7051

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
13/02/2023 14:14

Classification Of Case: