

## 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 .....	11/02/2023 17:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	10/02/2023 14:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHAI CHEE ST.
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR7041Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RIDWAN BIN ISMAIL
NRIC No .....	SXXXX763E
Email Address .....	rrhm222@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-92344145
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	ELANTRA AD 1.6 GLS AT
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 .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5119752587-02

#### DRIVER

Name of Driver .....	RIDWAN BIN ISMAIL
NRIC No .....	SXXXX763E
Date Of Birth .....	14/09/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	29/01/2002
Driving experience .....	21 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-92344145
Alt. Phone Number .....	-
Email Address .....	rrhm222@yahoo.com.sg
Address .....	BLK 757 JURONG WEST ST. 74 #05-76
Address complement .....	-
Postcode .....	640757
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

#### 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 .....	GZ3296Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	TEO TIAN LONG MELVIN
NRIC No .....	SXXXX625H
Contact Number .....	(Phone) +65-98173223
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

VEH NO: SLR 7041 Z  
 INSURER: Income  
 DATE OF ACC: 10/2/23 @ 14:55

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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:

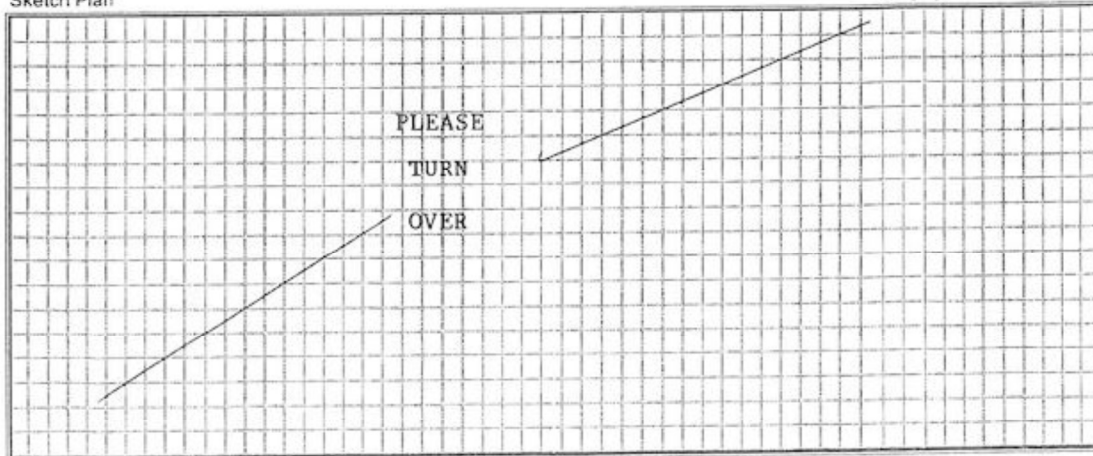
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature]  
 Policyholder's Signature / Date & Time

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

[Signature] 11/2/23  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) (YS)

Sketch Plan



Describe Circumstance of the Accident

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ☒ ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan

A= SLR7041Z  
B= GZ3296Z  
Teo Tran Long Melvin  
S8739625H  
HP-98173223  
(with 3 passengers)

chai chee st.


Refer to Police Report No: T/20230210/2079

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

 11/2/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
(45)



**SINGAPORE  
POLICE FORCE**



T/20230210/2079

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20230210/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2023 16:14	Vide Report No.: G/20230210/0096	Station Diary No.: 43
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**Informant's Particulars**

Name of Informant: RIDWAN BIN ISMAIL			Address: APT BLK 757 JURONG WEST STREET 74 #05-76 SINGAPORE 640757		
ID Type / ID No.: NRIC NO / S7628763E			Contact No.: Home/Office: Mobile: 92314145		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 14/09/1976	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 10/02/2023 14:55	Type of Location: T-Junction
Location:  CHAI CHEE STREET				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3296Z	Car	TOYOTA	HILUX	White	Seriously Damaged	4
SLR7041Z	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230210/2079

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20230210/2079

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR7041Z	NTUC Income Insurance Co-Operative Limited	5119752587-02	25/08/2022	24/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEO TIAN LONG, MELVIN		ID No.	S8739625H
Related Vehicle	GZ3296Z (Car)		Contact No.	NIL
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	RIDWAN BIN ISMAIL		ID No.	S7628763E
Related Vehicle	SLR7041Z (Car)		Contact No.	92314145
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 10/02/2023 at about 1427hrs, I was driving along Chai Chee St towards the T-junction near Blk 45. Upon reaching the traffic light, the traffic light was red and I make a stop at the stop line on the lane 2. Not long after making the stop, a vehicle hit the rear of my car. I make a check and discovered that it was a police vehicle. I was attended by the paramedic but does not require to be convey by the ambulance.



**SINGAPORE  
POLICE FORCE**



T/20230210/2079

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

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Report No. T/20230210/2079

**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:  
G /  
SR STAFF SGT MOHAMED NOR  
BIN MOHAMED ALI JINNAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/02/2023 16:14

Officer In Charge Of Case:  
TP / DDGVT /  
SR STAFF SGT MUHAMMAD FARHAN BIN  
SAIRI  
Contact No.: 65476350

Classification Of Case:

NP168

Bedok South NPP  
20 Chai Chee Drive  
Singapore 469045  
Tel: 1800 - 2448999