

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 28/02/2023 17:23 (SGT)
Reported by Driver
Date of Accident 28/02/2023 12:35 (SGT)
Exact Location of Accident Second Link Bridge, Second Link Expy, Kampung Tiram, 81550
Gelang Patah, Johor, Malaysia
Additional Location Information TOWARDS SINGAPORE CHECK POINT(TUAS)
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK4626E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NURILYANA BINTE OTHMAN
NRIC No SXXXXX451G
Email Address danniehamid@gmail.com
Mobile Phone No (Phone) +65-91545989
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1798

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2100346565-09

DRIVER

Name of Driver DANNIE BIN ABDUL HAMID
NRIC No SXXXXX739J
Date Of Birth 26/07/1975

Occupation	Indoor
Date Of Driving Pass	03/06/2005
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99298755
Alt. Phone Number	-
Email Address	danniehamid@gmail.com
Address	1B CANTONMENT ROAD #18-23
Address complement	-
Postcode	085201
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	DRIZZLING
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	DAYANG MAIMUNAH BINTE BUJANG
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 PLAN AND POLICE REPORT T/20230307/7043

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	SKN8330R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	DANNIE BIN ABDUL HAMID
Gender	Male
Phone No	(Phone) +65-99298755
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKK4626E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DAYANG MAIMUNAH BINTE BUJANG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKK4626E
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 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

			From JB	
			Custom (Tuss)	Ⓐ SKK 4626E
			Towards SG	Ⓑ SKN 8330R
			Checkpoint	

Describe Circumstances of the Accident

On 28.02.2023 at about 12:25hrs, I was travelling along from JB Custom Towards Singapore checkpoint (Tuas). The traffic was on slow move. Ahead of me, there's a vehicle slow down and stop. I follow suit. While waiting, all of a sudden, I felt an impact from the rear. Then I realised a vehicle SKN8330R had collided onto my rear.

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

Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20230307/7043

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

1 of 3

Report No. T/20230307/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2023 15:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: DANNIE BIN ABDUL HAMID	Address: 1B CANTONMENT ROAD #18-23 SINGAPORE 085201		
ID Type / ID No.: NRIC NO / S7521739J	Contact No.: Home/Office: Mobile: 92998755		
Nationality: SINGAPORE CITIZEN	Email: DANNIEHAMID@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 26/07/1975	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: CONSULTANT	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2023 12:35	Type of Location: Straight Road
Location:				
SECOND LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKK4626E	Car					0
SKN8330R	Car					0

Details of Vehicle Insurance

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


T/20230307/7043

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

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Report No. T/20230307/7043

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN8330R	UNITED OVERSEAS INSURANCE LIMITED			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	DAYANG MAIMUNAH BINTE BUJANG	ID No.	S0154775E
Related Vehicle	SKK4626E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	DANNIE BIN ABDUL HAMID	ID No.	S7521739J
Related Vehicle	SKK4626E (Car)	Contact No.	92998755
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 28.02.2023 AT ABOUT 1235hrs, I WAS TRAVELLING ALONG FROM GELANG PATAH TOWARDS SECOND LINK TUAS CUSTOM. THE TRAFFIC WAS ON SLOW MOVE. AHEAD OF ME, THERE'S A VEHICLE SLOW DOWN AND STOP, I FOLLOW SUIT. WHILE WAITING, ALL OF A SUDDEN I FELT AN IMPACT FROM THE REAR. THEN I REALISED A VEHICLE SKN 8330R HAD COLLIDED ONTO MY REAR. DUE TO THE IMPACT, MY MOTHER & I CONSULT A DOCTOR AND WAS GIVEN A 3 DAYS OF MC. THAT'S ALL

**SINGAPORE
POLICE FORCE**

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



T/20230307/7043

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Report No. T/20230307/7043

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:

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

Date/Time:
07/03/2023 15:11

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN08232S0001 Vehicle Registration No: SKK 4626E
Name (as shown in NRIC) : Dimmie Ben Abdul Howard NRIC/FIN/Passport No : 9752 739J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 18 Cantonment Rd # 18-23 Singapore (065201)
Contact (Tel) : _____ Mobile No. : 9299 8755
Email Address : _____
Date of Accident : 24.02.2023 Time of Accident : 1235hrs
Place of Accident : Gelene Patah Second Link Bridge towards Tuas
Insurance Company : ALG

(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:

Attached Police Report No. T/2023057/7043


Policyholder / Driver's Signature
Date: _____


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 07/03/2023

GMRAI with/without form 18