



2 of 3

**POLICE REPORT (NP299)** 

**CONTINUATION OF REPORT** 

Report No. G/20230305/7063

the driver at the point of time. Also my wife who was the front passenger bedside me, she hurt her neck at the point of time due to the impact. Both my kids were at the back of the car but they were not injured. The car unable to drive any further and we had to wait for the tow truck to arrive. After that we went to the nearest clinic (57 Medical clinic) located at Parkway centre to see a doctor. Doctor issued 3 days medical certificate with medication to rest at home. I was told by the insurance company to lodge a police report for this matter. Thank you.

Subjects involve			
Victim			
Person Name	MOHAMMED NASIR BIN SAHU	L HAMEED	
ID Type	NRIC NO	ID No	S8414822I
Gender	Male	Age	38
Race	Indian	Language	English
Occupation	Business development manager	Address	279 TAMPINES STREET 22
			#02-232 SINGAPORE 520279
Mobile No	84847364	Is Informant A	Yes
		Victim?	
Person Name	Babita Devi		
ID Type	NRIC NO	ID No	S8771111J
Gender	Female	Age	35
Race	Indian	Language	English
Occupation	Bank operations clerk	Address	279 Tampines street 22 #02-
			232 SINGAPORE 520279

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2023 19:04	
Officer In-Charge Of Case:	Classification Of Case:	





Report No. G/20230305/7063

1 of 3

## **POLICE REPORT (NP299)**

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 05/03/2023 19:04	Vide Report No.			Station Diary No.
Name Of Informant	Address	5		
MOHAMMED NASIR BIN SAHUL HAMEED	279 TAMPINES STREET 22 #02-232 SINGAPORE 520279			
ID Type / ID No. NRIC NO / S8414822I	Contact Home/C		Mobile: 84847364	
Nationality SINGAPORE CITIZEN	Email Address NASIRDINHO@HOTMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Business development manager	Male	38	19/05/1984	Indian
Institution/School Name	Langua English	Language		
Date/Time Of Incident 05/03/2023 12:45 - 05/03/2023 13:15	Location Of Incident 279 TAMPINES STREET 22 #02-232 SINGAPORE 520279			

#### Brief details.

On 5th March 2023, at about 12.45pm my car SKU5759X was involved in a chain collided accident. Total there were 4 cars involved in this accident at PIE highway near to Jalan Eunos exit. The cars Infront suddenly jam brake during changing of lane from the first lane as they was a highway service truck park at the side of the road. I was the 3rd car in the collision. There was a 4th car SMY6053Y driven by Mr Ansari which hit the back of my car which caused my car to hit the car SNC7074J infront of me which was driven by Ms Jasmine. In this accident, it has caused injury to myself, hurting my right wrist and I'm

Signature Of Informant:  The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 05/03/2023 19:04
Classification Of Case:





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# POLICE REPORT (NP299)

AND SHAPE

# CONTINUATION OF REPORT

Report No. G/20230305/7063

Mobile No	84847365	Relation To	Wife	
		Informant		
Person Name	MOHAMMED NASIR	BIN SAHUL HAMEED (Info	omant)	
0.001110	prior manage majora	DIN OALIOE HAMLED (IIII)	Arrita Carri	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2023 19:04	
Officer In-Charge Of Case:	Classification Of Case:	
Min Stan-		

SN072336000C / Income Insurance Limited ENTRY DATE & TIME: 06/03/2023 11:38 (SGT) SUBMITTED BY: Tien Toh Kiat Henry VERSION: 1 (06/03/2023 11:38 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- Please report correctly the details of the accident to speed up the claims process.
   This Form must be completed by the Policyholder and/or the Actual Driver
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
   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 06/03/2023 11:38 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 05/03/2023 12:45 (SGT) Exact Location of Accident Singapore Additional Location Information PIE(TUAS) NEAR JALAN ENOUS EXIT Country/State of Loss Singapore

**DETAILS OF OWN VEHICLE** Vehicle Registration Number SKU5759X INSURED/POLICYHOLDER Is company? Name Of Registered Owner MOHAMMED NASIR BIN SAHUL HAMEED NRIC No S8414822I Email Address NASIRDINHO@HOTMAIL.COM Mobile Phone No (Phone) +65-87875759 Alternative Phone No VEHICLE PARTICULARS Manufacturer Mercedes Model Cla180 Variant Exact purpose for which vehicle was being used at time of 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 5125662718-01

DRIVER

Name of Driver MOHAMMED NASIR BIN SAHUL HAMEED NRIC No sazza S8414822I Date Of Birth 19/05/1984 Occupation Indoor

Date Of Driving Pass 20/01/2010 Driving experience 13 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-87875759 Alt. Phone Number Email Address NASIRDINHO@HOTMAIL.COM Address BLK 279 TAMPINES STREET 22 #02-232 Address complement Postcode 520279 Is the driver the policyholder? Yes MNo. 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 Clear Road Surface Wet OTHER INFORMATION MN Atternal Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name No Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name \*\*\*\* **BABITA DEVI** Gender ..... Female PASSENGER 2 Name SOFIA BINTE NASIR Gender Female PASSENGER 3 Name SAMIR BIN NASIR Gender Male DETAILS OF POLICE ACTION PASSE MENTIL Was the accident reported to the police? Yes Police Station Name **Bedok Division Headquarters** Police Station Phone No (Phone) +65-18002440000 Alt. Police Station Phone No (Fax) +65-64443009 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom?

REFER TO POLICE REPORT

CIRCUMSTANCES OF ACCIDENT

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNB5695K Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Red 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)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SNC7074J Vehicle Manufacturer **BMW** Vehicle Model 218i Vehicle Variant Vehicle Colour Red Vehicle Category Private car Name of Driver HAM WEE FANG (FAN HUIFEN) NRIC No S7437035G Contact Number (Phone) +65-86990511 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 3**

Vehicle Registration Number SMY6053Y Vehicle Manufacturer Audi Vehicle Model Vehicle Variant Vehicle Colour Grav Vehicle Category Private car Name of Driver MOHAMAD ANSARI BIN SUKRI Contact Number (Phone) +65-82286267 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

Address compresses



Name of injured person
Gender, Contameration and Contameration
Phohe No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Action .
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?

MOHAMMED NASIR BIN SAHUL
Male
(Phone) +65-87875759
BLK 279 TAMPINES STREET 22 #02-232
520279
38
RIGHT SIDE OF THE NECK PAIN
RIGHT ELBOW PAIN
RIGHT WRIST PAIN
SKU5759X
Yes
No

GRADIA LO AND

Describe Circumstance of the Accident		
	REFER TO GEARS	
	•	

Declaration

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

06/03/2023 1135HRS

Policyholder's Signature / Date & Time

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

TIEN TOH KIAT HENRY

Witnessed by Resorting Centre Personnel (Name as in NRIO/ID card)

2

#### SKETCH PLAN

#### 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.
- Information provided must be as truthful and accurate as passible. Any wilful inscrepresentation or withholding of material facts may allow insurance companies to reput ate 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 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 promising and that copies of this report will for a fee be made available upon application by interested parties.
- 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

ta) 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 dalms and any necessary investigations relating to the claims:

- (ii) invostigating 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 of 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.

(do lectively 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 SIA 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.



06/03/2023 1135HRS

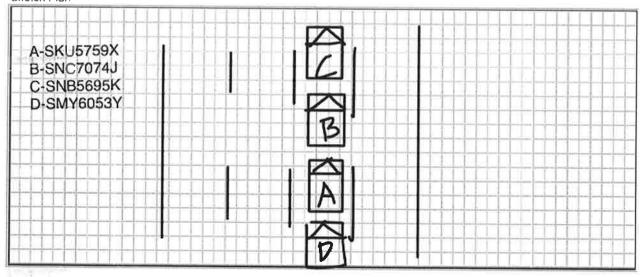
Policyholder's Signature / Date & Time

Driver's Signature (if criver is not the policyholder) / Date & Tane

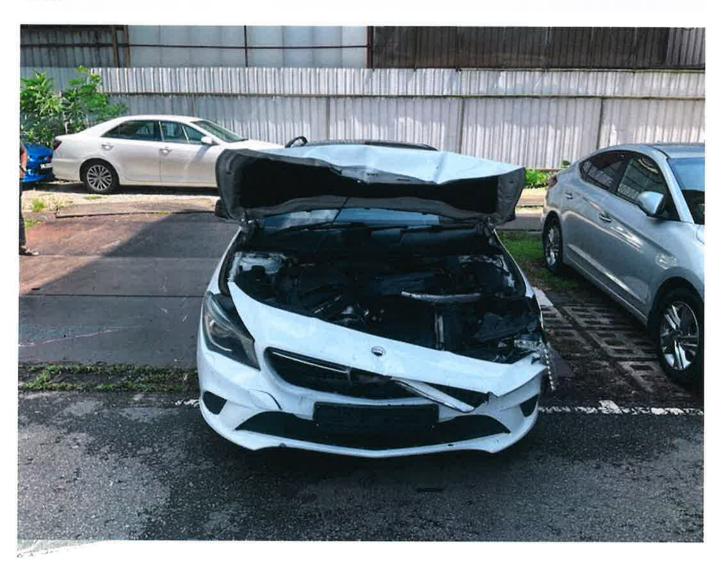
Witnessed by Reporting Centre Personnel (Name as in NRICHD card)

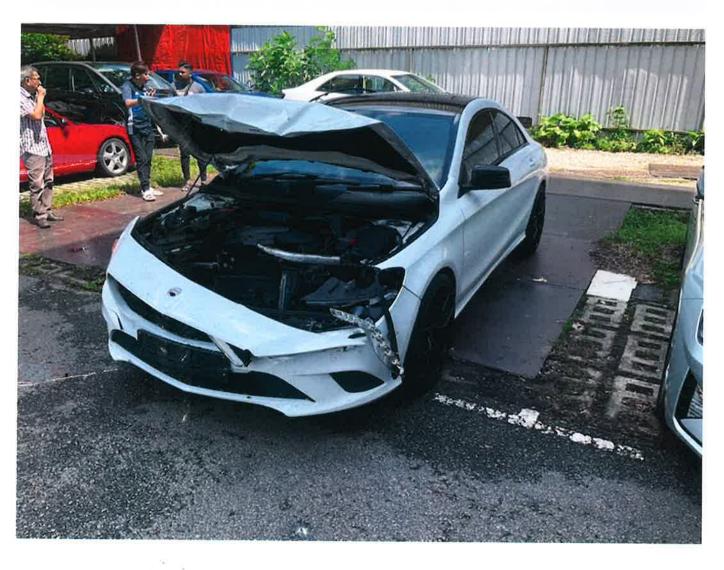
EN TOH KIAT HENRY

Sketch Plan



Accident report SN072336000C





Arana water





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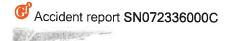


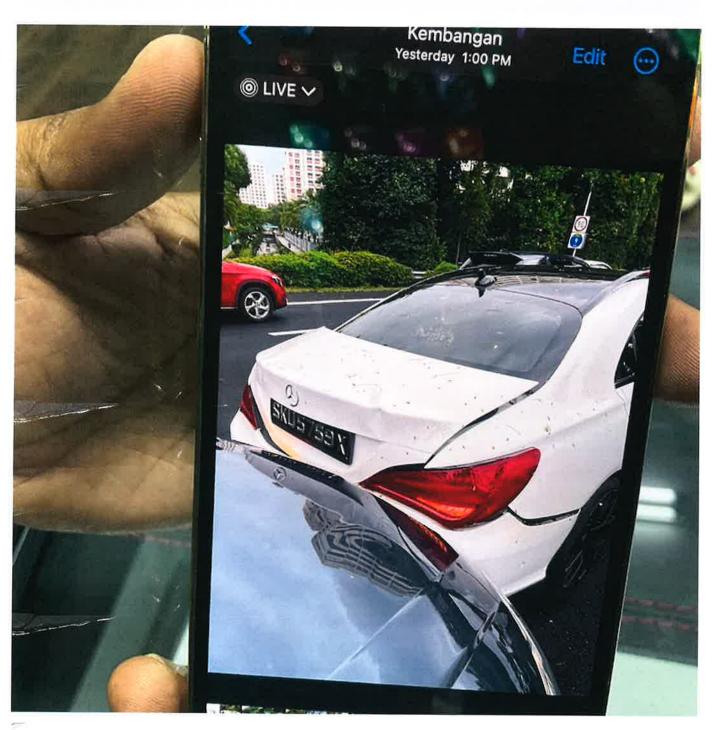


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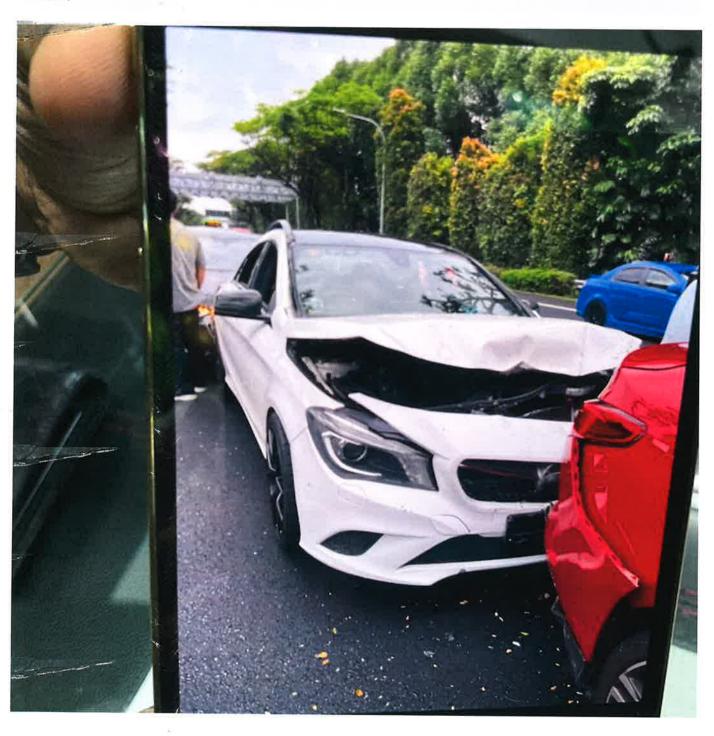


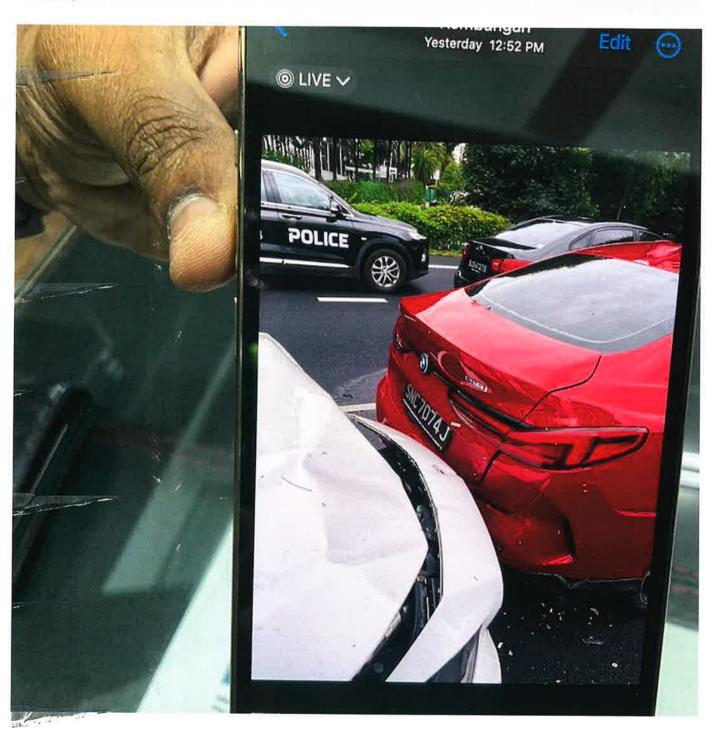




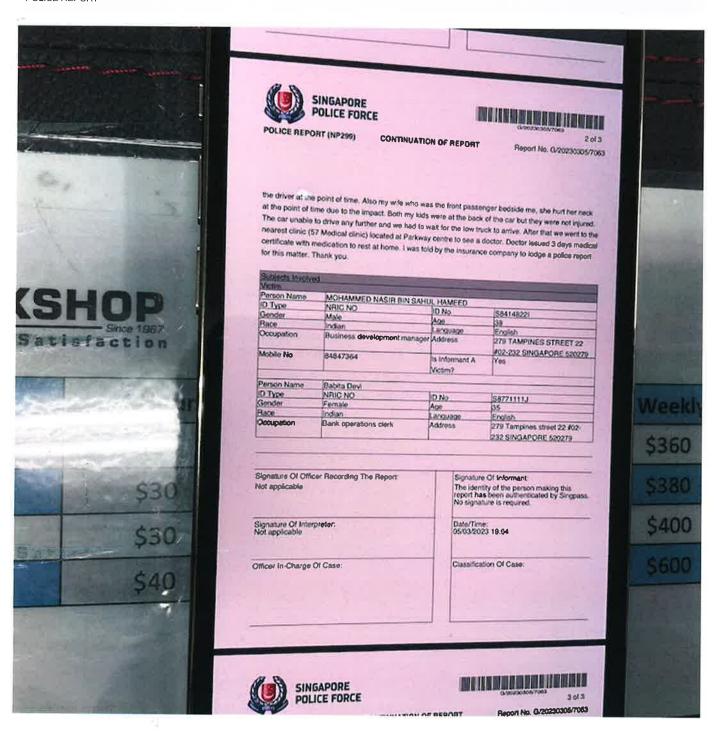














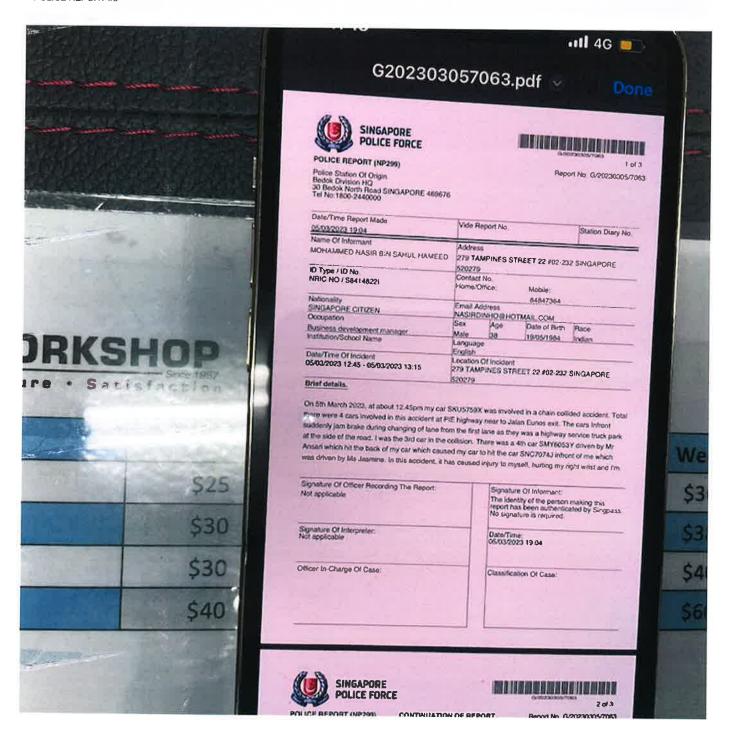
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### POLICE REPORT #2







Accident report SN072336000C