

# 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 .....	14/03/2023 12:22 (SGT)
Reported by .....	Driver
Date of Accident .....	13/03/2023 15:15 (SGT)
Exact Location of Accident .....	Jln Bahar, Singapore
Additional Location Information .....	LAMP POST (5) TOWARDS PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC896L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	mitsubishi hc capital asia pacific pte. ltd.
Company Reg No .....	1XXXXX399N
Email Address .....	aqa.muhd@gmail.com
Mobile Phone No .....	(Phone) +65-90234582
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1317

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPV01009806

### DRIVER

Name of Driver .....	MUHAMMED AZHAR BIN ABDUL RASHID
NRIC No .....	SXXXX240D
Date Of Birth .....	13/11/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	11/04/2009
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90234582
Alt. Phone Number .....	-
Email Address .....	aza.muhd@gmail.com
Address .....	BLK 686D CHOA CHU KANG CRESCENT #02-260
Address complement .....	-
Postcode .....	684686
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEASING
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	AKY155
Vehicle Category .....	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230313/2068

#### 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 .....	AKY155
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MOHD ZAKI BIN JAMIL
Passport No/FIN .....	7XXXXXXX6711
Contact Number .....	(Phone) +60-162214049
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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

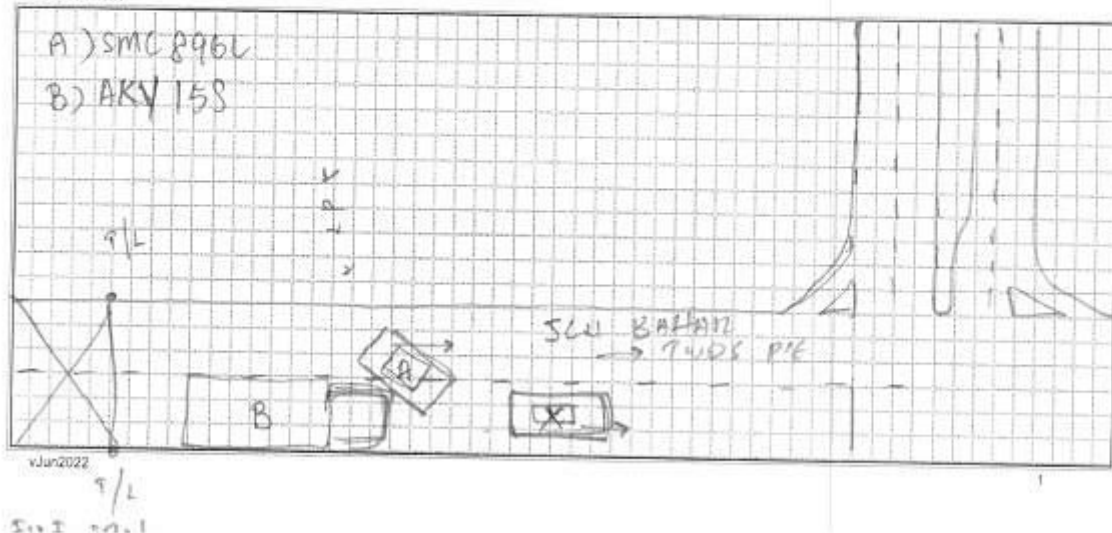
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

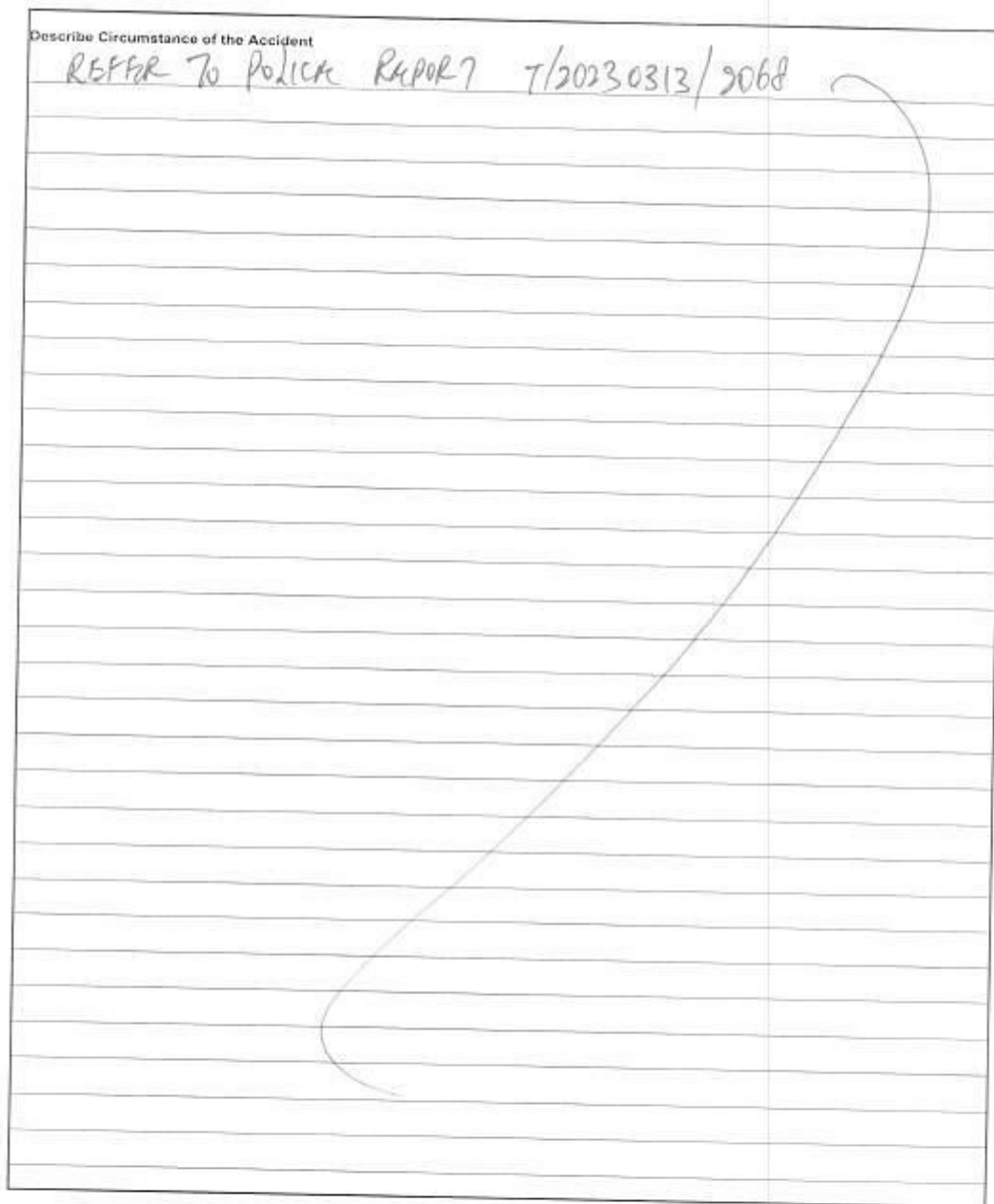
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230313/2068



Declaration

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

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)

vJun2022

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**SINGAPORE  
POLICE FORCE**


T/20230313/2068

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Report No. T/20230313/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2023 16:36	Vide Report No.:	Station Diary No.: 124
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**Informant's Particulars**

Name of Informant: MUHAMMED AZHAR BIN ABDUL RASHID	Address: APT BLK 686D CHOA CHU KANG CRESCENT #02-260 SINGAPORE 684686
ID Type / ID No.: NRIC NO / S7731240D	Contact No.: Home/Office: Mobile: 90234582
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 45 Date of Birth: 13/11/1977	Type of Informant: Driver
Race: Indian	Language: Institution / School Name:
Occupation: PROJECT OFFICER	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/03/2023 15:30	Type of Location: Straight Road
Location: Along Road 1 JALAN BAHAR				
Opposite Jurong Fire Station, Towards Tuas , Before Heavy Vehicle Carpark. Lamp Post Number: 5				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AKY155	Lorry				No Damage	0
SMC896L	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



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Report No. T/20230313/2068

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHD ZAKI BIN JAMIL	ID No.	780302016711
Related Vehicle	AKY155 (Lorry)	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
<b>Driver</b>			
Name	MUHAMMED AZHAR BIN ABDUL RASHID	ID No.	S7731240D
Related Vehicle	SMC896L (Car)	Contact No.	90234582
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 the above mentioned date time and location, the accident occurred when I was changing lane from left to right, no injuries at that point of time and no police is called. The purpose of me lodging this report is to safekeep myself and for insurance purposes.

My vehicle suffered light scratches and light dents at the front driver side of the vehicle.  
My Vehicle number is SMC896L



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20230313/2068

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Report No. T/20230313/2068

## 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:

J /  
SGT 2 DARRYL CHONG YU  
XIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/03/2023 16:36

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG LESLIE  
Contact No.: 65476151

Classification Of Case:

NP168

## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	SMC896L		
Vehicle Type:	R10 - Private Hire (Self-Drive) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	FIT 1.3GF CVT
Chassis No.:	GK31317726	Engine No.:	L13B1420530
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1317 cc	Power Rating:	-
Maximum Power Output:	73.0 kW ( 97 bhp )		
Unladen Weight:	1030 kg	Maximum Laden Weight:	1305 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	26 Jun 2018	Original Registration Date:	26 Jun 2018
Manufacturing Year:	2018	Open Market Value:	\$14,859.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$14,859.00 (100%)
Actual ARF Paid:	\$5,000.00		

## Owner Particulars

Owner Name:	HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
Owner ID Type:	Company
Owner ID:	199400399N
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	111
Registered Street Name:	SOMERSET ROAD
Registered Unit No.:	# 14 - 05-15

Registered Building Name: TRIPLEONE SOMERSET  
Registered Postal Code: 238164  
COE No. / Expiry Date: 2018070101000359C / 25 Jun 2028  
COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)  
QP Paid: \$36,426.00

**Transaction Details**

Business Transaction Ref. No.: 20180626115246656360  
Business Transaction Date: 26 Jun 2018  
Business Transaction Time: 11:52:46

**Message**

The above vehicle has been successfully registered.  
Please note that \$31,935.00 will be deducted from your GIRO account.