

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 20/03/2023 16:56 (SGT)
Reported by Driver
Date of Accident 19/03/2023 18:30 (SGT)
Exact Location of Accident Clementi Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK7124T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZARINA BINTE WAHAB
NRIC No S8230054F
Email Address ghazali_syed@hotmail.sg
Mobile Phone No (Phone) +65-81189260
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5133031950

DRIVER

Name of Driver GHAZALI BIN SYED
NRIC No S7633760H
Date Of Birth 26/10/1976
Occupation Indoor

Date Of Driving Pass	18/02/2004
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84687516
Alt. Phone Number	-
Email Address	ghazali_syed@hotmail.sg
Address	BLK 50 DORSET ROAD
Address complement	#08-142
Postcode	210050
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	Chain Collision
Weather Conditions	Clear
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)	3
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	ZARINA BINTE WAHAB
Gender	Female

PASSENGER 2

Name	IRNA NATASHA BINTE GHAZALI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV2381S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	EUGENE
Contact Number	(Phone) +65-98436135
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	GBK3203E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	RIAN
Contact Number	(Phone) +65-87269908
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	GHAZALI BIN SYED
Gender	Male
Phone No	(Phone) +65-84687516
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SMK7124T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZARINA BINTE WAHAB
Gender	Female
Phone No	(Phone) +65-81189260
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SMK7124T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	IRNA NATASHA BINTE GHAZALI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SMK7124T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

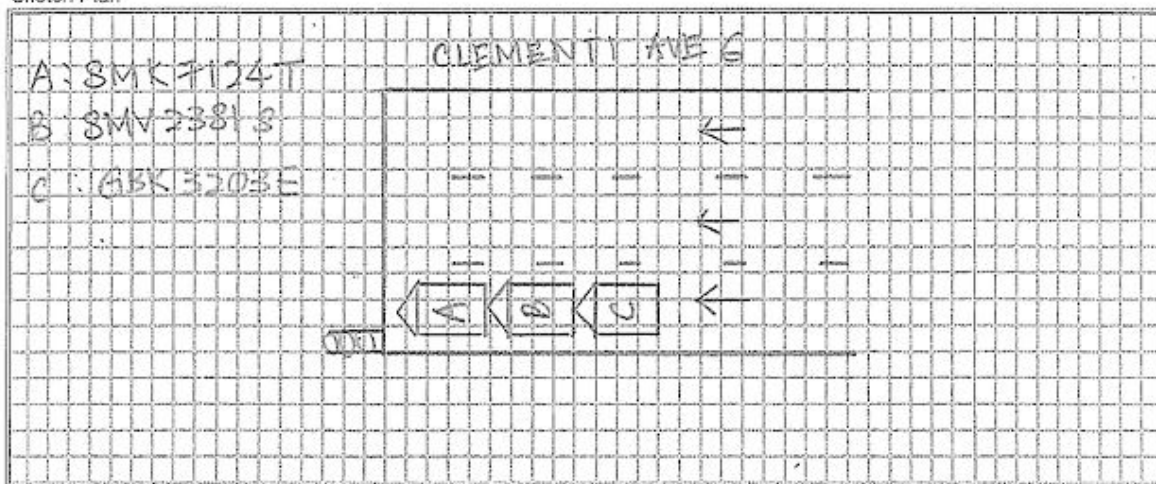
Policyholder's Signature / Date & Time

20.03.23

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



vJun2022

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Describe Circumstances of the Accident

Please refer to police report attached

☐ Claim OD ☐ Claim Third Party ☐ Claim OD (TP) at other workshop ☐ Reporting Only

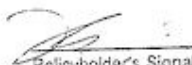
Please forward a copy of my efile accident report to:

My workshop : THIAM HENG HUAT PTE LTD
 Email address : thiamhenghuat@gmail.com
 Myself email : ghazali_syed@hotmail.sg

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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


 Policyholder's Signature / Date &
 Time 20.03.23


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


 Witnessed by Reporting Centre
 Personnel























**SINGAPORE
POLICE FORCE**



T/20230320/2053

1 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230320/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2023 13:56		Vide Report No.:		Station Diary No.: 64
Informant's Particulars				
Name of Informant: GHAZALI BIN SYED		Address: APT BLK 50 DORSET ROAD #08-142 SINGAPORE 210050		
ID Type / ID No.: NRIC NO / S7633760H		Contact No.: Home/Office: Mobile: 84687516		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 26/10/1976	Type of Informant: Driver	
Race: Boyanese		Language:		
Occupation: Self-Employed		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2023 18:30	Type of Location: Straight Road
Location: CLEMENTI LOOP				
Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK3203E	Van				Slightly Damaged	1
SMK7124T	Car				Slightly Damaged	2
SMV2381S	Car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20230320/2053

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20230320/2053

CONTINUATION OF REPORT

Passenger			
Name	Irma Natasha Binte Ghazali	ID No.	T1035317Z
Related Vehicle	SMK7124T (Car)	Contact No.	88372396
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Serious
Driver			
Name	GHAZALI BIN SYED	ID No.	S7633760H
Related Vehicle	SMK7124T (Car)	Contact No.	84687516
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	20/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Zarina Binte Wahab	ID No.	S8230054F
Related Vehicle	SMK7124T (Car)	Contact No.	81189260
Hospital/Clinic	TAN-TEOH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	20/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/03/2023 at about 1830hrs, I was driving along Clementi Avenue 6 (around Clementi loop) while stopping at the traffic light waiting for the light to turn green. Suddenly I heard a loud bang and I saw that the back of my vehicle (SMK7124T) was being hit by the car (SMV2381S) behind me. I then got off my vehicle to make a check. I realized that the back of my car was slightly damaged due to the collision. I exchanged particulars with the other two drivers who was driving the vehicles involved in the accident. I then proceeded to drive off.

On 20/03/2023 at about 0300hrs, I realized that my daughter is vomiting and have sudden pain on her stomach and her back, while my wife is having stiffness on her neck and lower back. I also felt pain in my arms. Therefore, we decided to see the doctor later on in the morning at about 0900hrs. Me and my wife were given 03 days MC, while my daughter was given 02 days MC and is being referred to KKH for



**SINGAPORE
POLICE FORCE**



T/20230320/2053

3 of 4

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20230320/2053

CONTINUATION OF REPORT

further checks due to the head concussion and her stomach pain. No Police or Ambulance was at scene.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230320/2053

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Report No. T/20230320/2053

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 2 LEUNG LENG WEI JOVAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	

NP168

Signature Of Informant:	
Date/Time: 20/03/2023 13:56	
Classification Of Case:	