

## 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 17:40 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/03/2023 18:30 (SGT)
Exact Location of Accident .....	Yishun Ave 1, Singapore
Additional Location Information .....	TWDS YISHUN AVE 8
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJX4277Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMED FADZIL BIN ABRUL RANI
NRIC No .....	S8220091F
Email Address .....	FADZILRANI@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90119394
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	1499

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D21MPC0004024_01

#### DRIVER

Name of Driver .....	MOHAMED FADZIL BIN ABRUL RANI
NRIC No .....	S8220091F
Date Of Birth .....	22/06/1982
Occupation .....	Indoor

Date Of Driving Pass .....	20/03/2020
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90119394
Alt. Phone Number .....	-
Email Address .....	FADZILRANI@GMAIL.COM
Address .....	BLK 799 YISHUN RING ROAD #03-3410
Address complement .....	-
Postcode .....	760799
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 .....	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 .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	SERI ARINA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20230318/7002

#### 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 .....	SMK8229T
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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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLP4862B
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 .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMED FADZIL BIN ABRUL RANI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJX4277Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	SERI ARINA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJX4277Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

Describe Circumstances of the Accident

Statement PLS Refer To  
Police Report No: 4/20230318/702

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

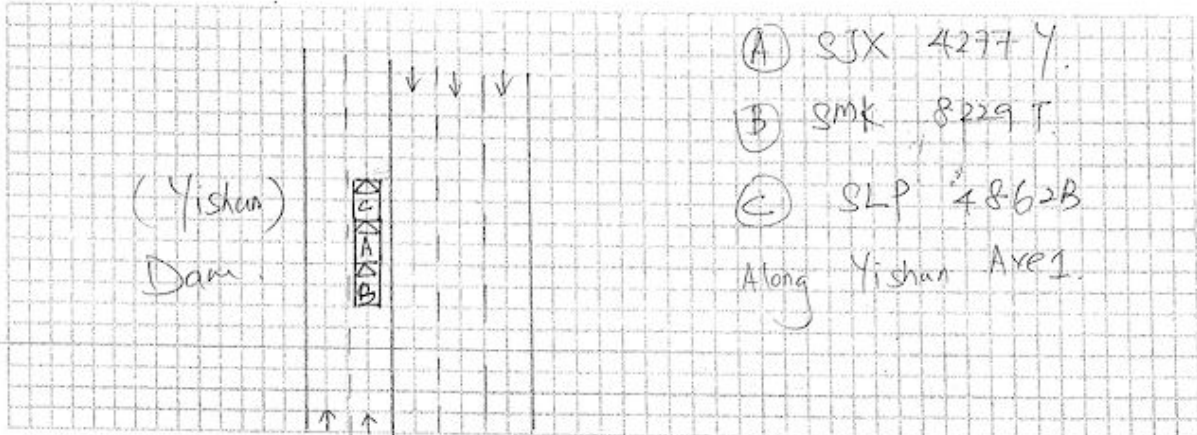
1. Please report **correctly** the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

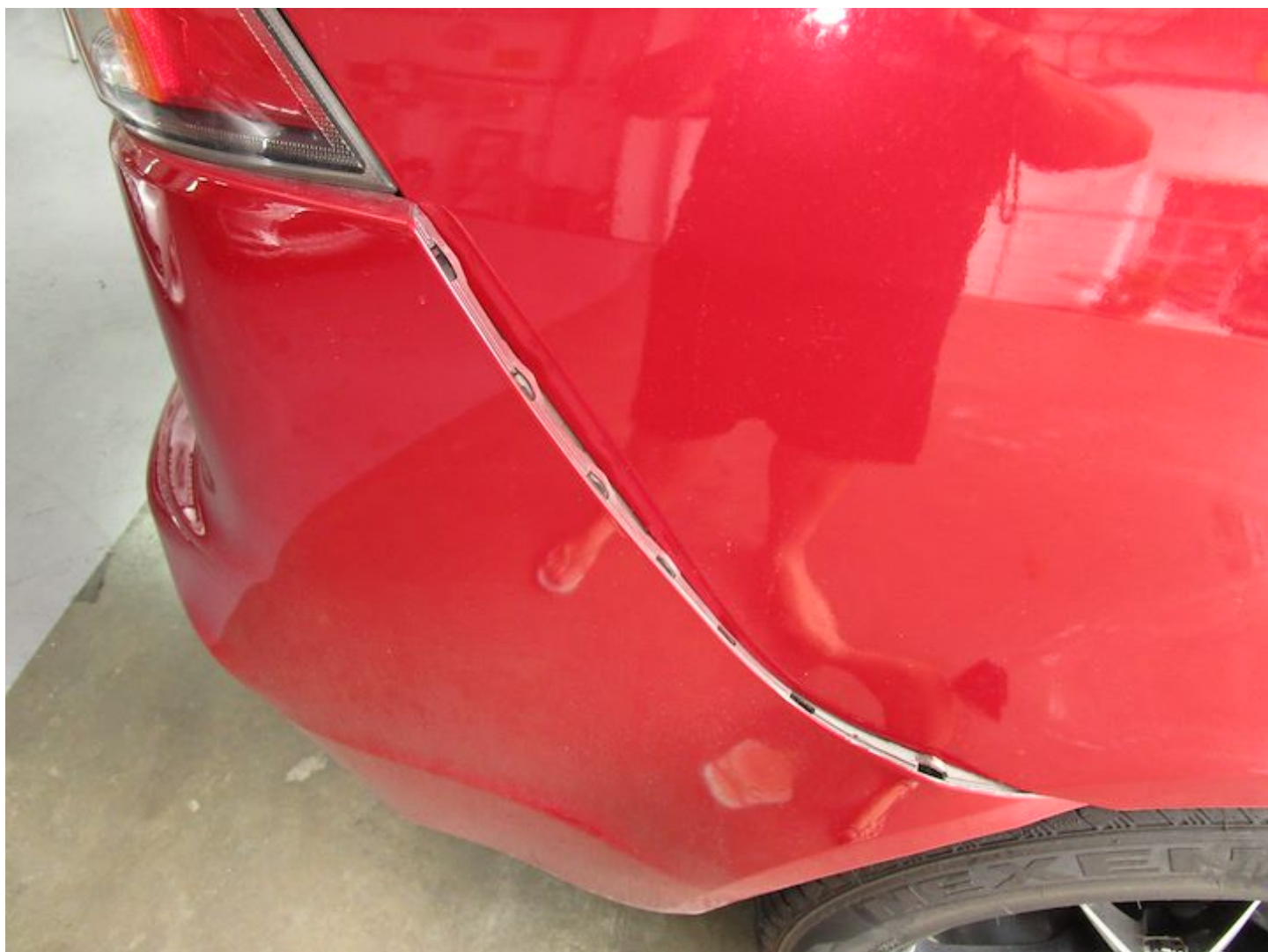
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan































**SINGAPORE  
POLICE FORCE**



L/20230318/7002

1 of 3

**POLICE REPORT (NP299)**

Report No. L/20230318/7002

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 18/03/2023 02:18	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED FADZIL BIN ABDUL RANI	Address 799 YISHUN RING ROAD #03-3410 SINGAPORE 760799	
ID Type / ID No. NRIC NO / S8220091F	Contact No. Home/Office:	Mobile: 90119394
Nationality SINGAPORE CITIZEN	Email Address FADZILRANI@GMAIL.COM	
Occupation	Sex	Age
Security supervisor	Male	40
Institution/School Name	Date of Birth	Race
	22/06/1982	Malay
	Language English	
Date/Time Of Incident 17/03/2023 18:30 - 18/03/2023 00:55	Location Of Incident YISHUN AVENUE 1	

**Brief details.**

At about 1830hrs, while driving my red mitsubishi lancer, vehicle number SJX4277Y along Yishun Dam towards Yishun ave 8.

Traffic was slow at that moment and near to lamp post 266 my vehicle came to a stop.

I stopped behind a yellow toyota CHR vehicle number SLP 4862B.

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: 18/03/2023 02:18
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20230318/7002

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20230318/7002

However while talking to my wife, out of a sudden, a car hit us from the rear.

We were in shocked. I pulled my hand brake and place my gear to parked and attended to my pregnant wife whom complaint of abdomen and knee pain. I immediately call for 995 & 999 for assistant.

While waiting for the ambulance and police to arrive, I exit my car and saw a white Honda Vezel, vehicle number SMK8229T drove by a male malay and 2 other male malay passengers also exiting their cars. (name given verbally by driver as Mr Azwi , NRIC and contact number not given).

I checked on the front car vehicle number SLP4862B drove by a female lady and a male passenger (Mr Eric contact no 96180004). Driver unable to give particular due to neck sprained.

I had a shoulder & back pain after the hard impact.

All particulars of the people involved taken by the policer officer.

I am unable to take all their personal information for report purpose due to immediately convey to Khoo Teck Phuat hospital for further medical checks.

That is all.

<b>Subjects Involved</b>	
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: 18/03/2023 02:18
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20230318/7002

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230318/7002

Suspect			
Person Name	Aswi		
Gender	Male	Race	Malay
Language	Malay		
Victim			
Person Name	MOHAMED FADZIL BIN ABDUL RANI		
ID Type	NRIC NO	ID No	S8220091F
Gender	Male	Age	40
Race	Malay	Language	English
Occupation	Security supervisor	Address	799 YISHUN RING ROAD #03-3410 SINGAPORE 760799
Mobile No	90119394	Is Informant A Victim?	Yes
Person Name	MOHAMED FADZIL BIN ABDUL RANI (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
18/03/2023 02:18

Classification Of Case:





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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS2X233K000M Vehicle Registration No: SJX 477Y  
 Name (as shown in NRIC): Mohamed Fadzi Bin Abdul Rani NRIC/FIN/Passport No: S8220091F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 799 Yishun Ring Road # 03-2410 Singapore (760799)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90119394  
 Email Address: fadzi.rani@gmail.com  
 Date of Accident: 17/03/2023 Time of Accident: 1830hrs  
 Place of Accident: Along Yishun Ave 1 Towards Ave 8  
 Insurance Company: India International Insurance

**(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:

Update Sketch Plan  
with correct vehicle numbers.

Policyholder / Driver's Signature

Date: 13/04/23 @ 1428hrs

Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:  
 Date:

13/4/23

ISSUING Addendum Form



## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711  
Office (65) 63476100 Email insure@iil.com.sg  
Fax (65) 62244174 Website www.iil.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D21MPC0004024_01</b>		<b>COVER: Third Party Only</b>
1. Index Mark and Registration Number of Vehicle	: SJX4277Y	
Chassis No	: JMYSRCY2AAU000752	
2. Name of Policyholder	: MOHAMED FADZIL BIN ABDUL RANI	
3. Effective date of Insurance	: 15 Jun 2022	
4. Expiry date of Insurance	: 14 Jun 2023	
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner. (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle		
6. Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
<b>The Policy does not cover</b>		
a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker : A000050/Sunmex Enterprise		For India International Insurance Pte Ltd
Date of Issue : 31/05/2022 18:35:44		
MX1-Private Car (Insured Driving)		
		 Halini Venugopal MD & CEO