# 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 witholding 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.

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   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 23/03/2023 17:11 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 22/03/2023 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information **BUANGKOK GREEN** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SJQ9561E** INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner MUHAMMAD ARIFF BILLAH BIN ARSHAD NRIC No SXXXX941B Email Address ARIFF.BILLAH.ARSHAD@GMAIL.COM

Mobile Phone No (Phone) +65-94557951

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi

Model LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR

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 Manual

CC 1584

**INSURANCE COMPANY** 

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/00926120/01

DRIVER

Name of Driver MUHAMMAD ARIFF BILLAH BIN ARSHAD NRIC No SXXXX941B Date Of Birth 16/03/1990 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	27/09/2008 14 YEARS AND 6 MONTHS Male (Phone) +65-94557951 - ARIFF.BILLAH.ARSHAD@GMAIL.COM BLK 570 HOUGANG STREET 51 #04-105 - 530570 Yes
Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	<del>-</del>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  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?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender  PASSENGER 2  Name  Gender	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Hougang Neighbourhood Police Centre (Phone) +65-18004890999 (Fax) +65-63128989 60 Hougang Ave 9 Singapore 538775 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.  ATTACHMENT(S)	

Yes Yes

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMA1634E
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)	-

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Remarks : Please forward	a copy of my efile accident repo	rt to:
Ny workshop :	a copy of my and accuration ope	
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	nat your insurer have 14 days time neck with your own insurer for m	eframe for you to submit own damage claim under
ou own poscy. Kindly cr	ieck with your own insurer for m	ore into mation.
CLARATION	S	
e declare the foregoing part	iculars are true in every respect.	(S) William
11/2/W		( Xa
1200/700/		() Air
cyholder's Signature	Driver's Steam Law	Paradia Carol
cynolder's Signature e & Time;	Oriver's Signature (If driver is not the policyholdi	Reporting Centre Periodonel's Signature  Name:
	Date & Time:	NRIC/FIN No.:
		AH LIM MOTOR COASE)

#### 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 Authorised Driver.
- 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.
- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NBIC/FIN No.:

COMMISSION OF THE PERSON OF TH





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20230323/2001

REPORT OF	A TRAFFIC	ACCIDENT
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	Date/Time Report Made: 23/03/2023 00:04		Vide Report No.:	Station Diary No.: 2
Informa	nt's Partice	ulars		
	1.0	F BILLAH BIN	Address: APT BLK 570 HOUGAN 530570	NG STREET 51 #04-105 SINGAPORE
	/ ID No.: O / S900894	41B	Contact No.: Home/Office:	Mobile: 94557951
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 16/03/1990	Type of Informant: Driver	- HARRIS
Race: Boyanes	зе		Language:	
Occupation: CASE MANAGER			Driving Licence Informa Class: 2B,2A,2,3	ntion; Date of Expiry:

Type of Accident: Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 22/03/2023 18:00	Type of Location: T-Junction
Location: BUANGKOK Weather:	GREEN	Road Surface:		32.89
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	V-4-7-000	Traffic Volume: Heavy
Type of Collis Between Mov	sion: ring Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJQ9561E	Car	MITSUBISHI	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR	Red	Totally Damaged	2
SMA1634E	Car	TOYOTA				0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20230323/2001

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ9561E	DIRECT ASIA INSURANCE (SINGAPORE) PTE, LTD.	MT/00926120/01	01/06/2021	31/05/2023

Any Pedestrian Ir	volved: No					-
No. of Pedestrian			Use of Pe	dontrion	Cenan	inos MA
Passenger	S injured, NIL		USE OF PE	Jesthan	Cross	ing. NA
Name	YASMIN TALIA BINTE MUHAMMAD ARIFF BILLAH			ID No.		NIL
Related Vehicle	SJQ9561E (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ed Medical Leave	NIL	Degree of		NIL	
Driver		17.7			X NEW	
Name	MUHAMMAD ARIFF BILLAH BIN ARSHAD			ID No.		S9008941B
Related Vehicle	SJQ9561E (Car)		Contact No.		94557951	
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of			
Passenger			, = = 5. = 0	.,,	(2-1)	
Name	SITI NURHUDAH BIN	TE ABDI	UL BASID	ID No.		NIL
Related Vehicle	SJQ9561E (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licen	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	- Contraction	NIL	
	ted Medical Leave	NIL	Degree o	-		***





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 4 Report No. T/20230323/2001

## Brief Details.

On 22/03/2023 at about 1800hrs, I recalled driving my vehicle bearing plate no: SJQ9561E with my wife and daughter in it along Hougang Street 51 for the direction of Tampines Giant. When a traffic accident had took placed along Buangkok Green, directly infront of Pelangi Village Complex.

From my knowledge, I was making a right turn at a T-Junction of Hougang Street 51 for Buangkok Green. When one vehicle bearing plate no: SMA1634E, believed to be from a driving school, was seen making the said turn too just behind my vehicle. Shortly after, the said vehicle was seen trying to filter/squeeze into the right most lane. While doing so, the said vehicle had collided into the rear right side of my vehicle. Instead of stopping the vehicle, the said person then hurriedly sped off. I wish to state that, I have since tried to locate/catchup with the said vehicle involved, but I eventually lost sight of it due to the heavy traffic. Nevertheless, I had since stopped my vehicle in making a check. From the best of my knowledge, no government property was damage, nobody was injured. However, the rear right side of my vehicle did sustain some scratches, dents and paint being peeled off.

I wish to state that my vehicle does have an in car camera as such the whole incident is recorded. I'm willing to provide the necessary video to the TP if needed for any police investigations.

I'm lodging this police report for my encounter.





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

4 of 4 Report No. T/20230323/2001

Signature of Officer Recording The Report:
F /
SGT 3 LUM HOW MUN

Signature Of Interpreter:
Not applicable

Date/Time:
23/03/2023 00:04

Classification Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

NP168