

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	03/04/2023 12:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 16:15 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	CAR PARK SIMS AVENUE SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8908L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH SENG TECK
NRIC No	S1638612Z
Email Address	TOHSENGTECK@GMAIL.COM
Mobile Phone No	(Phone) +65-96689882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xj
Variant	JAGUAR / XJ 3.0S/C TSS LWB SR
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	2995

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01106007

DRIVER

Name of Driver	TOH SENG TECK
NRIC No	S1638612Z
Date Of Birth	10/05/1964
Occupation	Indoor

Date Of Driving Pass	28/03/2003
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-96689882
Alt. Phone Number	-
Email Address	TOHSENGTECK@GMAIL.COM
Address	BLK 36 LORONG 105 CHANGI - SINGAPORE 426521
Address complement	-
Postcode	426521
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	Collision - Head on 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?	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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	GBF519R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMED FIROZ S/O ABDUL HALICK
NRIC No	S9223002C
Contact Number	(Phone) +65-81399447
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

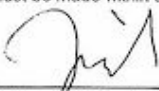
Describe Circumstance of the Accident

REFER TO POLICE REPORT,

Declaration

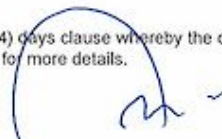
I/We declare the foregoing particulars are true in every respect.

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
(Name as in NRIC/ID card)

SKETCH PLAN

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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 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:

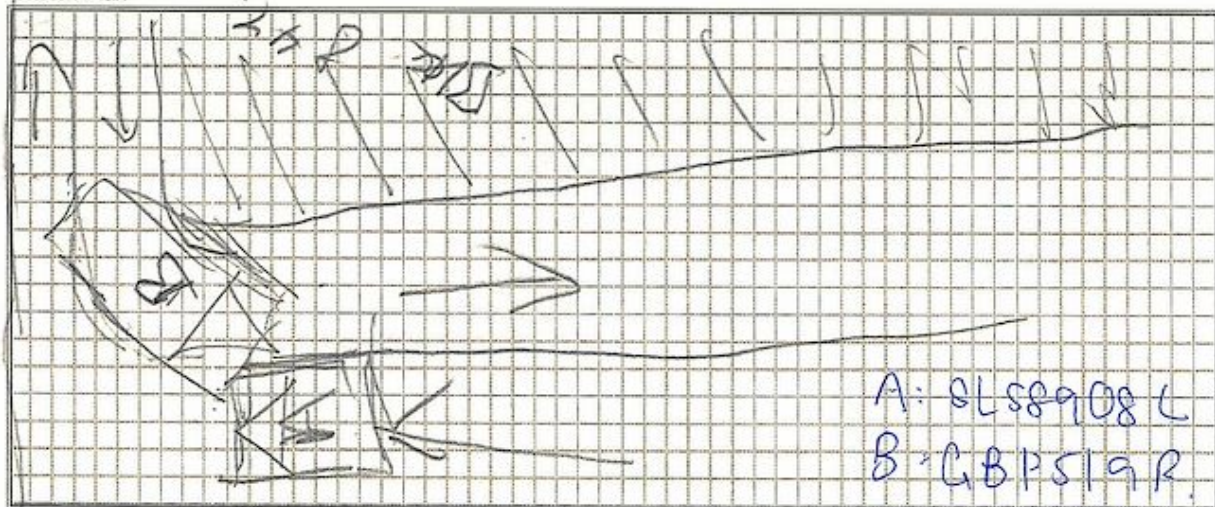
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


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

Sketch Plan


















**SINGAPORE
POLICE FORCE**


T/20230401/2005

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20230401/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2023 00:59		Vide Report No.:		Station Diary No.: 10
Informant's Particulars				
Name of Informant: TOH SENG TECK		Address: 36 LORONG 105 CHANGI SINGAPORE 426521		
ID Type / ID No.: NRIC NO / S1638612Z		Contact No.: Home/Office: Mobile: 96689882		
Nationality: SINGAPORE CITIZEN		Email: tohsengteck@gmail.com		
Sex: Male	Age: 58	Date of Birth: 10/05/1964	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English		
Occupation: Company director		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 31/03/2023 16:15	Type of Location: Car Park
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF519R	SCDF VEHICLE			Red	Slightly Damaged	3
SLS8908L	Car	JAGUAR	XJ	Green	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS8908L	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01106007	10/10/2022	09/10/2023



**SINGAPORE
POLICE FORCE**



T/20230401/2005

2 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20230401/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMED FIROZ S/O ABDUL HALICK	ID No.	S9223002C
Related Vehicle	GBF519R (SCDF VEHICLE)	Contact No.	81399447
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	TOH SENG TECK	ID No.	S1638612Z
Related Vehicle	SLS8908L (Car)	Contact No.	96689882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 31/03/2023 at about 1615hrs, I was driving my car (SLS8908L) at the car park of Block 848 Sims Avenue Singapore 400848, Car Park No. GEEC7, when I saw an SCDF vehicle heading towards my car in the opposite lane. I was proceeding towards the gantry to exit the car park while the SCDF vehicle had just entered the car park. I stopped my vehicle at one of the turns in the car park in order to give way to the SCDF vehicle. I wanted to reverse my car in order to give him more space but before I could do so, the SCDF vehicle had proceeded to make the left turn and while turning, the front of his vehicle hit the front of my vehicle. I proceeded to park my car within the car park and exchanged particulars with the SCDF personnel. He admitted that it was his fault and exchanged particulars with me. He then issued me a form which states instructions in order to make claims from SCDF. The form states that I need to lodge a police report.

I wish to state that my car has in-car cameras, but I am not sure if it is working.



**SINGAPORE
POLICE FORCE**



T/20230401/2005

3 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20230401/2005

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 MUHAMMAD HISYAM
HAIREE BIN SAMSARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/04/2023 00:59

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168