

## 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 14:08 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 31/03/2023 16:55 (SGT)  
Exact Location of Accident ..... Near 5000N Marine Parade Rd, Singapore 449295  
Additional Location Information ..... ALONG LAGUNA FLYOVER  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJX1800G

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SENGOL MICHAEL  
NRIC No ..... SXXXX027J  
Email Address ..... michael.sengol@gmail.com  
Mobile Phone No ..... (Phone) +65-81258218  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... X3  
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 ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5130395126

#### DRIVER

Name of Driver ..... SENGOL MICHAEL  
NRIC No ..... SXXXX027J  
Date Of Birth ..... 03/04/1955  
Occupation ..... Indoor

Date Of Driving Pass .....	08/04/2011
Driving experience .....	11 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81258218
Alt. Phone Number .....	-
Email Address .....	michael.sengol@gmail.com
Address .....	7 SIGLAP ROAD #23-58
Address complement .....	-
Postcode .....	448909
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 to Rear
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) .....	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 .....	PAUL LEE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AT AROUND 4.55PM A POLICE RAN INTO MY CAR WHILE I WAS AT A STOP POSITION IN BEDOK SOUTH CLOSE TO LAGUNA FLYOVER AND RED LIGHT AREA. ONE POLICEMAN WHO CAME OUT TO APOLOGIZE AND STATED HE WAS AT FAULT AND THAT HE WILL REPORT THE MATTER AND WILL CALL ME AND ALSO HAVE THE STATION CALL ME. AFTER WAITING FOR A FEW HOURS I SENT A MESSAGE TO ASK WHAT IS THE ACTION REQUIRED. I ASK IF MR SHOLIHIN WAS OK I RECEIVED THIS REPLY, IM OK, THKS, ALREADY REPORT TO MY SIDE, AS WHAT THEY TOLD ME, OUR INSURANCE WILL CONTACT URS, AND UR INSURANCE WILL CONTACT U REGARDING ABOUT THE ACCIDENT.... THERE ARE 2 WITNESS TO THIS INCIDENT ONE A POLICEMAN IN THE VAN AND ONE IN MY AR. I AM DISAPPOINTED WITH THE MANNER WITH THE POLICE FORCE HAD HANDLE THIS MATTER. IT'S A DISGRACEFUL ACT OF NOT MAKING ANY EFFORT TO KEEP TO THE WORD OF THE POLICEMAN WHO STATE THAT HIS OFFICER WILL CALL AND HE TOO WILL CALL BUT NEVER DID. I WILL NOW EXPOSE THIS POOR DISCIPLINE OF OUR SINGAPOREAN POLICE FORCE.

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 ..... GBK2267C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... MOHAMMAD SHOLIHIN BIN SUHAIMI  
 NRIC No ..... SXXXX923J  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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**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**

VEH A : SJX1800G  
VEH B : GBKJJ67C



vJun2022

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Describe Circumstance of the Accident					
<p>REFER TO GIA REPORT</p>					
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Reporting Only</td> </tr> <tr> <td style="padding: 2px;">Claim OD</td> </tr> <tr> <td style="padding: 2px;">Claim TP</td> </tr> <tr> <td style="padding: 2px;">Claim OD/TP at other workshop</td> </tr> </table>	Reporting Only	Claim OD	Claim TP	Claim OD/TP at other workshop
Reporting Only					
Claim OD					
Claim TP					
Claim OD/TP at other workshop					

**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)



**SINGAPORE  
POLICE FORCE**



G/20230401/7006

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**POLICE REPORT (NP299)**

Report No. G/20230401/7006

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 01/04/2023 05:35	Vide Report No.	Station Diary No.
Name Of Informant SENGOL MICHAEL	Address 7 SIGLAP ROAD #23-58 SINGAPORE 448909	
ID Type / ID No. NRIC NO / S1103027J	Contact No. Home/Office:                      Mobile: 81258218	
Nationality SINGAPORE CITIZEN	Email Address MICHAEL.SENGOL@GMAIL.COM	
Occupation Unemployed	Sex Male	Age 67
Institution/School Name	Date of Birth 03/04/1955	Race Indian
	Language English	
Date/Time Of Incident 31/03/2023 17:00	Location Of Incident 7 SIGLAP ROAD #23-58 SINGAPORE 448909	

**Brief details.**

At Around 4.55 pm A police van ram into my car while I was at a stop position in bedok south close to laguna flyover and red light area. One policeman who came out to Appologize and stated he was at fault and that he will report the matter and will call me and also have the station call me. After waiting for a few hours i sent a message to ask what is the action required.

I ask if Mr sholihin was ok i received this reply , Im ok, thks, already report to my side, as what they told me, our insurance will contact urs, and Ur insurance will contact u regarding about the accident....there are 2 witness to this incident one A policeman in the van and one in my car. I am disappointed with the manner with the police force had handle this matter. It's a disgraceful act of not Making any effort to keep

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: 01/04/2023 05:35
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230401/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230401/7006

to the word of the policeman who state that his officer will call and he too will call but never did. I will now expose this poor discipline of our Singaporean police force.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	SENGOL MICHAEL		
ID Type	NRIC NO	ID No	S1103027J
Gender	Male	Age	67
Race	Indian	Language	English
Occupation	Unemployed	Address	7 SIGLAP ROAD #23-58 SINGAPORE 448909
Mobile No	81258218	Is Informant A Victim?	Yes
Person Name	SENGOL MICHAEL (Informant)		

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: 01/04/2023 05:35
Officer In-Charge Of Case:	Classification Of Case: