

# 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 .....	11/04/2023 15:24 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	10/04/2023 16:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BKE, MANDAI EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG9684G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	WATERCARE SOLUTIONS PTE. LTD.
Company Reg No .....	201918238Z
Email Address .....	THOMAS.TONG@WATERCARE.COM.SG
Mobile Phone No .....	(Phone) +65-97879871
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Goods vehicle
Transmission .....	Manual
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MCV0005668

### DRIVER

Name of Driver .....	ZURAIRI BIN MOHAMED SAIFOLLAH
NRIC No .....	S9514146C
Date Of Birth .....	28/04/1995
Occupation .....	Outdoor

Date Of Driving Pass .....	06/07/2022
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88177714
Alt. Phone Number .....	-
Email Address .....	THOMAS.TONG@WATERCARE.COM.SG
Address .....	BLK 556 WOODLANDS DR 53 #07-53
Address complement .....	-
Postcode .....	730556
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	4
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) .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

##### REFER TO SKETCH PLAN

##### ONLY VIDEO OF AFTERMATH ACCIDENT AVAILABLE FOR VIEW

VEHICLE CURRENTLY IN TP COMPOUND. DRIVER WILL ASSIST TO ARRANGE FOR TOW OVER IN DUE COURSE FOR PHOTO TAKING TO BE UPLOADED INTO THE ACCIDENT STATEMENT.

#### 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 .....	SMD217S
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBB3578X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	YQ9253S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ZURAIRI BIN MOHAMED SAIFOLLAH
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBG9684G

Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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

*[Signature]*

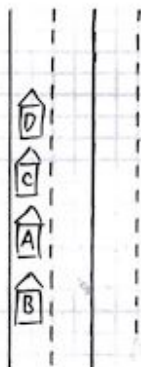
Driver's Signature (if driver is not the policyholder) / Date & Time

11/4/2023 1:15pm

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

*[Signature]*

**Sketch Plan**



LOCATION:

BKE, MANDALAY EXIT.

A - A13A9684A.

B - SMD217S.

C - ABB3578X.

D - YQ9253S.

Describe Circumstance of the Accident

From BKE I drive exiting the highway entering Mandai exit. When exiting I was about to stop behind a lorry. When about to come to the stop, a car bang on the back of my van and the impact move my vehicle forward to bang another vehicle in front. The impact cause a lower back injury, pain on my chest and pain on my neck.

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

11/4/2023 1.15 p.m

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

*[Signature]*





























**SINGAPORE  
POLICE FORCE**



T/20230411/7046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20230411/7046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/04/2023 14:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZURAIRI BIN MOHAMED SAIFOLLAH			Address: 556 WOODLANDS DRIVE 53 #07-53 SINGAPORE 730556		
ID Type / ID No.: NRIC NO / S9514146C			Contact No.: Home/Office: Mobile: 88177714		
Nationality: SINGAPORE CITIZEN			Email: ZURAIRI28@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 28/04/1995	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2023 16:00	Type of Location: Straight Road
Location:  MANDAI ROAD				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB3578X	Lorry	TOYOTA				0
GBG9684G	Van					0
SMD217S	Car	VOLKSWAGO N		Black		0
YQ9253S	Lorry			White		0



**SINGAPORE  
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T/20230411/7046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20230411/7046

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZURAIRI BIN MOHAMED SAIFOLLAH	ID No.	S9514146C
Related Vehicle	GBG9684G (Van)	Contact No.	88177714
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/04/2023	Date	10/04/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was driving at BKE towards Woodlands. The accident took place when i'm exiting the highway entering mandai road. I was about to came to a stop behind a lorry and suddenly a car bang behind my van which make my vehicle move forward and bang a vehicle in front of me. The imoact cause me a lower back pain, a pain at my chest amd also neck pain.



**SINGAPORE  
POLICE FORCE**



T/20230411/7046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230411/7046

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

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

Date/Time:  
11/04/2023 14:55

Classification Of Case:

NP168