

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 19:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/04/2023 12:30 (SGT)
Exact Location of Accident	Serangoon, Singapore
Additional Location Information	SERANGOON ROAD TOWARDS PIE (BEFORE CAMPBELL LANE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF5527R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAMAL BIN ABDUL HAMID
NRIC No	SXXXX663I
Email Address	KAMALSHAH156@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91837242
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131999511

DRIVER

Name of Driver	ABDUL HAMID BIN ABDUL RAZAK
NRIC No	SXXXX533A
Date Of Birth	04/09/1950

Occupation	Outdoor
Date Of Driving Pass	20/08/1985
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90089178
Alt. Phone Number	-
Email Address	KAMALSHAH156@HOTMAIL.COM
Address	BLK 124 TAMPINES STREET 11 #12-410
Address complement	-
Postcode	521124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
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?	No
Was any other vehicle or property damaged?	No
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 POLICE REPORT T/20230411/7037

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL HAMID BIN ABDUL RAZAK
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Gender	Male
Phone No	(Phone) +65-90089178
Address	BLK 124 TAMPINES STREET 11 #12-410
Address Complement	-
Post Code	521124
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF5527R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

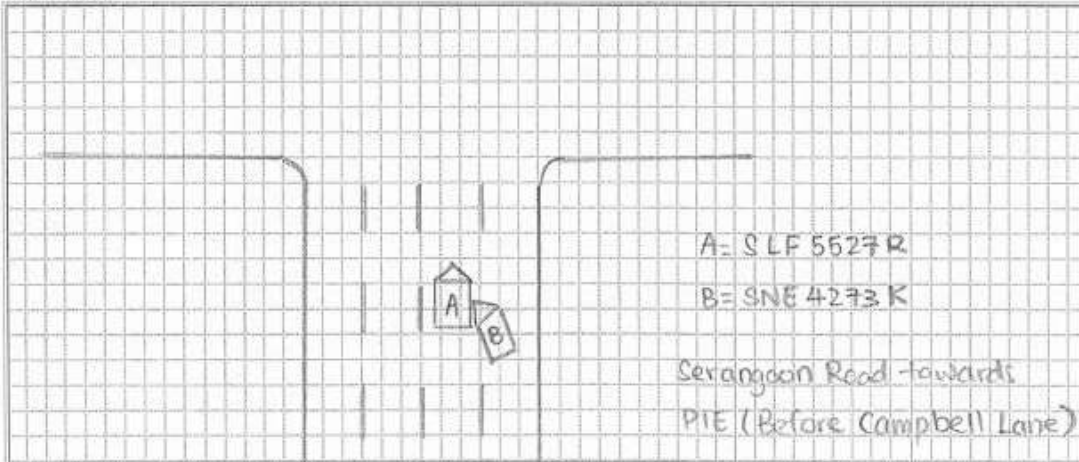
Policyholder's Signature / Date & Time

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



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report

Police Report No. : T/20230411/7037

Declaration

(We declare the foregoing particulars are true in every respect.



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)



**SINGAPORE
POLICE FORCE**



T/20230411/7037

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

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Report No. T/20230411/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 13:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL HAMID BIN ABDUL RAZAK			Address: 124 TAMPINES STREET 11 #12-410 SINGAPORE 521124		
ID Type / ID No.: NRIC NO / S0635533A			Contact No.:		Mobile: 90089178
Nationality: SINGAPORE CITIZEN			Email: kamalshah156@hotmail.com		
Sex: Male	Age: 72	Date of Birth: 04/09/1950	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Phv driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2023 12:30	Type of Location:
Location: SERANGOON ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF5527R	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230411/7037

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

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Report No. T/20230411/7037

CONTINUATION OF REPORT

Driver			
Name	ABDUL HAMID BIN ABDUL RAZAK	ID No.	S0635533A
Related Vehicle	SLF5527R (Car)	Contact No.	90089178
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SLF5527R was travelling straight along Serangoon Road towards Bendemeer Road.

I was travelling on lane 2 as there were many parked vehicles on lane 1.

While approaching Campbell lane, I suddenly felt an impact from the right portion of my vehicle.

I was caught unaware.

I then alighted and realised that vehicle SNE4273K who was parked on lane 1 suddenly moved and encroached into my lane and hit onto my vehicle right portion.

After a while i start to feel pain on my neck and shoulder areas.

I then proceeded to Tampines Clinic and Surgery Pte Ltd to seek treatment and I was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20230411/7037

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

3 of 3

Report No. T/20230411/7037

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000

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 13:22
Classification Of Case:

NP168