

# 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 ..... 14/04/2023 17:37 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 12/04/2023 21:50 (SGT)  
Exact Location of Accident ..... Malaysia  
Additional Location Information ..... ENTRANCE TO JOHOR CUSTOM  
Country/State of Loss ..... Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU8705U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MD KHALID QUAH @ QUAH SIEW BOON  
NRIC No ..... SXXXX936A  
Email Address ..... farisdash94@gmail.com  
Mobile Phone No ..... (Phone) +65-90085256  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SD22V07864/VPE/R00

### DRIVER

Name of Driver ..... MUHAMMAD FARIS-IZZWAN BIN MAZLAN  
NRIC No ..... SXXXX317A  
Date Of Birth ..... 07/03/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	04/08/2014
Driving experience .....	8 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82900444
Alt. Phone Number .....	-
Email Address .....	farisdash94@gmail.com
Address .....	APT BLK 253 YISHUN RING ROAD
Address complement .....	# 03-1041
Postcode .....	760253
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FRIEND'S FATHER
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 .....	Side Swipe
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) .....	3
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 .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT STATEMENT

#### 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 .....	SJK3327L
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) .....	-

**SKETCH PLAN**

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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.

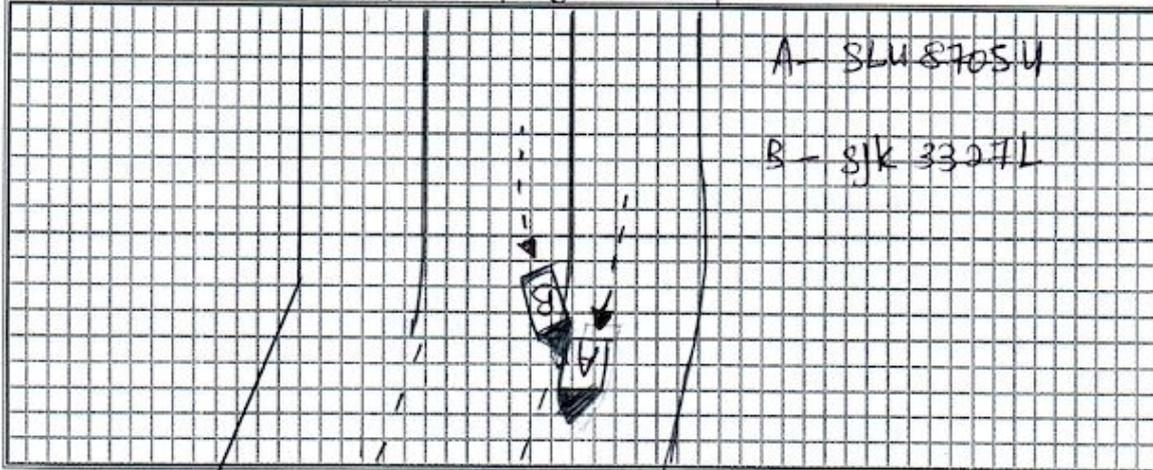
*[Signature]* 14/4/23  
 Policyholder's Signature / Date & Time

*[Signature]* 14/04/23  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 14/4/2023  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Entrance to Johor Custom



vJun2022

1

Describe Circumstance of the Accident

please refer to the attached  
police Report  
- L/20230413/709 -

Declaration

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

[Signature] 14/4/23  
Policyholder's Signature / Date & Time

[Signature] 14/04/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 14/4/2023  
Witnessed by Reporting Centre Personnel (Name as on NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



L/20230413/7019

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230413/7019

reverse back so that i can move forward

Refusing to give way, SJK 3327L kept creeping forward towards our car but i was already in the right of lane. As it was full of cars, we didn't stop and I made my way further forward to have a conversation with her. But she drove past us when she was repeatedly told to stop and look at the situation. SJK 3327L then proceed to the immigration counter without attending to the situation. We proceeded as well as we have no means catching up with her.

When we managed to catch up with her at the Johor bridge, we asked for the number but she told us she didn't know that the accident happened. We told her it's okay and just give us her details. After we gave her a call, she told us that she is making a police report as I was the one who "bang" her car.

I have concluded that this is a hit and run.

Subjects Involved			
Victim			
Person Name	MUHAMMAD FARIS-IZZWAN BIN MAZLAN		
ID Type	NRIC NO	ID No	S9409317A
Gender	Male	Age	29
Race	Boyanesse	Language	English
Occupation	Aeronautical engineering technician	Address	253 YISHUN RING ROAD #03-1041 SINGAPORE 760253
Mobile No	82990044	Is Informant A Victim?	Yes

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: 13/04/2023 12:22
Officer In-Charge Of Case:	Classification Of Case:















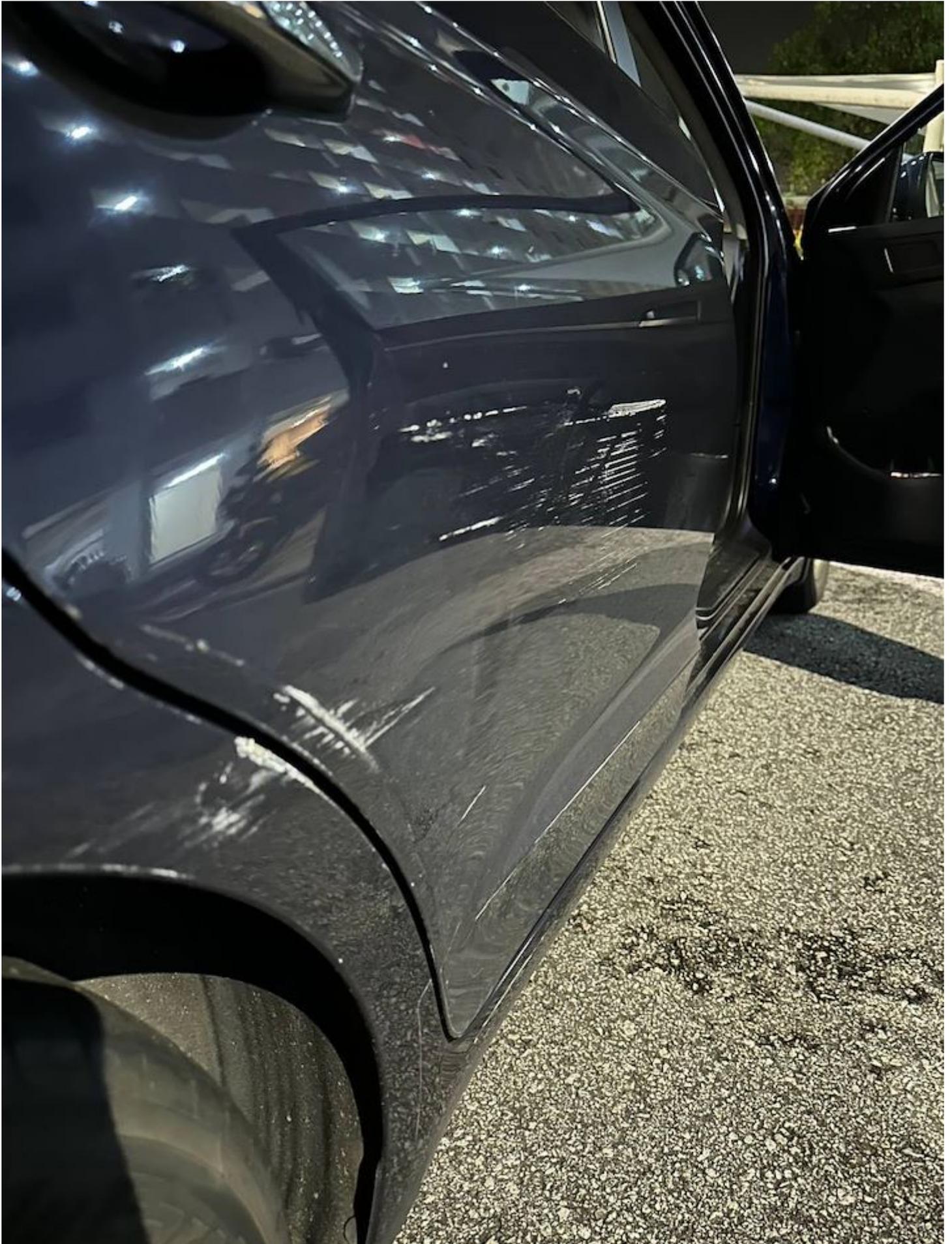


















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L/20230413/7019

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Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20230413/7019

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230413/7019

Person Name	MUHAMMAD FARIS-IZZWAN BIN MAZLAN (Informant)
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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: 13/04/2023 12:22
Officer In-Charge Of Case:	Classification Of Case: