

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 16:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/04/2023 10:43 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8238L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ADLY BIN SALLEH
NRIC No	SXXXX296I
Email Address	M_ADLY81@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94555413
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	1490

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130782307

DRIVER

Name of Driver	MUHAMMAD ADLY BIN SALLEH
NRIC No	SXXXX296I
Date Of Birth	23/08/1981
Occupation	Indoor

Date Of Driving Pass	14/07/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94555413
Alt. Phone Number	-
Email Address	M_ADLY81@HOTMAIL.COM
Address	BLK 211A COMPASSVALE LANE
Address complement	#03-194
Postcode	541211
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	Raining
Road Surface	Wet

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?	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	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

AS PER POLICE REPORT

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	SME5354R
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	ZHOU JIANLI
NRIC No	SXXXXX047D
Contact Number	(Phone) +65-84986871
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	MUHAMMAD ADLY BIN SALLEH
Gender	Male
Phone No	(Phone) +65-94555413
Address	BLK 211A COMPASSVALE LANE
Address Complement	#03-194
Post Code	541211
Approximate Age Years Old	-
Injuries Sustained	AS PER POLICE REPORT
Injured person in which vehicle?	SNE8238L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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/small 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

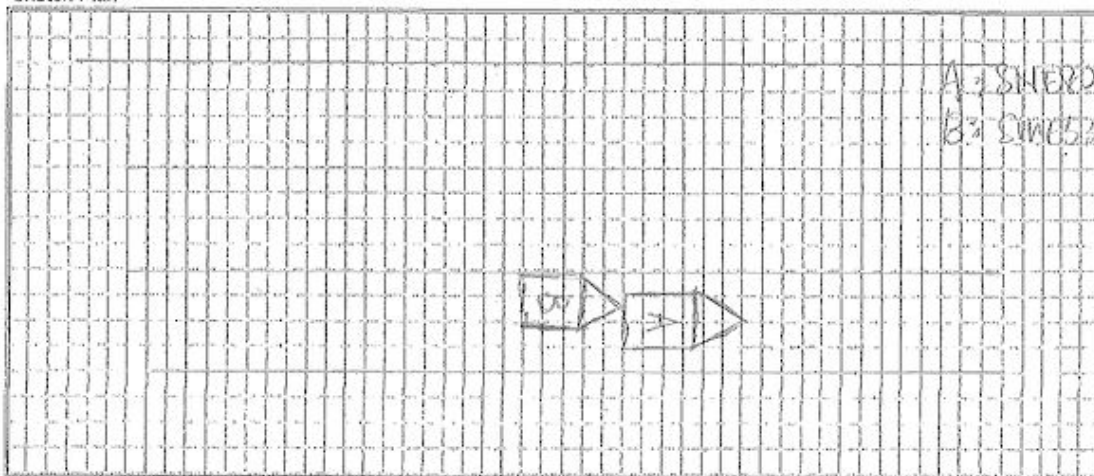
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

03/04/23 @ 14:46 hrs
Policyholder's Signature / Date & Time

Mirley
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

As per police report.

Declaration

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

 02/04/23 @ 1446hrs.
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**


G/20230403/7073

1 of 2

POLICE REPORT (NP299)

Report No. G/20230403/7073

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

Date/Time Report Made 03/04/2023 14:48	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ADLY BIN SALLEH	Address 211A COMPASSVALE LANE #03-194 SINGAPORE 541211	
ID Type / ID No. NRIC NO / S81262961	Contact No. Home/Office:	Mobile: 94555413
Nationality SINGAPORE CITIZEN	Email Address M_ADLY81@HOTMAIL.COM	
Occupation Police officer	Sex Male	Age 41
Institution/School Name	Date of Birth 23/08/1981	Race Javanese
Date/Time Of Incident 03/04/2023 10:40 - 03/04/2023 10:45	Location Of Incident PAYA LEBAR ROAD	

Brief details.

On 03/04/2023 at about 10:43am, I was driving straight along Paya Lebar Road then suddenly SME5354R collided onto the rear portion of my vehicle SNE8238L after the accident I felt pain on my left side knee so i went to Raffles Medical for consultation and was granted 4 days medical certificate and I have a video footage which witness the whole accident.

Subjects Involved
Suspect

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: 03/04/2023 14:48
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230403/7073

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230403/7073

Person Name	Zhou JianLi		
ID Type	NRIC NO	ID No	S8232047D
Gender	Male	Race	Chinese
Language	Chinese	Mobile No	84986871
Victim			
Person Name	MUHAMMAD ADLY BIN SALLEH		
ID Type	NRIC NO	ID No	S8126296I
Gender	Male	Age	41
Race	Javanese	Language	English
Occupation	Police officer	Address	211A COMPASSVALE LANE #03-194 SINGAPORE 541211
Mobile No	94555413	Is Informant A Victim?	Yes
Informant			
Person Name	MUHAMMAD ADLY BIN SALLEH (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: 03/04/2023 14:48
Officer In-Charge Of Case:	Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0Y23430004 Vehicle Registration No: SNE8238L
 Name (as shown in NRIC): Muhammad Adly Bin Salleh NRIC/FIN/Passport No: SXXXX246I
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 211A Compassvale Lane #03-194 Singapore (541211)
 Contact (Tel): _____ Mobile No.: 94553413
 Email Address: m_adly81@hotmail.com
 Date of Accident: 03/04/2023 Time of Accident: 10:43
 Place of Accident: Along Paya Lebar Road -
Income Insurance
 Insurance Company: _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Include police report -

 Policyholder / Actual Driver's Signature
 Date:

Smirley

 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: