

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	17/04/2023 12:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/04/2023 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM BUKIT PANJANG RING ROAD TO BUKIT PANJANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6404R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHD DZULKARNAIN HUSSEIN
NRIC No	S8590057I
Email Address	DZULLIAS@GMAIL.COM
Mobile Phone No	(Phone) +65-97520667
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VIOS E AUTO
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	1497

INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHD DZULKARNAIN HUSSEIN
NRIC No	S8590057I
Date Of Birth	22/03/1985

Occupation	Indoor
Date Of Driving Pass	05/01/2012
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97520667
Alt. Phone Number	-
Email Address	DZULLIAS@GMAIL.COM
Address	BLK 442B FAJAR ROAD 06-26 SINGAPORE 672442
Address complement	-
Postcode	-
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)	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	SNC2192J
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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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 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.

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




S000234H0009.

Describe Circumstance of the Accident	
VEHICLE NO: SLW 6404R	ACCIDENT DATE & TIME: 17/4/2023 @ 9.40am
CONTACT NUMBER: 97520667	E-MAIL: dzullias@gmail.com
LOCATION: Inside sliproad of between Bukit Panjang Ring Road and Bukit Panjang Road.	
<p>On 17/4/2023, 0940hrs, I was driving my car, SLW 6404R, Toyota Vios, Blue in colour, along Bukit Panjang Ring Road and inside the slip road before merging onto Bukit Panjang Road. I stopped behind the white dotted line and that's where a Nissan Kick, Red in colour SNC 2192 J, hit the rear of my car. We stopped and checked and exchange details. She acknowledged it was her fault and she did not break on time thus hitting the rear of my car.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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

Policyholder's Signature / Date & Time

 17/4/2023

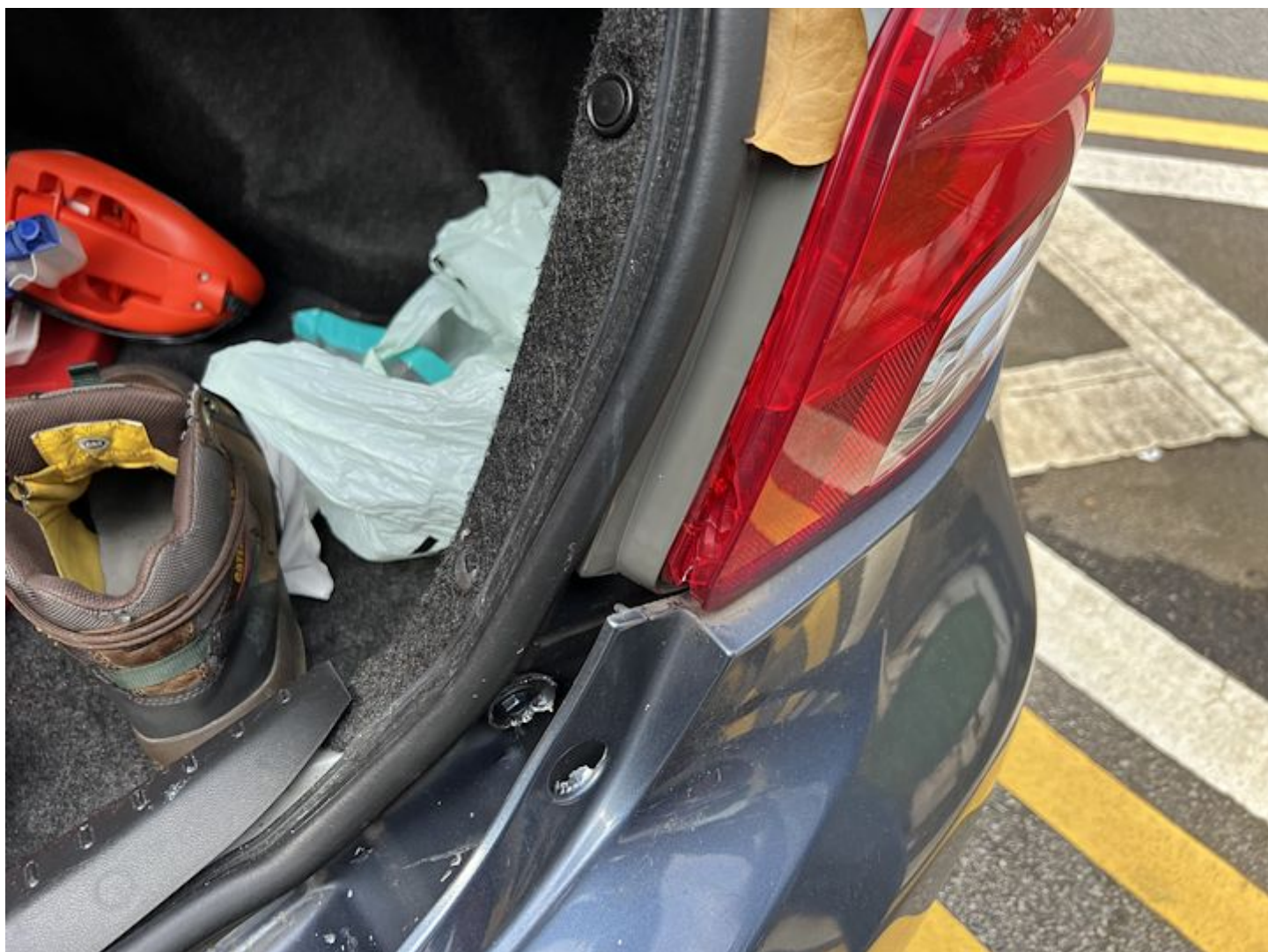
Driver's Signature (if driver is not the policyholder) / Date & Time


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



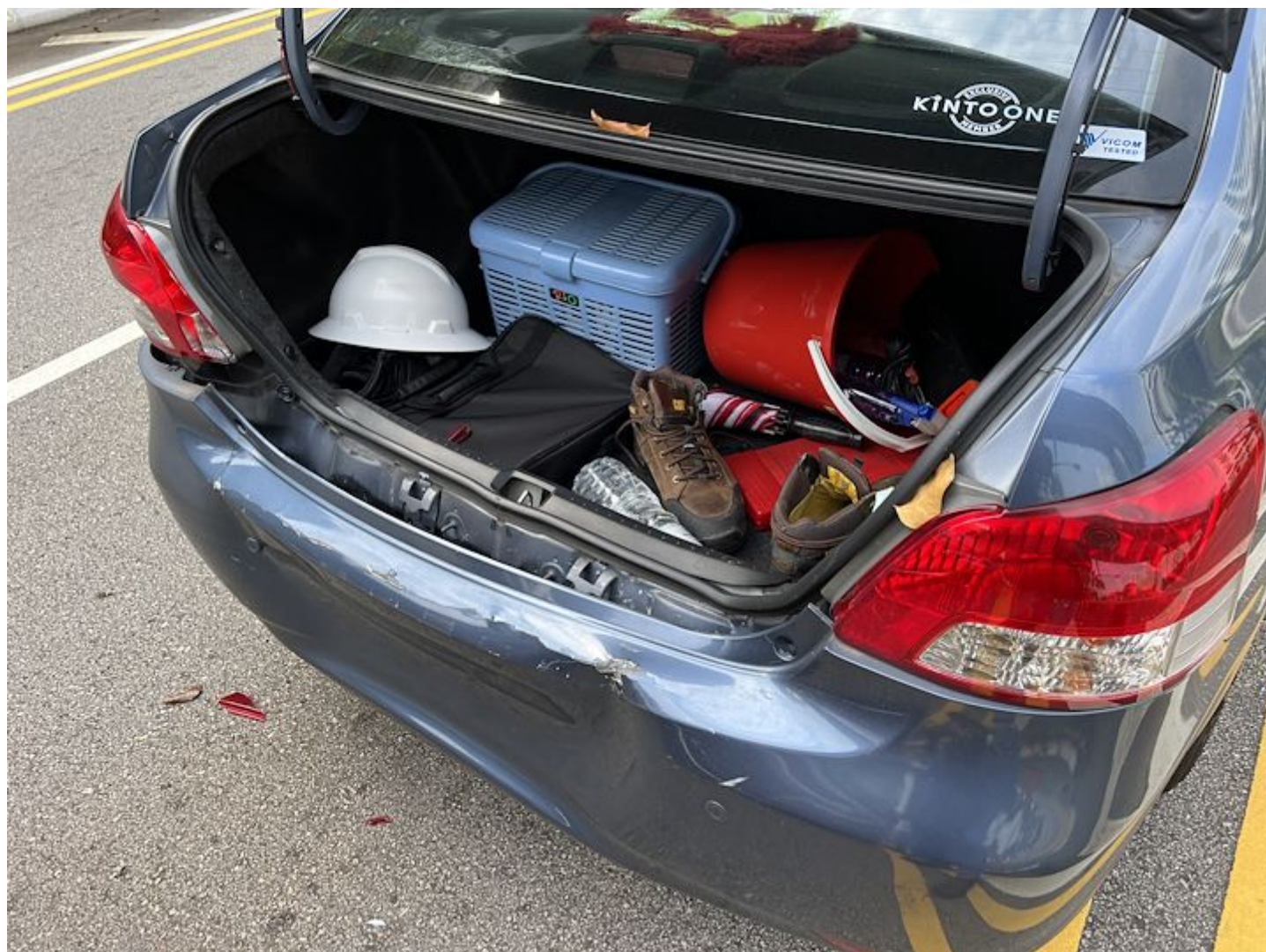










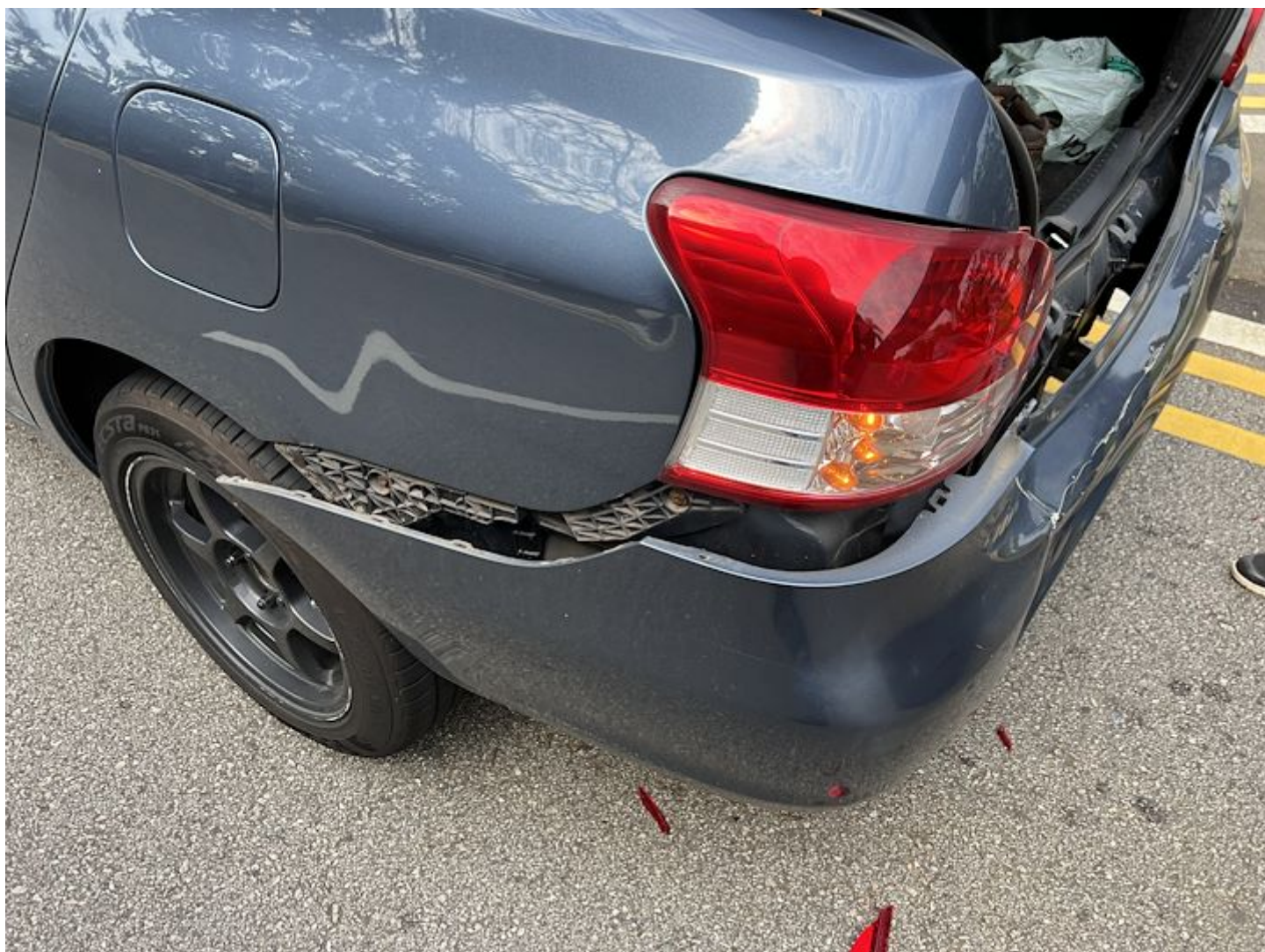




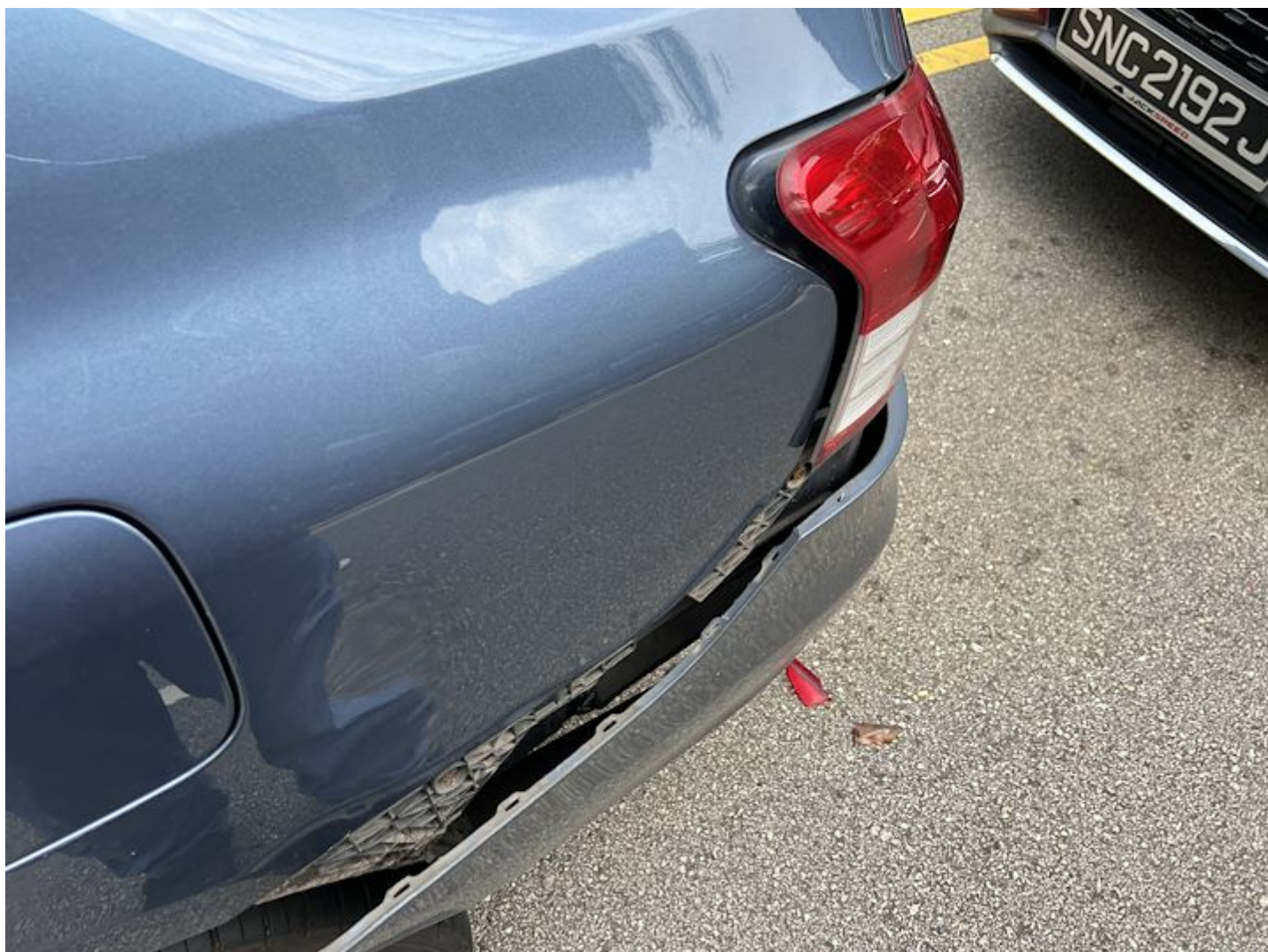
















































**SINGAPORE
POLICE FORCE**



J/20230417/7022

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POLICE REPORT (NP299)

Report No. J/20230417/7022

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 17/04/2023 10:58	Vide Report No.	Station Diary No.
Name Of Informant MOHD DZULKARNAIN HUSSEIN	Address 442B FAJAR ROAD #06-26 SINGAPORE 672442	
ID Type / ID No. NRIC NO / S8590057I	Contact No. Home/Office:	Mobile: 97520667
Nationality SINGAPORE CITIZEN	Email Address DZULLIAS@GMAIL.COM	
Occupation Premises and facilities maintenance manager	Sex Male	Age 38
Institution/School Name	Date of Birth 22/03/1985	Race Javanese
	Language English	
Date/Time Of Incident 17/04/2023 09:40 - 17/04/2023 09:45	Location Of Incident 442B FAJAR ROAD #06-26 SINGAPORE 672442	

Brief details.

On 17/04/2023, at 9.40am, i was driving my car, Blue Toyota Vios, SLW6404R, along Bukit Panjang Ring Road into the sliproad and stop before the white line, that goes into Bukit Panjang Road before entering BLE, when a red Nissan Kicks, SNC 2192J, hit the rear of my car. We stopped and exchanged details and she acknowledged that it was her fault for hitting me and not break in time. We exchange details and I decided to visit the clinic to access my situation by a doctor if i have any injury. I am making this report for record purposes.

That is all.

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: 17/04/2023 10:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230417/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230417/7022

Subjects Involved			
Victim			
Person Name	MOHD DZULKARNAIN HUSSEIN		
ID Type	NRIC NO	ID No	S8590057I
Gender	Male	Age	38
Race	Javanese	Language	English
Occupation	Premises and facilities maintenance manager	Address	442B FAJAR ROAD #06-26 SINGAPORE 672442
Mobile No	97520667	Is Informant A Victim?	Yes
Person Name	MOHD DZULKARNAIN HUSSEIN (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: 17/04/2023 10:58
Officer In-Charge Of Case:	Classification Of Case: