

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	21/04/2023 16:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/04/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TUAS TOWARDS SENJA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3885C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AZHAR BIN ABDUL RASHID
NRIC No	SXXXX647J
Email Address	MDAZHARABDRASHID@GMAIL.COM
Mobile Phone No	(Phone) +65-90014301
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00079942200

DRIVER

Name of Driver	MUHAMMAD AZHAR BIN ABDUL RASHID
NRIC No	SXXXX647J
Date Of Birth	03/11/1985
Occupation	Indoor

Date Of Driving Pass	20/02/2019
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90014301
Alt. Phone Number	-
Email Address	MDAZHARABDRASHID@GMAIL.COM
Address	APT BLK 455 CHOA CHU KANG AVENUE 4
Address complement	# 02-99
Postcode	680455
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	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?	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	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T820230421/7021

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	PC8670H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial 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	MUHAMMAD AZHAR BIN ABDUL RASHID
Gender	Male
Phone No	(Phone) +65-90014301
Address	APT BLK 455 CHOA CHU KANG AVENUE 4
Address Complement	# 02-99
Post Code	680455
Approximate Age Years Old	-
Injuries Sustained	NECK , SIDE AND BACK PAIN - GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SLN3885C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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


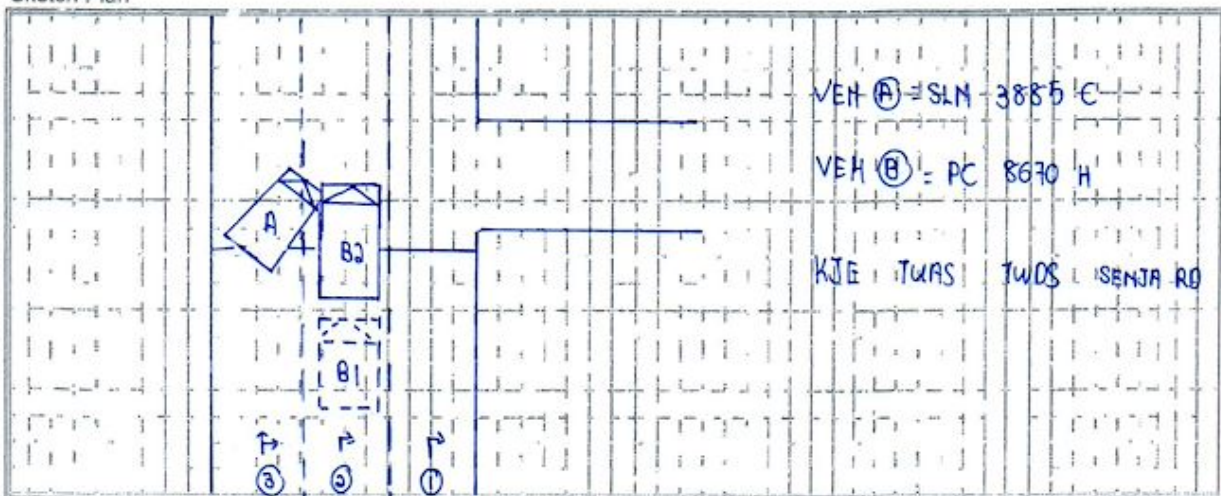
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(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


Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT T/20230421/7021

Declaration

I/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

 21/4/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230421/7021

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

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Report No. T/20230421/7021

CONTINUATION OF REPORT

Vehicle Owner			
Name	MUHAMMAD AZHAR BIN ABDUL RASHID	ID No.	S8537647J
Related Vehicle	SLN3885C (Car)	Contact No.	90014301
Hospital/Clinic	BLESS MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was driving SLN3885C along from KJE TUAS towards Senja Road.

I was travelling along the extreme left lane, which could turn right or go straight.

Before the junction, I had already signalled my intentions to turn right. As such, when I reached the junction I proceeded to make a right turn when suddenly, a massive impact slammed into the right portion of my vehicle.

I was caught completely off guard by the unexpected impact as my right elbow and right rib cage slammed against my driver's door.

It was then that I realised that a bus, PC 8670 H, which was initially along the lane on my right, had gone straight instead of making a compulsory right turn at said junction and slammed into the front right portion of my vehicle.

Later the same day, I started feeling aches in my neck and back areas as well.

As such, I went to BLESS MEDICAL CENTRE PTE LTD to seek treatment and was given 3 Days MC for injuries caused by the accident.





















**SINGAPORE
POLICE FORCE**



T/20230421/7021

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

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Report No. T/20230421/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2023 12:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD AZHAR BIN ABDUL RASHID			Address: 455 CHOA CHU KANG AVENUE 4 #02-99 SINGAPORE 680455		
ID Type / ID No.: NRIC NO / S8537647J			Contact No.: Home/Office: Mobile: 90014301		
Nationality: SINGAPORE CITIZEN			Email: MDAZHARABDRASHID@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 03/11/1985	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		
Occupation: INDOOR			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2023 17:50	Type of Location: T-Junction
Location: SENJA CLOSE				
Weather: Clear		Road Surface: Dry		
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
PC8670H	Bus/Coach/Minibus					0
SLN3885C	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230421/7021

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

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Report No. T/20230421/7021

CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**

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



T/20230421/7021

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Report No. T/20230421/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

NP168

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

Date/Time:
21/04/2023 12:10

Classification Of Case: