

## 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 .....	16/04/2023 18:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/04/2023 18:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KPE(ECP) AFTER TAMPINES ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR3728C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SITI RAIHANAH BINTE ROSLI
NRIC No .....	S9245994B
Email Address .....	SETHVAN92@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97335861
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Pulsar
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 .....	1200

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5121963849-01

#### DRIVER

Name of Driver .....	MUHAMED SAABAN BIN AB RAZAK
NRIC No .....	S9204904C
Date Of Birth .....	13/04/1992
Occupation .....	Indoor

Date Of Driving Pass .....	02/02/2017
Driving experience .....	6 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97335861
Alt. Phone Number .....	-
Email Address .....	SETHVAN92@HOTMAIL.COM
Address .....	189A RIVERVALE DRIVE #14-1020
Address complement .....	-
Postcode .....	541189
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	4
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 .....	RAIHANAH
Gender .....	Female

#### PASSENGER 2

Name .....	RAYYAN KINZA
Gender .....	Male

#### PASSENGER 3

Name .....	CARINI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... SENT TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SKS6709U  
 Vehicle Manufacturer ..... BMW  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Private car  
 Name of Driver ..... MUHAMMAD IZWANDI BIN ZAINOR  
 NRIC No ..... S9024609G  
 Contact Number ..... (Phone) +65-84441121  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMV2939J  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... Civic  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Black  
 Vehicle Category ..... Private car  
 Name of Driver ..... NG WEISHENG  
 NRIC No ..... S8724992A  
 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 ..... MUHAMED SAABAN BIN AB RAZAK  
 Gender ..... Male  
 Phone No ..... (Phone) +65-97335861  
 Address ..... BLK 189A RIVERVALE DRIVE #14-1020  
 Address Complement ..... -  
 Post Code ..... 541189  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLR3728C  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

# 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.
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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.

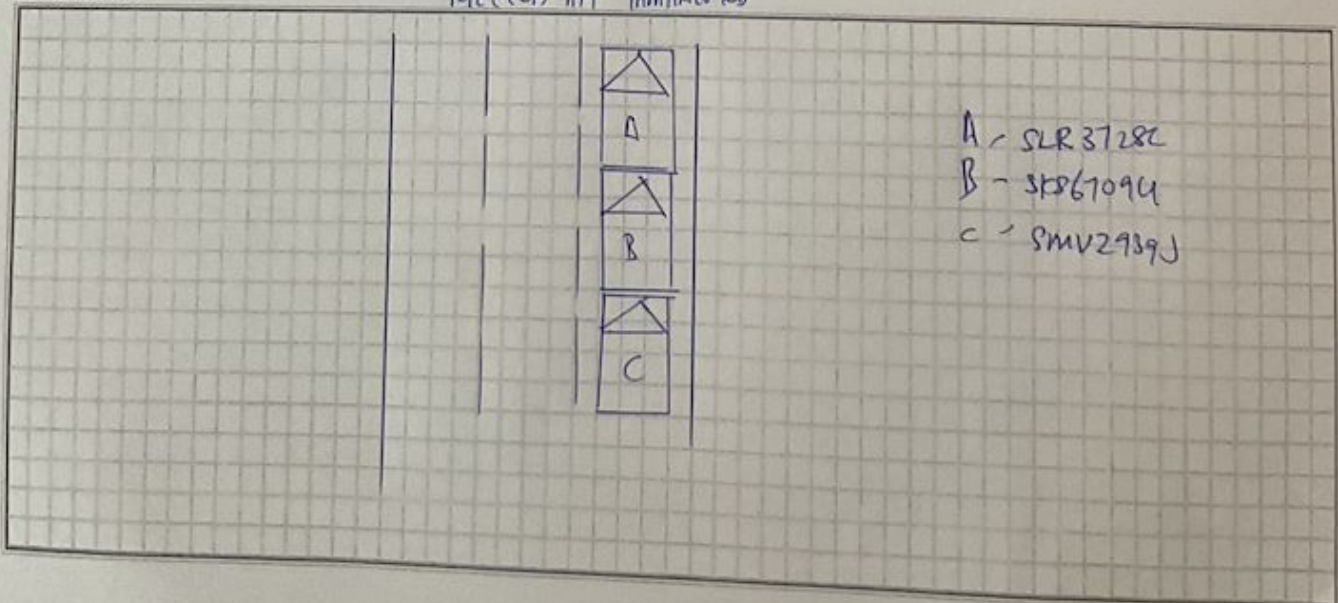
Policyholder's Signature / Date & Time

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

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

Sketch Plan

KPE (FCP) AFT TAMPAH RD





## Describe Circumstance of the Accident

On 15/4/2023 at 1850hrs, as I was entering the KPE Tunnel, I slowed down due to obstructions ahead of me when ST567054 suddenly collided into my rear. I saw that SMV2939J had collided into the rear of ST567054.

REF ID: REFORT Num F/20230416/7031

## 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

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



























**SINGAPORE  
POLICE FORCE**



F/20230416/7031

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**POLICE REPORT (NP299)**

Report No. F/20230416/7031

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 16/04/2023 15:31	Vide Report No.	Station Diary No.
Name Of Informant MUHAMED SAABAN BIN AB RAZAK	Address 189A RIVERVALE DRIVE #14-1020 SINGAPORE 541189	
ID Type / ID No. NRIC NO / S9204904C	Contact No. Home/Office:	Mobile: 97335861
Nationality SINGAPORE CITIZEN	Email Address SETHVAN92@HOTMAIL.COM	
Occupation Chemical engineering technician (petrochemicals)	Sex Male	Age 31
	Date of Birth 14/02/1992	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 15/04/2023 18:30 - 15/04/2023 19:25	Location Of Incident 189A RIVERVALE DRIVE #14-1020 SINGAPORE 541189	

**Brief details.**

I was involved in a car accident along KPE around 630pm on 15/04/2023. I was driving in the first lane and observed that there was an obstruction. I managed to slow down and come to a complete stop without hitting the rear end of the car in front of me. Unfortunately, the driver (plate no: SKS6709U) behind me hit me on my rear. I have video and photo evidence if you need it. We exchanged particulars and left the scene. This morning I got up feeling stiffness around my left neck and proceed to seek

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: 16/04/2023 15:31
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20230416/7031

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230416/7031

medical attention as advised by insurer and was given 3 days MC. I was told to made a police report following my consultation with the doctor.

The details of the driver behind me  
Muhammad Izwandi Bin Zainor  
S9024609G

Subjects Involved			
Victim			
Person Name	MUHAMED SAABAN BIN AB RAZAK		
ID Type	NRIC NO	ID No	S9204904C
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Chemical engineering technician (petrochemicals)	Address	189A RIVERVALE DRIVE #14-1020 SINGAPORE 541189
Mobile No	97335861	Is Informant A Victim?	Yes
Person Name	MUHAMED SAABAN BIN AB RAZAK (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
16/04/2023 15:31

Classification Of Case: