

# 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 .....	08/05/2023 13:24 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/05/2023 23:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE BEFORE EXIT 9
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR5085K
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ISMAIL B HEDZIR
NRIC No .....	S1817201A
Email Address .....	ISHEDZIR@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81723497
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Chevrolet
Model .....	Cruze
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5124318168-01

### DRIVER

Name of Driver .....	ISMAIL B HEDZIR
NRIC No .....	S1817201A
Date Of Birth .....	02/05/1967
Occupation .....	Indoor

Date Of Driving Pass .....	14/05/2021
Driving experience .....	2 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81723497
Alt. Phone Number .....	-
Email Address .....	ISHEDZIR@GMAIL.COM
Address .....	762YISHUN ST 72 #01-422
Address complement .....	-
Postcode .....	760762
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 .....	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) .....	5
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 .....	ZAINAB BINTE AHMAD
Gender .....	Female

#### PASSENGER 2

Name .....	ZUBAIDAH BINTE AWANG
Gender .....	Female

#### PASSENGER 3

Name .....	SITI SURIAH BINTE SAID
Gender .....	Female

#### PASSENGER 4

Name .....	RAHMAT BIN ABDUL RAHIM
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

## 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 ..... SNG7616A  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 Name of Driver ..... SAMUEL  
 Contact Number ..... (Phone) +65-96132182  
 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 ..... SMV2246A  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... NA / Unknown  
 Name of Driver ..... FOO FANG WEE  
 Contact Number ..... (Phone) +65-97577977  
 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 ..... ISMAIL BIN HEDZIR  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLR5085K  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

## INJURED 2

Name of injured person ..... ZAINAB BINTE AHMAD

Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLR5085K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-


Describe Circumstance of the Accident

Please refer to police report attached.

Declaration

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)

**SKETCH PLAN**

**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 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.

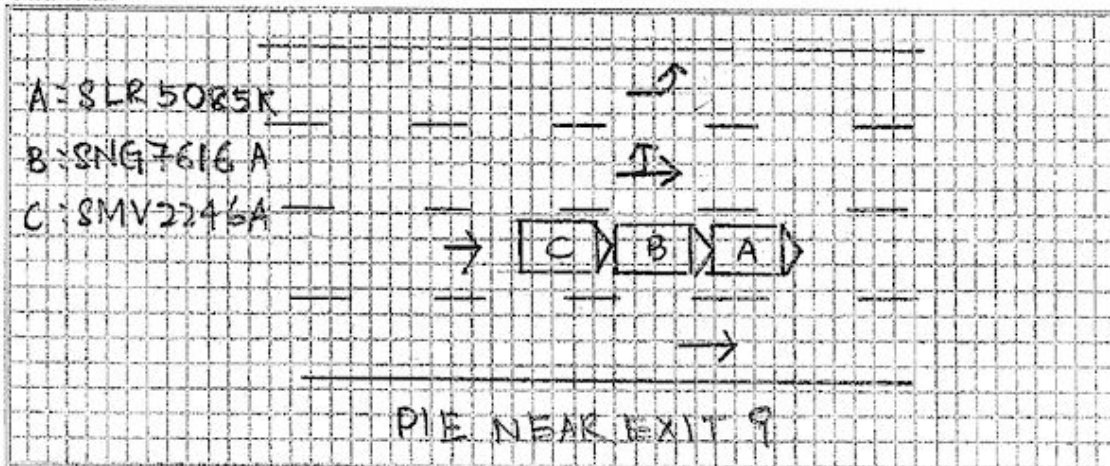


Policyholder's Signature / Date & Time

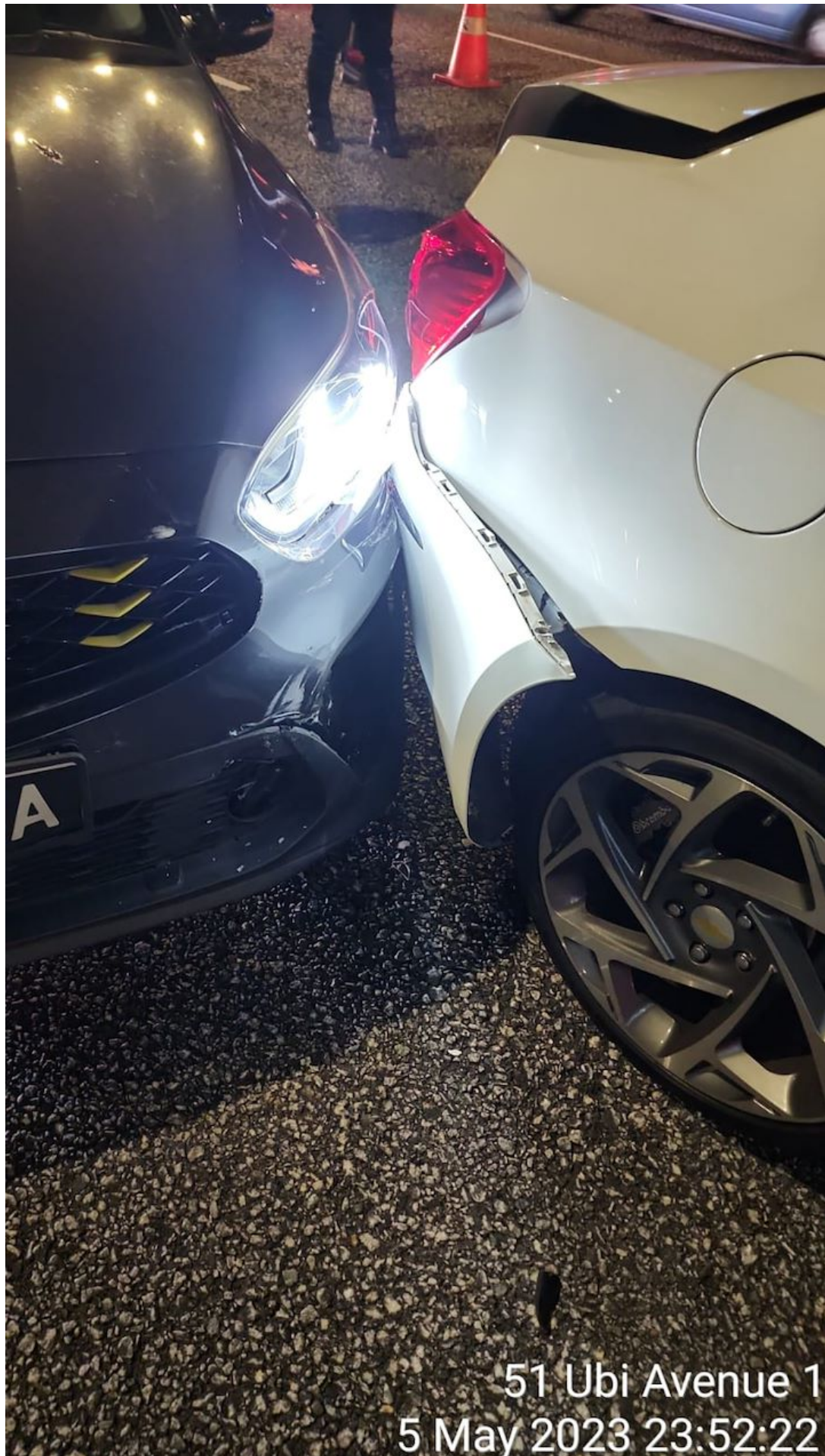
Driver's Signature (if driver is not the policyholder) / Date & Time

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

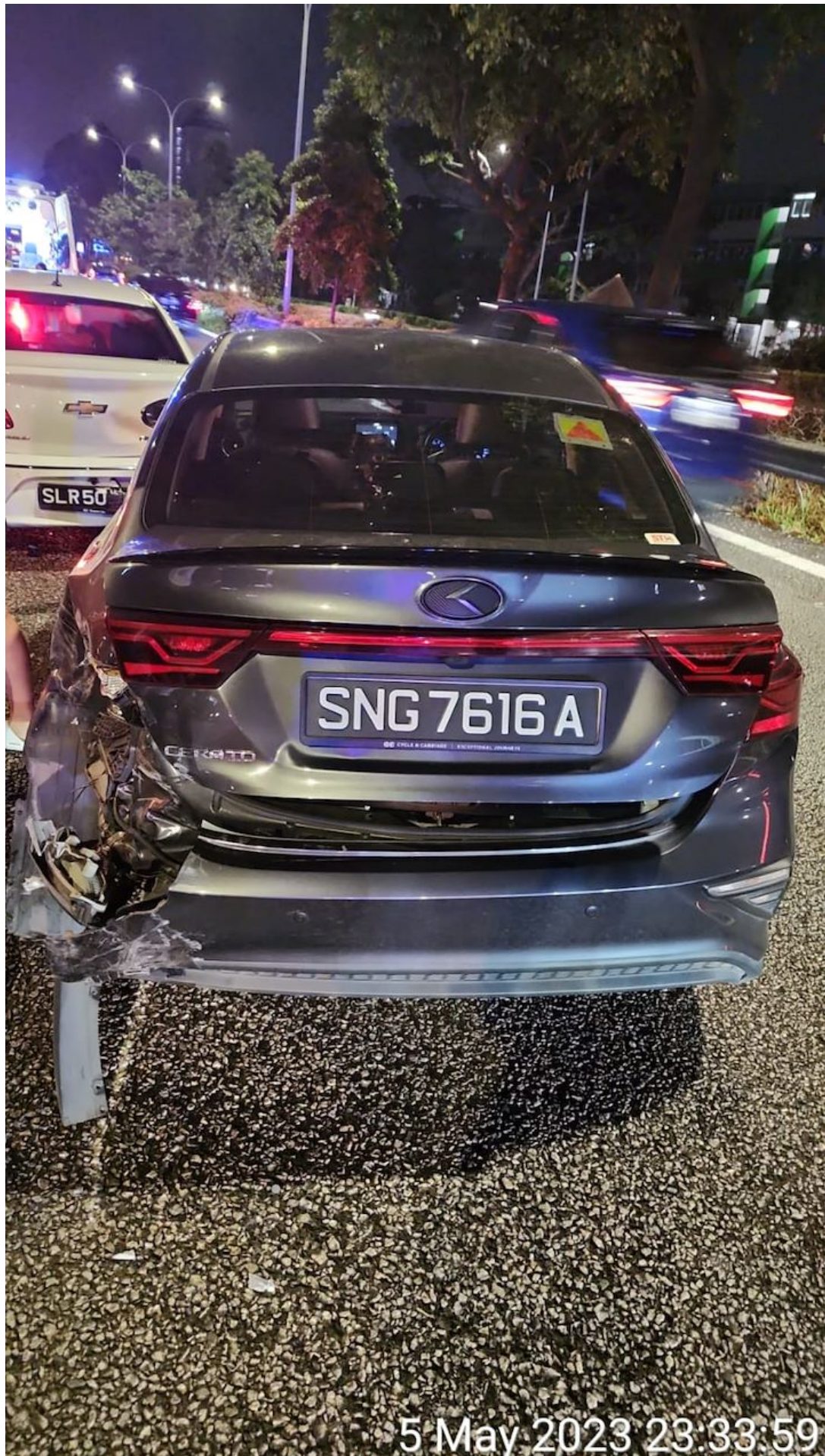
Sketch Plan











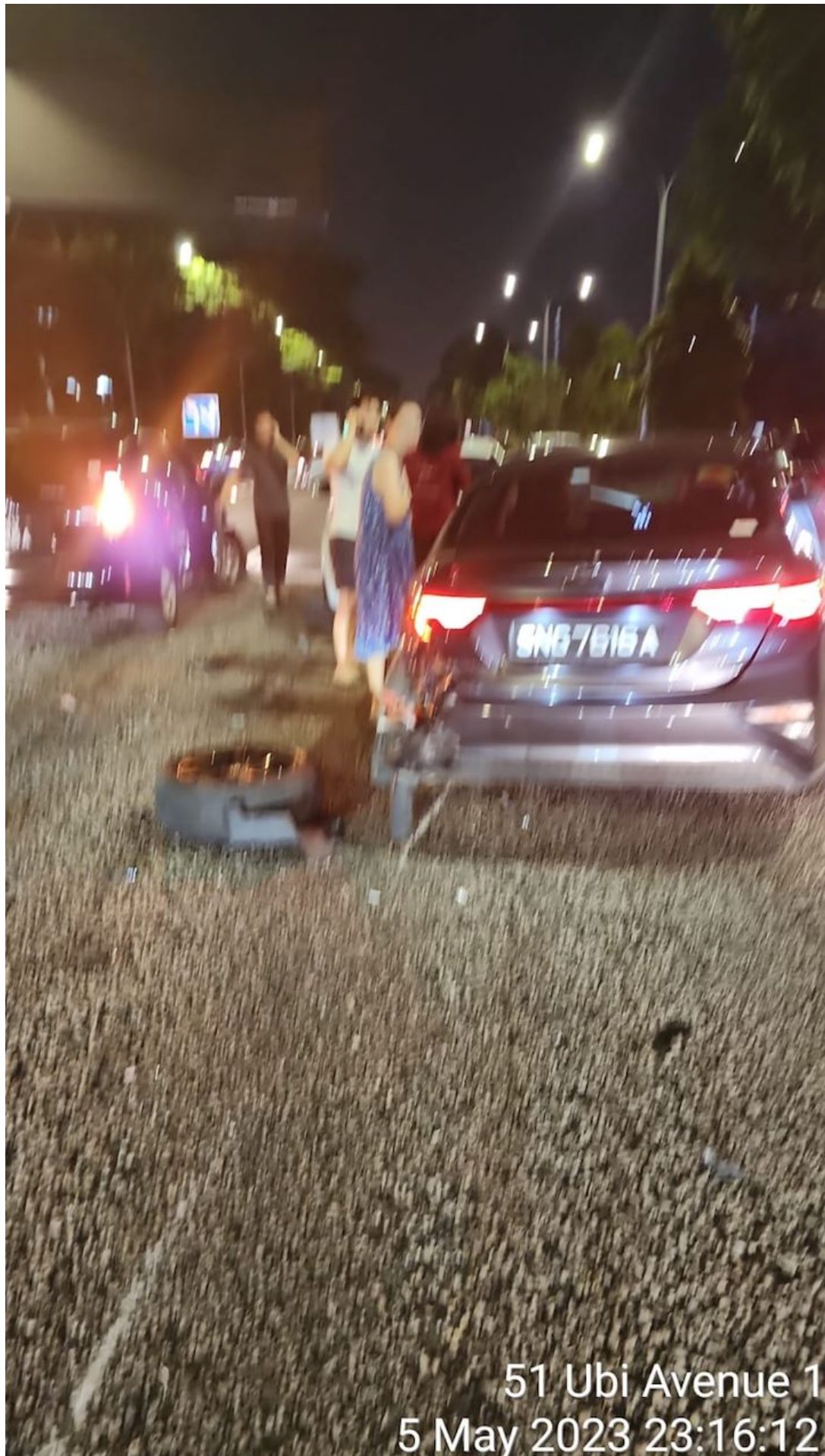




















51 Ubi Avenue 1  
5 May 2023 23:15:03





51 Ubi Avenue 1  
5 May 2023 23:14:56











































**SINGAPORE  
POLICE FORCE**



T/20230506/2044

1 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20230506/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/05/2023 14:11		Vide Report No.: G/20230505/0234		Station Diary No.: 28
<b>Informant's Particulars</b>				
Name of Informant: ISMAIL BIN HEDZIR		Address: APT BLK 762 YISHUN STREET 72 #01-422 SINGAPORE 760762		
ID Type / ID No.: NRIC NO / S1817201A		Contact No.: Home/Office: Mobile: 81723497		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 02/05/1967	Type of Informant: Driver	
Race: Malay		Language:		
Occupation: Executive		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drnk Drive: No	Date/Time of Accident: 05/05/2023 23:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLR5085K		CHEVROLET	CRUZE NB 1.6D 6AT	White		4
SMV2246A		TOYOTA	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS	Black		0
SNG7616A		KIA	CERATO 1.6(A) EX	Grey		0



**SINGAPORE  
POLICE FORCE**



T/20230506/2044

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 4  
Report No. T/20230506/2044

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLR5085K	NTUC Income Insurance Co-Operative Limited	5124318168-01	17/02/2023	16/02/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ISMAIL BIN HEDZIR		ID No.	S1817201A
Related Vehicle	SLR5085K		Contact No.	81723497
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/05/2023		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Passenger				
Name	ZAINAB BINTE AHMAD		ID No.	S1762328A
Related Vehicle	SLR5085K		Contact No.	91800284
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2023		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL

**Brief Details.**

On 05/05/2023 at about 2310hrs, I was driving my vehicle (SLR5085K) along PIE near to Jalan Eunos exit.

At the point of time, my vehicle was travelling behind another vehicle at slow speed which I applied brakes on my vehicle to a stop. Suddenly I felt an impact from the rear of my vehicle as such I alighted to make a check and discovered that my vehicle was hit by vehicle (SNG7616A).

I also observed that there was another vehicle (SMV2246A) which also involved and had hit on the vehicle (SNG7616A).

I would wish to state that there was police and ambulance attended to the accident and there were two persons conveyed to the hospital.

I would wish to state that due to the accident, I felt pain on my shoulder, neck, right arm and wrist. My wife





**SINGAPORE  
POLICE FORCE**



T/20230508/2044

3 of 4

Report No. T/20230508/2044

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**CONTINUATION OF REPORT**

felt pain on back. As such both myself and my wife went to seek medical attention and was given 5 days medical leaves.

My vehicle does have front and rear in car camera, the SD Card was also handed over to the officer that attended to the accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20230506/2044

4 of 4

Report No. T/20230506/2044

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 3 Tan Chin Seng Jason

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MUHAMMAD FARHAN BIN MOHAMED  
Contact No.: 65476224

Signature Of Informant:

Date/Time:  
06/05/2023 14:11

Classification Of Case:

NP168





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5124318168-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLR5085K  
 Chassis Number : KL1JA69E9GK351290  
 2. Name of Policyholder : ISMAIL B HEDZIR  
 3. Effective Date of Insurance : 17 Feb 2023  
 4. Expiry Date of Insurance : 16 Feb 2024

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.  
 (b) Use for racing, pace-making, reliability trial or speed-testing.  
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,000
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ISMAIL BIN HEDZIR
NAMED DRIVER (1)	: MUHAMMAD NUR DINIE BIN JAMALUDIN
NAMED DRIVER (2)	: MUHAMMAD NUR DANIAL BIN JAMALUDIN
HIRE PURCHASE COMPANY	: CASHWELL CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE. LTD. (00000614373)  
 Date of Issue : 09 Jan 2023 12:16 hrs

For INCOME INSURANCE LIMITED

Chief Executive