

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	11/05/2023 13:35 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 06:40 (SGT)
Exact Location of Accident	Near 23 Bedok South Ave 1, Block 23, Singapore 460023
Additional Location Information	SLIP ROAD OF NEW UPPER CHANGI ROAD TOWARDS BEDOK SOUTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN3198Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IYLIA BIN JAMALUDIN
NRIC No	S8325462I
Email Address	MAIROHMAT@GMAIL.COM
Mobile Phone No	(Phone) +65-84687278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124847593-01

DRIVER

Name of Driver	MUHAMMAD SHUKRI BIN SALLEH
NRIC No	S9114817Z
Date Of Birth	27/04/1991

Occupation	Indoor
Date Of Driving Pass	16/12/2010
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91895114
Alt. Phone Number	-
Email Address	SHUKRISALLEH@GMAIL.COM
Address	BLK 546 BEDOK NORTH STREET 3 #07-1434
Address complement	-
Postcode	460546
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 11/05/2023 AT ABOUT 0640HRS, I WAS TRAVELLING ALONG BEDOK SOUTH AVENUE 1 HEADING TOWARDS EAST COAST PARK AND I HAD JUST MADE A LEFT TURN. AFTER MAKING THE TURN, I THEN OBSERVED THAT THERE WAS A ZEBRA CROSSING AND THEREFORE I STOPPED MY VEHICLE. HOWEVER UPON STOPPING, I THEN FELT AN IMPACT FROM THE REAR OF MY VEHICLE (SDN3198Y). A VEHICLE BEARING PLATE NUMBER SLF1315L HIT ONTO THE REAR OF MY VEHICLE. SUBSEQUENTLY WE THEN DROVE OUR VEHICLE TO THE NEAREST CARPARK TO ADDRESS THE ACCIDENT. SHE INFORMED ME THAT SHE WAS NOT INJURED AND I WAS NOT INJURED AS WELL. AS A RESULT OF THE ACCIDENT, MY VEHICLE SUFFERED DAMAGES ON THE REAR, BUMPER IS DENT AND THE BOOT CANNOT BE CLOSED FULLY AS WELL. NO GOVERNMENT PROPERTY WAS DAMAGED IN THE PROCESS. WE BOTH CAME TO AN AGREEMENT THAT WE WOULD CLAIM OUR INSURANCE ACCORDINGLY AND SETTLE THIS ISSUE. WE THEN LEFT THE AREA RESPECTIVELY. THEREFORE, I AM MAKING THIS REPORT FOR RECORD PURPOSES AND ALSO FOR INSURANCE PURPOSE. I THEN MANAGED TO GET HER CONTACT NUMBER, 92358308.

ATTACHMENT(S)

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	OVERWRITE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1315L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92358308
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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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

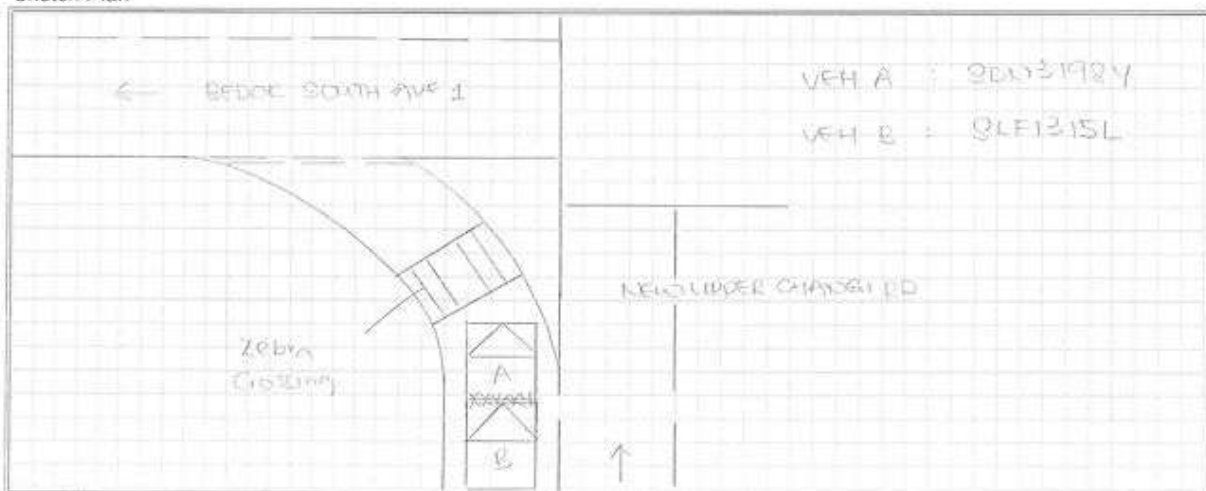
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vjun2022

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Describe Circumstance of the Accident	
<p>REFER TO GIA REPORT</p>	
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.</p>	<p>Reporting Only Claim OD Claim TP <input checked="" type="checkbox"/> Claim OD/TP at other workshop</p>

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

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

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





**SINGAPORE
POLICE FORCE**



T/20230511/2045

1 of 3

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20230511/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2023 12:11	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars

Name of Informant: MUHAMMAD SHUKRI BIN SALLEH			Address: APT BLK 546 BEDOK NORTH STREET 3 #07-1434 SINGAPORE 460546		
ID Type / ID No.: NRIC NO / S9114817Z			Contact No.: Home/Office: Mobile: 91895114		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 27/04/1991	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: OPERATIONS EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Driver: No	Date/Time of Accident: 11/05/2023 06:40	Type of Location: Straight Road
Location: BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDN3198Y	Car				Slightly Damaged	0
SLF1315L	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230511/2045

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20230511/2045

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SHUKRI BIN SALLEH	ID No.	S9114817Z
Related Vehicle	SDN3198Y (Car)	Contact No.	91895114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11/05/2023 at about 0640hrs, I was travelling along Bedok South Avenue 1 heading towards East Coast Park and I had just made a left turn. After making the turn, I then observed that there was a zebra crossing and therefore I stopped my vehicle. However upon stopping, I then felt an impact from the rear of my vehicle (SDN3198Y). A vehicle bearing plate number SLF1315L hit onto the rear of my vehicle. Subsequently we then drove our vehicle to the nearest carpark to address the accident. She informed me that she was not injured and I was not injured as well. As a result of the accident, my vehicle suffered damages on the rear, bumper is dent and the boot cannot be closed fully as well. No government property was damaged in the process. We both came to an agreement that we would claim our own insurance accordingly and settle this issue. We then left the area respectively.

Therefore, I am making this report for record purposes and also for insurance purpose.

I then managed to get her contact number, 92358308.



SINGAPORE
POLICE FORCE



T/20230511/2045

3 of 3

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20230511/2045

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 BRYAN LIM HUI XIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/05/2023 12:11

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168