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 witholding 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.

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 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 15/05/2023 13:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 13/05/2023 10:45 (SGT) Exact Location of Accident Singapore Additional Location Information Holland Rise Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMN9822H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Abdul Manaf Bin Abdul Hamid NRIC No SXXXX187F Email Address flame1063@gmail.com Mobile Phone No (Phone) +65-93326479 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00020112200

DRIVER

Name of Driver Abdul Manaf Bin Abdul Hamid NRIC No SXXXX187F Date Of Birth 12/10/1963 Occupation Outdoor

Date Of Driving Pass 01/02/1985 Driving experience 38 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-93326479 Alt. Phone Number Email Address flame1063@gmail.com Address Blk 713 Bedok Reservoir Road Address complement #06-3956 Postcode 470713 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Passenger Gender Male PASSENGER 2 Name Passenger Gender Female **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report No. T/20230515/7016 ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME8794J
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

IMPORTANT NOTICE

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- 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.

- 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.
- 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")

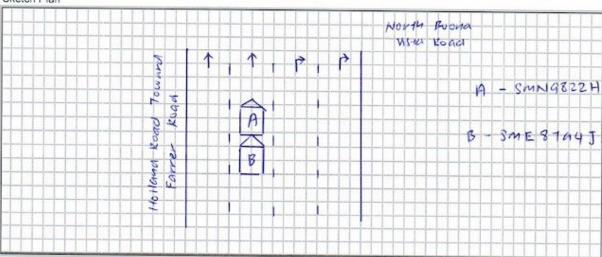
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



1

e Circumstance of the Accid	
	May 2023 at agound 10:45 am, I was stationary
along Holland	I Road toward For
1	1 Road toward Farver Road waiting for
the trattic is	nlid do the a
1333710 11	141 to turn green. Suddenly, 17elt an muge
170101 47370	THE MAN. I got down of my venicle
and reallited	that I was his by varicle B. I suffered
The state of the s	
Tory on my	neck and shoulder area dew nour Atter the
accident.	
acciony.	
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tion	
are the foregoing particulars ar	re true in every respect.
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May	XX Col





















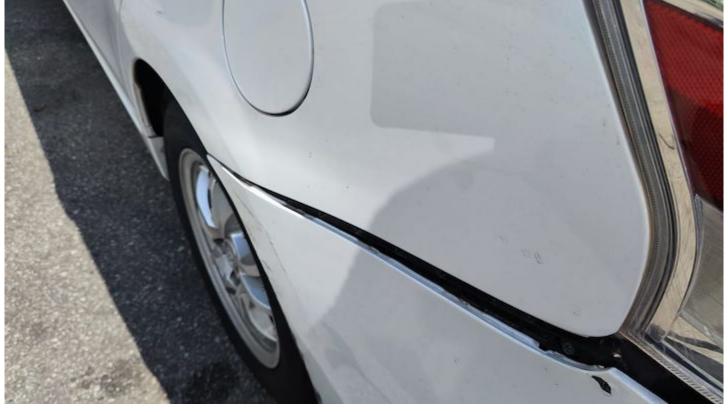


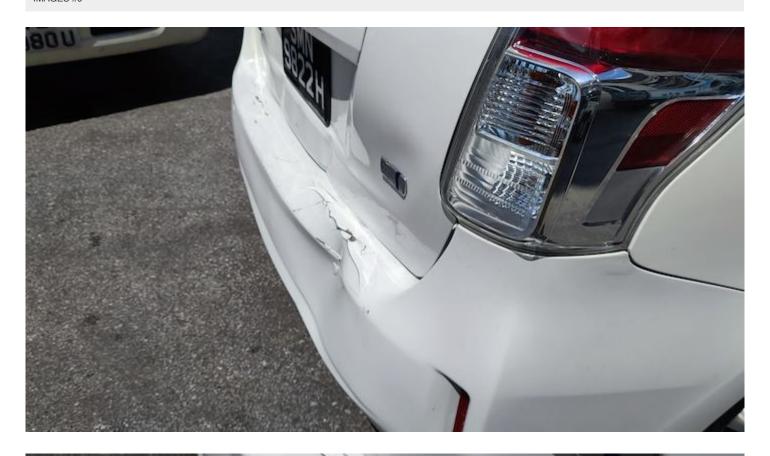




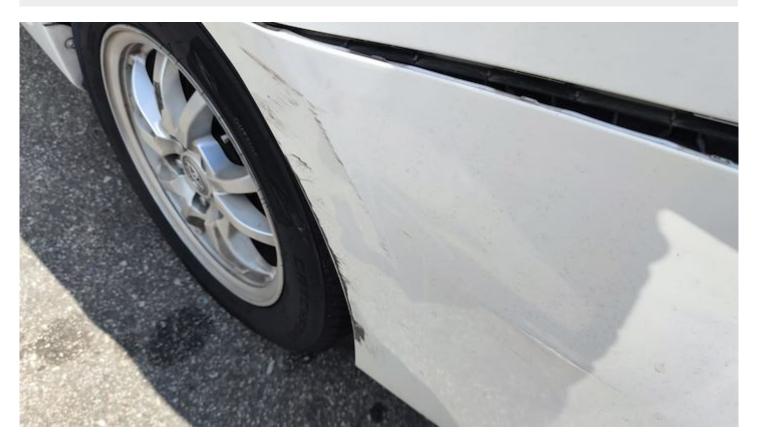




















Police Station Of Origin: 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20230515/7016

Tel No: 65470000

Traffic Police

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2023 11:15		Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	Aller Annual Control	
Name of Informant: ABDUL MANAF BIN ABDUL HAMID		Address: 713 BEDOK RESERVOIR ROAD #06-3956 SINGAPORE 470713		
ID Type / ID No.: NRIC NO / S2185187F		Contact No.; Home/Office:	Mobile: 92326479	
National SINGAP	ity: ORE CITIZ	ΈΝ	Email: flambo1063@gmail.con	n
Sex: Age: Date of Birth: Male 59 12/10/1963		Type of Informant: Driver		
Race: Malay		Language: English		
Occupation: Driver		Driving Licence Informa Class:	tion: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 10:45	Type of Location Straight Road
Location: HOLLAND RI	SE			
Weather: Clear		Road Surface: Dry		
Contraction of the contract of	e Way	100000000000000000000000000000000000000	0.04079-0-1	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SME8794J	Car					0
SMN9822H	Car	ТОУОТА	PRIUS ALPHA HYBRID 1.8S CVT	White		2





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

2 of 3 Report No. T/20230515/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN9822H	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMHCSNW000201 12200	19/10/2022	18/10/2023

Details of Perso	n Involved		The second second	EPALES -	
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Ped	destrian Cros	sing: NA
Driver					
Name	ABDUL MANAF BIN ABDUL HAMID		HAMID	ID No.	S2185187F
Related Vehicle	SMN9822H (Car)			Contact No	92326479
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
No. of Days granted Medical Leave 03		03	Degree of	Sligh	nt

Brief Details.

On 13 May 2023 at around 10:45am, i was stationary along Holland Road towards Farrer Road before North Buona road waiting for the traffic light to turn green. Suddenly, i felt an huge impact from the rear. I got down of my vehicle and realised i was hit by vehicle (SME8794J). I suffered injury on my neck and shoulder.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230515/7016

CONTINUATION OF REPORT

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: 15/05/2023 11:15
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE	Classification Of Case:
Contact No.: 65476151	

