

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 11/04/2023 17:36 (SGT)
Reported by Owner
Date of Accident 09/04/2023 21:08 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS BEFORE CTE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR1305R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD AZMAN BIN NASARUDIN
NRIC No S9038488J
Email Address WANKECHIQ_ABC@HOTMAIL.COM
Mobile Phone No (Phone) +65-98561070
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model SCIROCCO 1.4L AT TSI 1372Q5
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 1390

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5122800949-01

DRIVER

Name of Driver MUHAMMAD AZFAR BIN ABDUL WAHAB
NRIC No S9342315A
Date Of Birth 16/11/1993
Occupation Outdoor

Date Of Driving Pass	31/03/2020
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83830693
Alt. Phone Number	-
Email Address	WANKECHIQ-ABC@HOTMAIL.COM
Address	BLK 415 JURONG WEST ST 42
Address complement	#02-763
Postcode	640415
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	SITI NADHRAH BINTI HAZALI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	SJP842J
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)	4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNJ2665A
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH6629M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	S7331940D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD AZFAR BIN ABDUL WAHAB
 Gender Male
 Phone No (Phone) +65-83830593
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMR1305R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person SITI NADHRAH BINTI HAZALI
 Gender Female
 Phone No (Phone) +65-94226096
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMR1305R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OUR DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN

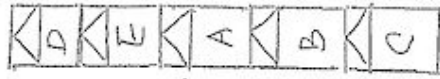
D) unknown

E) SLH6629M

CAI SMR 1305R

(B) SJP 842J

(C) SNJ 2665A



2

3

4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer TP report A/20230411/2076

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim-OD-PP at other workshop
- ☐ For record purpose

Policy No.

Insured



















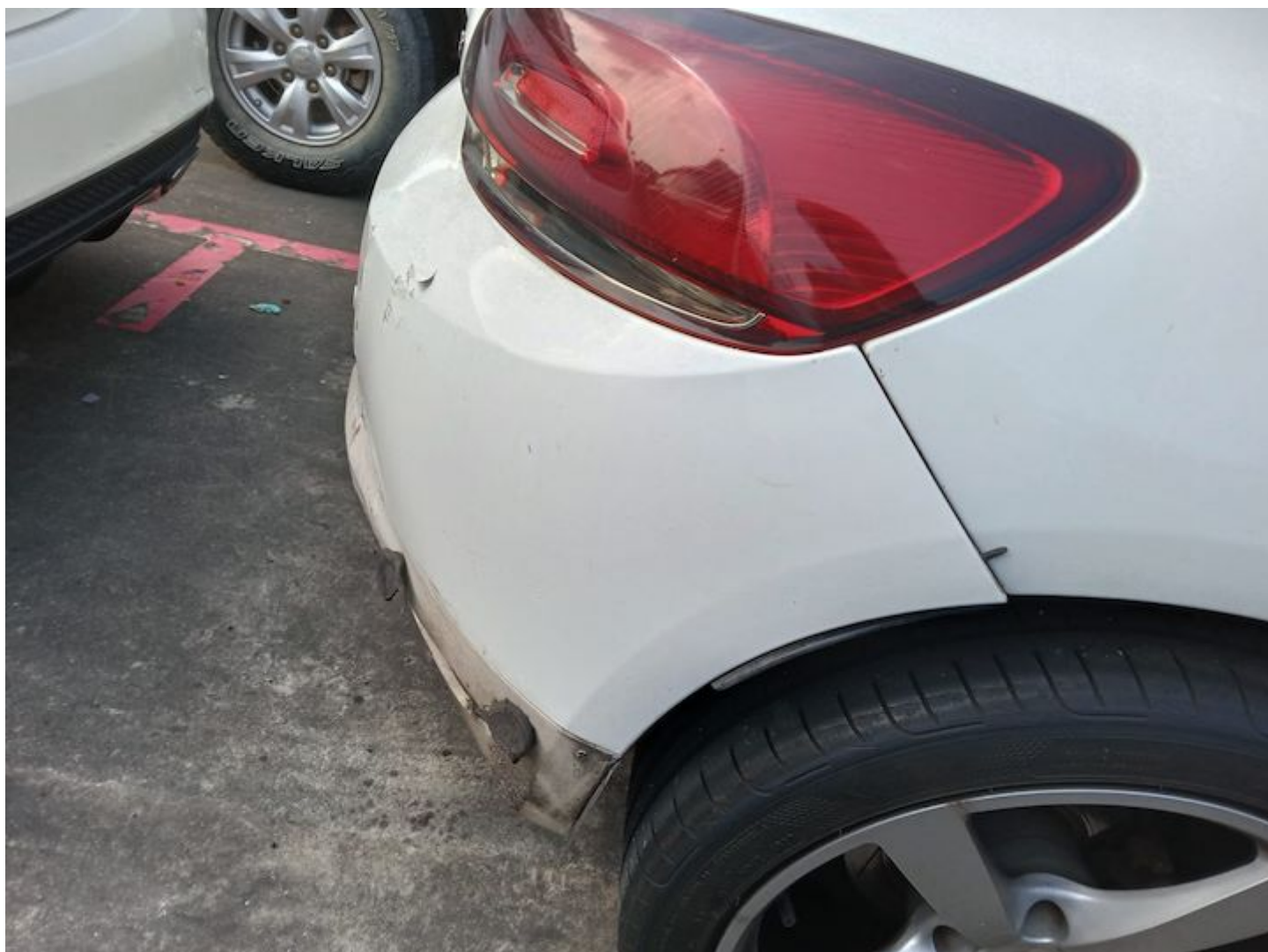


















**SINGAPORE
POLICE FORCE**



1-012 94112106

1 of 4

Police Station Of Origin
Hong Kah South NPP
510 Jurong West Street 52 #01-09
SINGAPORE 640910
Tel No: 1800-5648999

Report No: 1/20230410/0095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 15:34	File Report No: A/20230410/7046	Station Diary No: 21
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Informant's Particulars

Name of Informant: MUHAMMAD AZFAR BIN ABUL YAHYAB			Address: APT BLK 415 JURONG WEST STREET 42 #02-763 SINGAPORE 640415		
ID Type / ID No: NRIC NO: S9342315A			Contact No: Home/Office: Mobile: 83830693		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 16/11/1993	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: SAFETY COORDINATOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2023 21:00	Type of Location: PIE TOWARDS TUAS NEAR KALLANG BASIN SWIMMING COMPLEX
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP842J	Car				Seriously Damaged	3
SLH6629M	Car				Seriously Damaged	2
SMR1305R	Car				Seriously Damaged	1



SINGAPORE
POLICE FORCE



1/20/20411/010

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Report No: 10023041102076

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800 5648999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	UNKNOWN	ID No.	S7331940D
Related Vehicle	SLH6629M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD AZFAR BIN ABOL WAHAB	ID No.	S9342315A
Related Vehicle	SMR1305R (Car)	Contact No.	83830693
Hospital/Clinic	TTSH	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/04/2023	Date Discharge	10/04/2023
No. of Days granted Medical Leave	00	Degree of Injury	Slight
Passenger			
Name	SITI NADHRAH BINTI HAZALI	ID No.	G8T10940X
Related Vehicle	SMR1305R (Car)	Contact No.	94226096
Hospital/Clinic	KKH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/04/2023	Date Discharge	10/04/2023
No. of Days granted Medical Leave	13	Degree of Injury	Slight

Brief Details:

On the above-mentioned date, time and location, while I was driving my vehicle (SMR1305R) and I had a chain accident involving other four vehicles. On 10/04/2023 at about 2044hrs, I have lodged a police report online and the report number is A262304107096. TPIO Sothan had contacted me that he is investigating on the matter and his contact number is 97579103. TPIO also advised to lodge NP168 report to add on some further facts with regarding the traffic accident.

I wish to add on the following further facts:



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POLICE FORCE



T/20230411/2546

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Report #: T/20230411/2546

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No. 1800-5648899

CONTINUATION OF REPORT

Total number of five cars involved in the accident. I am the 3rd car in the row. The 4th car is SJP842J banged my car from the back and my car hit the 2nd car SLH6629M. On that night of accident, I have called 995 for ambulance to notify the Traffic Police as well. The 5th car number is SNJ2655A and I do not have the 1st car plate number.

This is the first time such accident happened. I am lodging the police report to claim insurance.



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Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5618999



11202304112076

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Report No: 71202304112076

CONTINUATION OF REPORT

Signature of Officer Recording The Report

J /
SR STAFF SGT ONG BOON
TIONG

Signature Of Interpreter
Not applicable

Signature Of Informant

Date/Time:
11/04/2023 15:34

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMAH
Contact No: 85478185

Classification Of Case

NP168