

# 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 .....	15/05/2023 10:29 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/05/2023 22:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS TUAS BEFORE ADAM ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLW2928Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD SAIFUL BIN SULAIMAN
NRIC No .....	S8739421B
Email Address .....	KEANE_DEVIL@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96312275
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5132903377

### DRIVER

Name of Driver .....	MUHAMMAD SAIFUL BIN SULAIMAN
NRIC No .....	S8739421B
Date Of Birth .....	01/12/1987
Occupation .....	Indoor

Date Of Driving Pass .....	25/05/2011
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96312275
Alt. Phone Number .....	-
Email Address .....	KEANE_DEVIL@HOTMAIL.COM
Address .....	BLK 515 BEDOK NORTH AVE 2 #03-191
Address complement .....	-
Postcode .....	460515
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) .....	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 .....	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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20235014/7000.

#### 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 .....	SLS1975M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SEAH CHUN PANG SHERMAN
NRIC No .....	S9416041C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLU3535B
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 .....	VEHICLE C
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MUHAMMAD SAIFUL BIN SULAIMAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLW2928Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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 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.

x 

Policyholder's Signature  
Date & Time:

x 

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

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

12/2019, 01/2020, 01/2021, 01/2022




















**SINGAPORE  
POLICE FORCE**


T/20230514/7000

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

1 of 3

Report No. T/20230514/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/05/2023 01:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SAIFUL BIN SULAIMAN			Address: 515 BEDOK NORTH AVENUE 2 #03-191 SINGAPORE 460515		
ID Type / ID No.: NRIC NO / S8739421B			Contact No.:		Mobile: 96312275
Nationality: SINGAPORE CITIZEN			Email: KEANE_DEVIL@HOTMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 01/12/1987	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: technical officer(SP group)			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2023 22:10	Type of Location: highway(PIE TOWARDS TUAS BEFORE ADAM ROAD EXIT)
Location:  KHEAM HOCK ROAD				
Weather:		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW2928Y	Car	KIA	CERATO K3 1.6A SUNROOF	White		0



**SINGAPORE  
POLICE FORCE**



T/20230514/7000

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

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Report No. T/20230514/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW2928Y	NTUC Income Insurance Co-Operative Limited	5132903377	06/02/2023	05/02/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD SAIFUL BIN SULAIMAN	ID No.	S8739421B	
Related Vehicle	SLW2928Y (Car)	Contact No.	96312275	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Slight	

**Brief Details.**

On the stated date and time I was travelling along the stated location (pie towards tuas before adam road exit) on my vehicle SLW2928Y, when suddenly the vehicle ahead braked hard. I braked hard as well, and managed to closely avoid a collision. Suddenly, there was a huge impact from the rear of my vehicle, which propelled my vehicle forward, causing my vehicle to collide into the vehicle in front of me. When I alighted to check, I realised I was involved in a three car chain collision and I was the second vehicle. The order of the vehicles involved is as follows

1. SLU3535B
2. SLW2928Y
3. SLS1975M

I later went to a GP at Toa payoh unihealth 24h clinic because I felt pain in my neck area, lower back, lower right hip, right shoulder where I received treatment for the injuries sustained during the accident, I was given 3 days of mc starting from 14 may, and medication.



**SINGAPORE  
POLICE FORCE**



T/20230514/7000

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

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Report No. T/20230514/7000

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 14/05/2023 01:47
Classification Of Case:



### 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:** 5132903377

**Cover :** drivo CLASSIC

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLW2928Y                     |
| Chassis Number  | : KNAFZ411MJ5755980            |
| 2. Name of Policyholder   | : MUHAMMAD SAIFUL BIN SULAIMAN |
| 3. Effective Date of Insurance  | : 06 Feb 2023                  |
| 4. Expiry Date of Insurance   | : 05 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	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD SAIFUL BIN SULAIMAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK
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 : MOTORIST PTE. LTD. (00000573851)  
 Date of Issue : 22 Dec 2022 14:08 hrs

For INCOME INSURANCE LIMITED

Chief Executive