

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	19/05/2023 15:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW8156G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZUL HAIRI BIN ADAM ISA
NRIC No	S9544016I
Email Address	ZULHAIRIAI@GMAIL.COM
Mobile Phone No	(Phone) +65-92343599
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120499788-02

DRIVER

Name of Driver	ZUL HAIRI BIN ADAM ISA
NRIC No	S9544016I
Date Of Birth	06/12/1995
Occupation	Indoor

Date Of Driving Pass	31/03/2015
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92343599
Alt. Phone Number	-
Email Address	ZULHAIRIAI@GMAIL.COM
Address	161 WOODLANDS STREET 13 #09-639
Address complement	-
Postcode	730161
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	DINA TAHRINA BINTE ZULKIFFLI
Gender	Female

PASSENGER 2

Name	HANA DAFINA BINTE ZULKIFFLI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SLQ4328Y
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	ZUL HAIRI BIN ADAM ISA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW8156G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DINA TAHRINA BINTE ZULKIFFLI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW8156G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	HANA DAFINA BINTE ZULKIFFLI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW8156G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A) SMW81566

B) SLQ43284

Describe Circumstances of the Accident

Refer police report

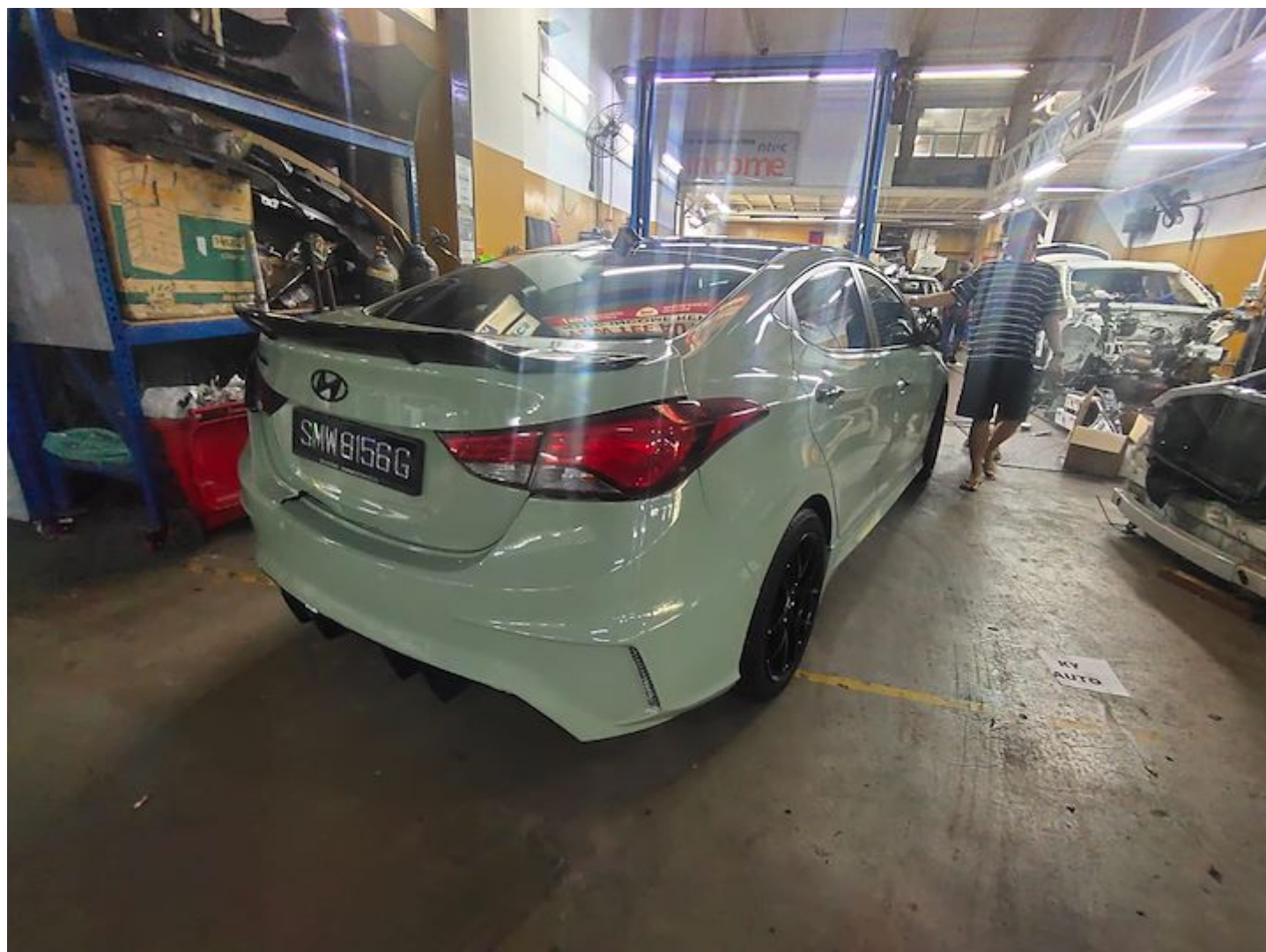
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

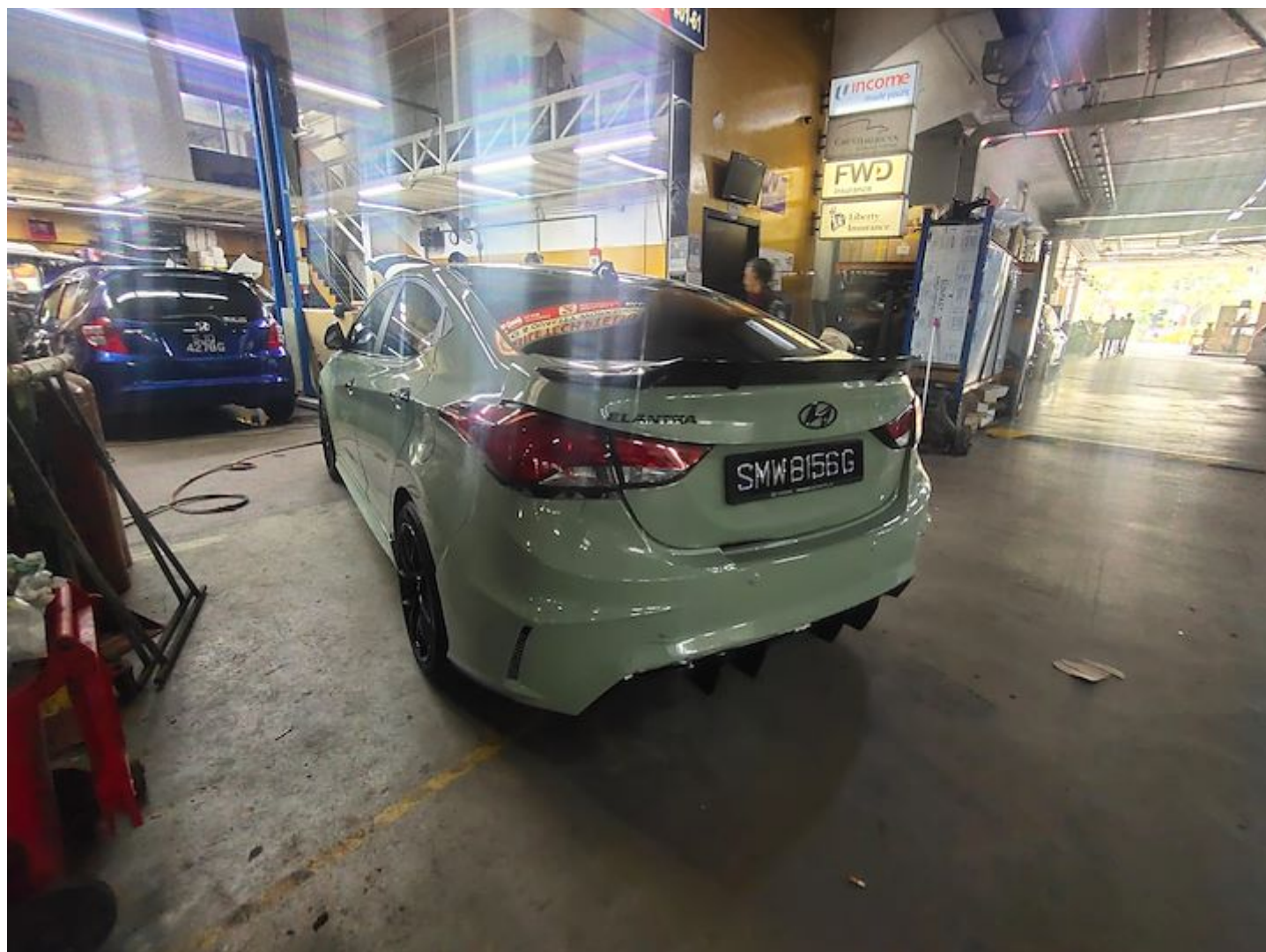

Driver's Signature (if driver is not the policyholder) / Date & Time

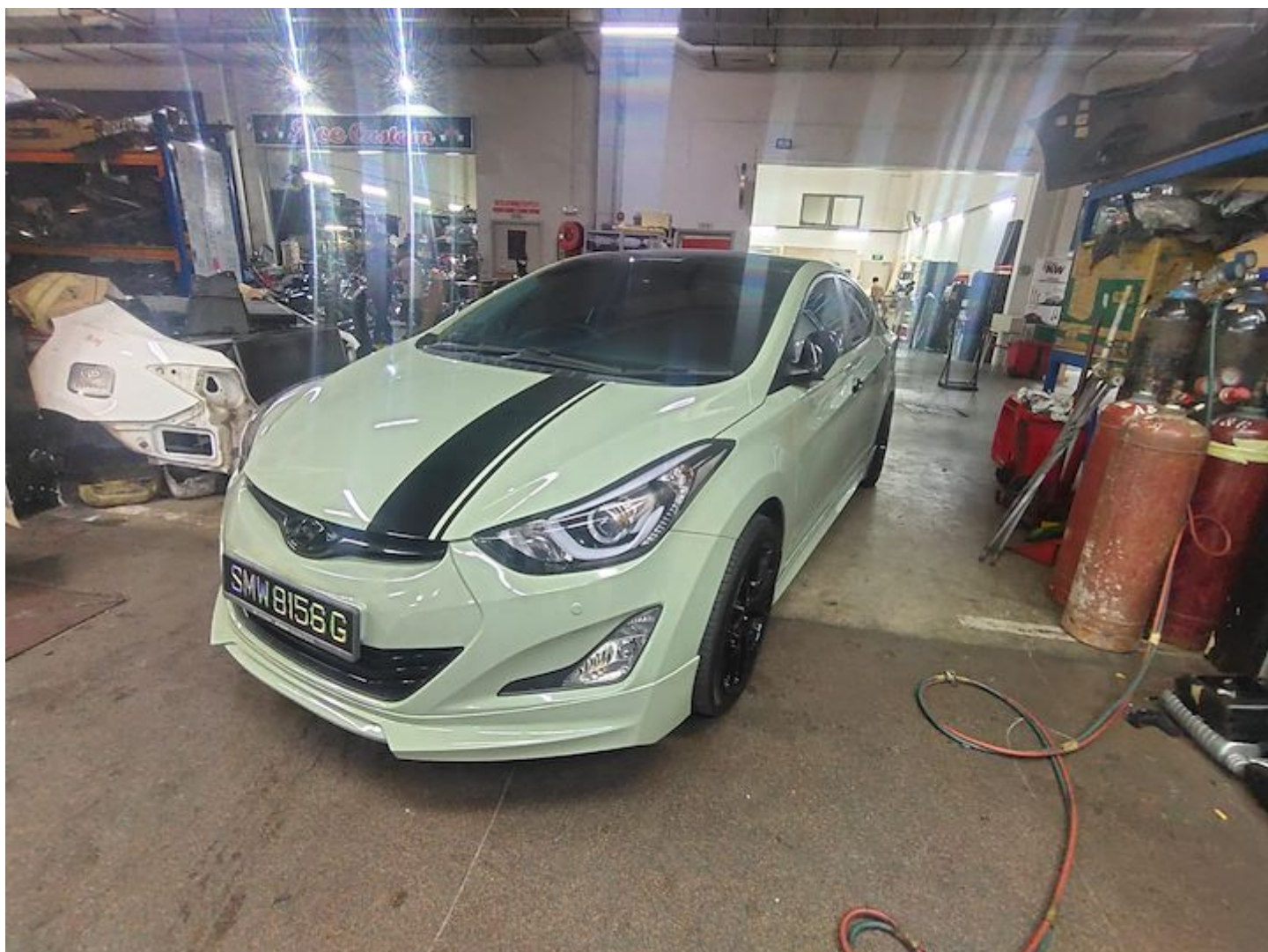
Witnessed by Reporting Centre Personnel

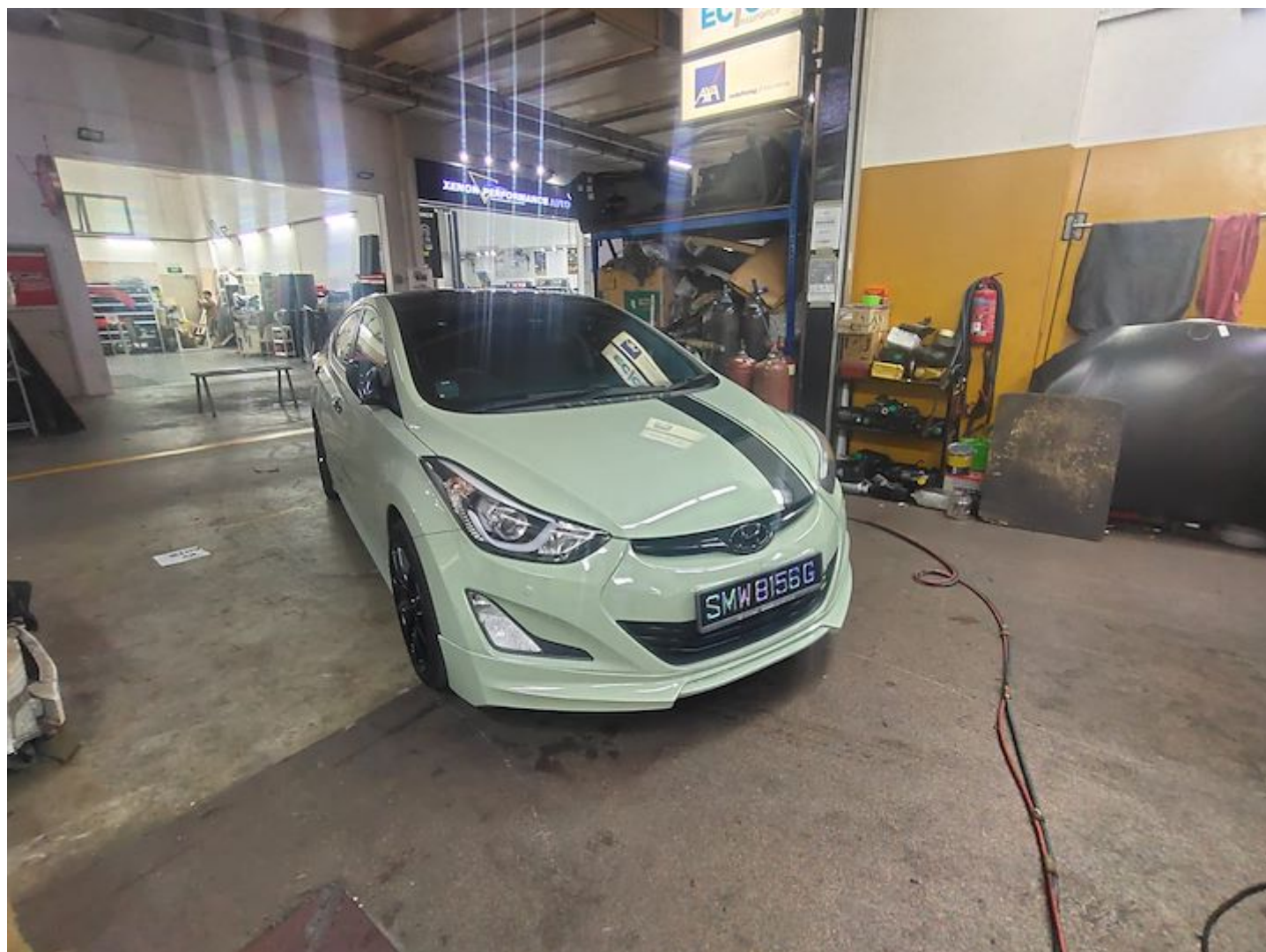


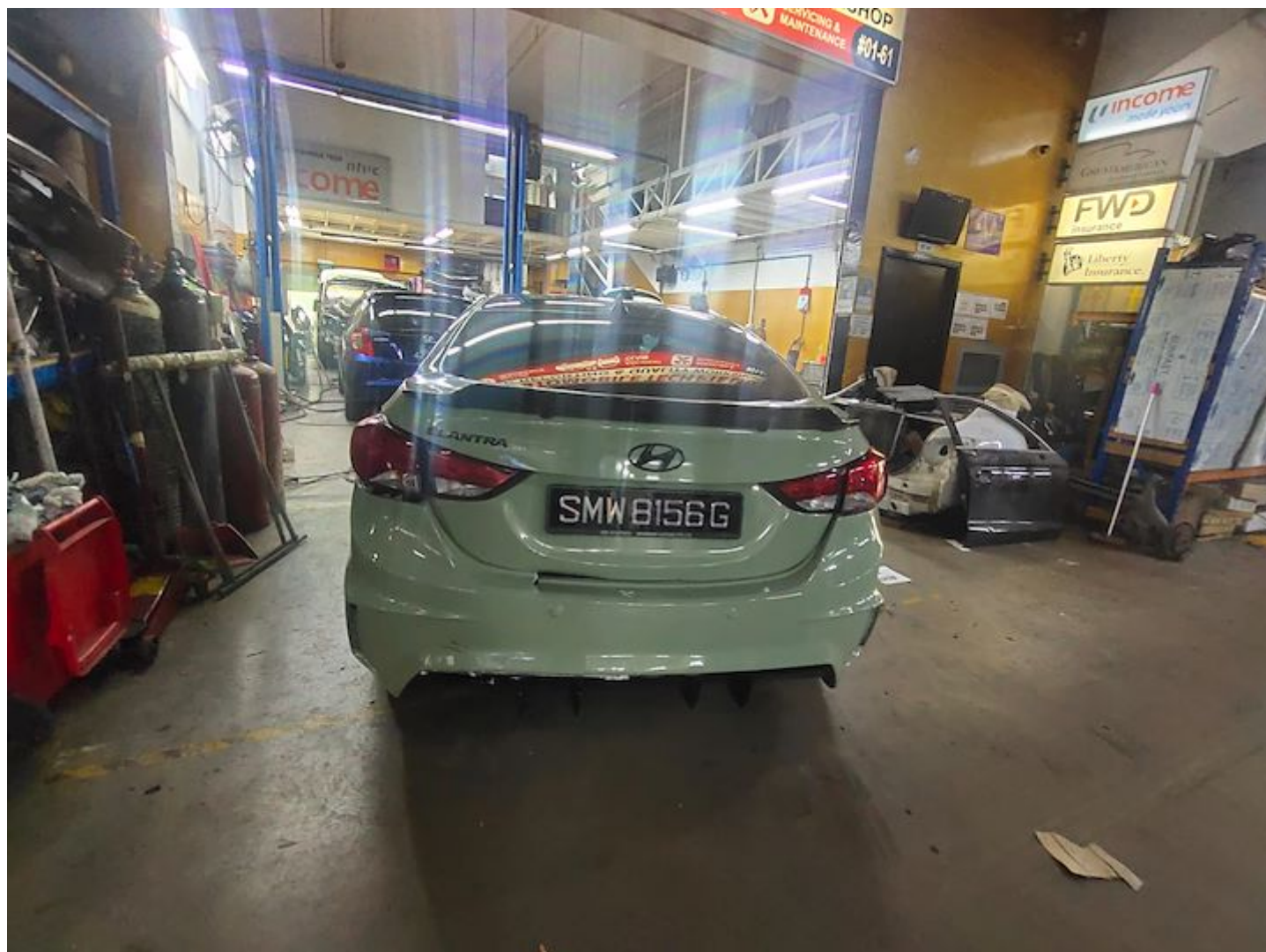


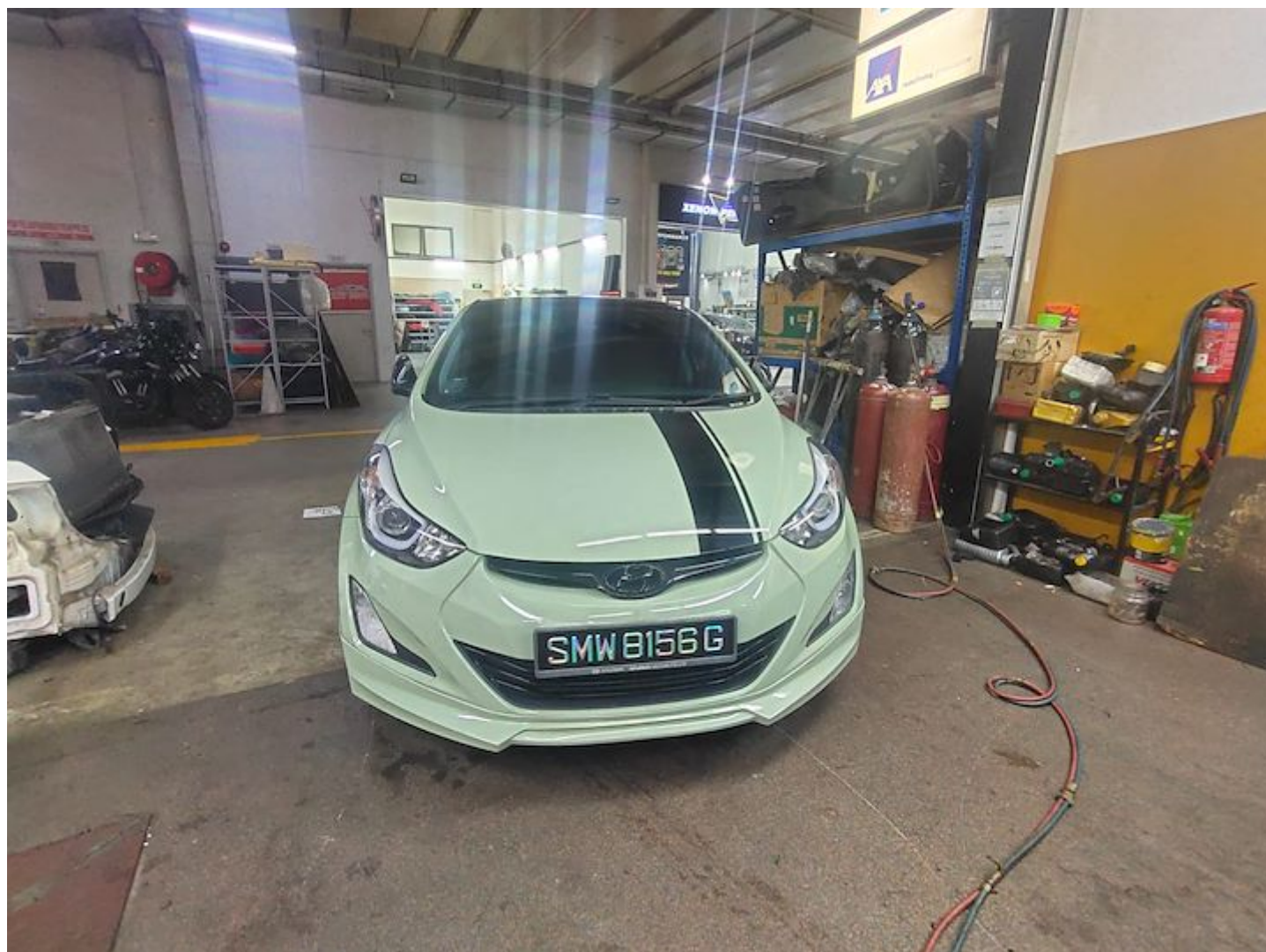


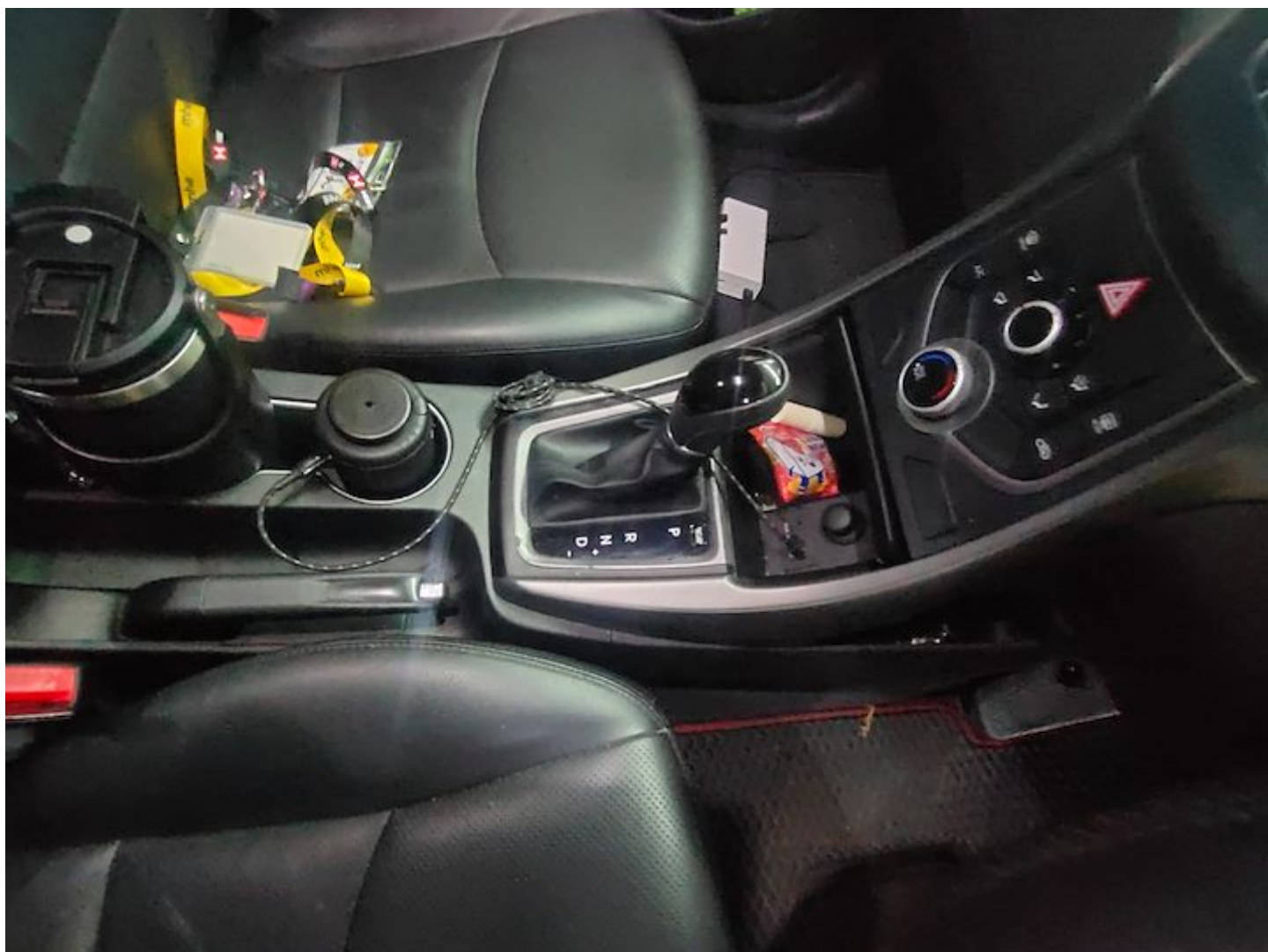














**SINGAPORE
POLICE FORCE**



T 20230518/2075

Police Station Of Origin,
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20230518/2075

CONTINUATION OF REPORT

Passenger			
Name	HANA DAFINA BINTE ZULKIFFLI	ID No.	T02349441
Related Vehicle	BMW8156G (Car)	Contact No.	NIL
Hospital/Clinic	INTERMEDICAL KOVAN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2023	Date Discharge	18/05/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the above-mentioned date and time, I was travelling along KPE>MCE in the KPE tunnel. I was on the 1st lane and traffic was moderate. I was following the traffic flow and there was a car ahead of me. The car then slowed down; thus I followed suit and slowed my vehicle. All of a sudden, I felt an impact from the rear of my vehicle. I then stopped my vehicle and exited to access the accident. The other driver and I then exchanged particulars. At that point of time, I had 2 passengers on board.

My passengers and I went to get ourselves medically checked and received 3 days MC each.



**SINGAPORE
POLICE FORCE**



T 20230518/2075

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No 1800-363 9999

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Report No T/20230518/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2023 21:07		Vide Report No.:		Station Diary No. 32
Informant's Particulars				
Name of Informant: ZUL HAIRI BIN ADAM ISA		Address: APT BLK 161 WOODLANDS STREET 13 #09-639 SINGAPORE 730161		
ID Type / ID No. NRIC NO / S95440161		Contact No. Home/Office: Mobile: 92343599		
Nationality SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 06/12/1995	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: FINANCIAL ADVISOR		Driving Licence Information: Class: 3 Date of Expiry		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident 18/05/2023 09:20	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR 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: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ4328Y	Car					0
SMW8156G	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE
POLICE FORCE



T 20230518/2075

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800-363 9999

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Report No. T/20230518/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMW8156G	NTUC Income Insurance Co-Operative Limited	5120499788-02	29/01/2023	28/01/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHAN HWAN HWAI		ID No.	S6817757Z
Related Vehicle	SLQ4328Y (Car)		Contact No.	98696022
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
Passenger				
Name	DINA TAHRINA BINTE ZULKIFFLI		ID No.	S9902063J
Related Vehicle	SMW8156G (Car)		Contact No.	NIL
Hospital/Clinic	INTERMEDICAL KOVAN CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2023		Date Discharge	18/05/2023
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Driver				
Name	ZUL HAIRI BIN ADAM ISA		ID No.	S9544016I
Related Vehicle	SMW8156G (Car)		Contact No.	92343599
Hospital/Clinic	INTERMEDICAL KOVAN CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2023		Date Discharge	18/05/2023
No. of Days granted Medical Leave	03		Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T20230518/2075

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Report No. T20230518/2075

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No. 1800-363 9999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /
SGT 2 MOHAMMAD ZULFAEZAT
BIN ROSLEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/05/2023 21:07

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No. 65470000

Classification Of Case:

NP168