

# 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 ..... 22/05/2023 18:25 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 22/05/2023 08:50 (SGT)  
Exact Location of Accident ..... Boon Lay Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT1082Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SAMSUDEEN MOHAMED TAHIR  
NRIC No ..... SXXXX870E  
Email Address ..... tahir.mohmd@gmail.com  
Mobile Phone No ..... (Phone) +65-84840705  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... Sampo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01019979

### DRIVER

Name of Driver ..... SAMSUDEEN MOHAMED TAHIR  
NRIC No ..... SXXXX870E  
Date Of Birth ..... 07/05/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	09/12/2013
Driving experience .....	9 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84840705
Alt. Phone Number .....	-
Email Address .....	tahir.mohmd@gmail.com
Address .....	BLK 192 BUKIT BATOK WEST AVENUE 6 #07-55
Address complement .....	-
Postcode .....	650192
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) .....	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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230522/2023

#### 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 .....	SKB9641A
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 .....	SAMSUDEEN MOHAMED TAHIR
Gender .....	Male
Phone No .....	(Phone) +65-84840705
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMT1082Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

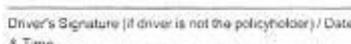
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

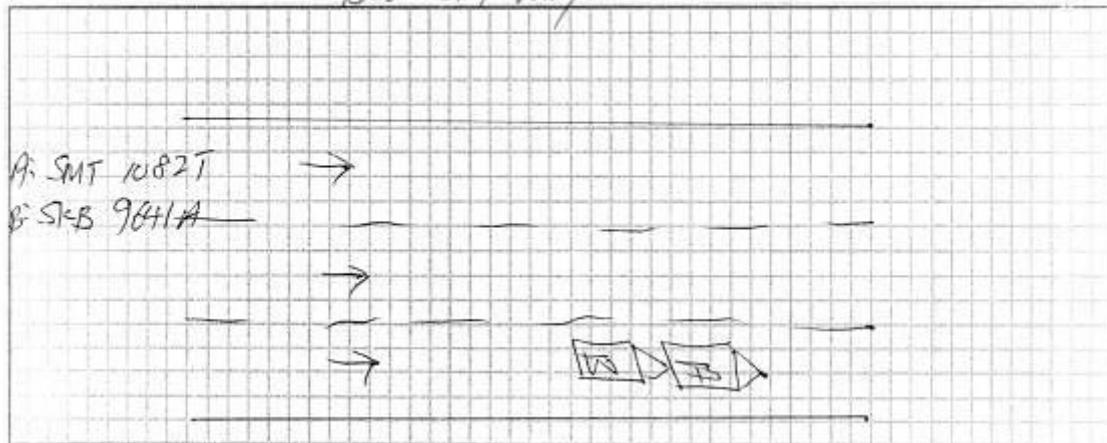
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

x   
 Policyholder's Signature / Date & Time

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

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

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police T/20230522/2023

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.:







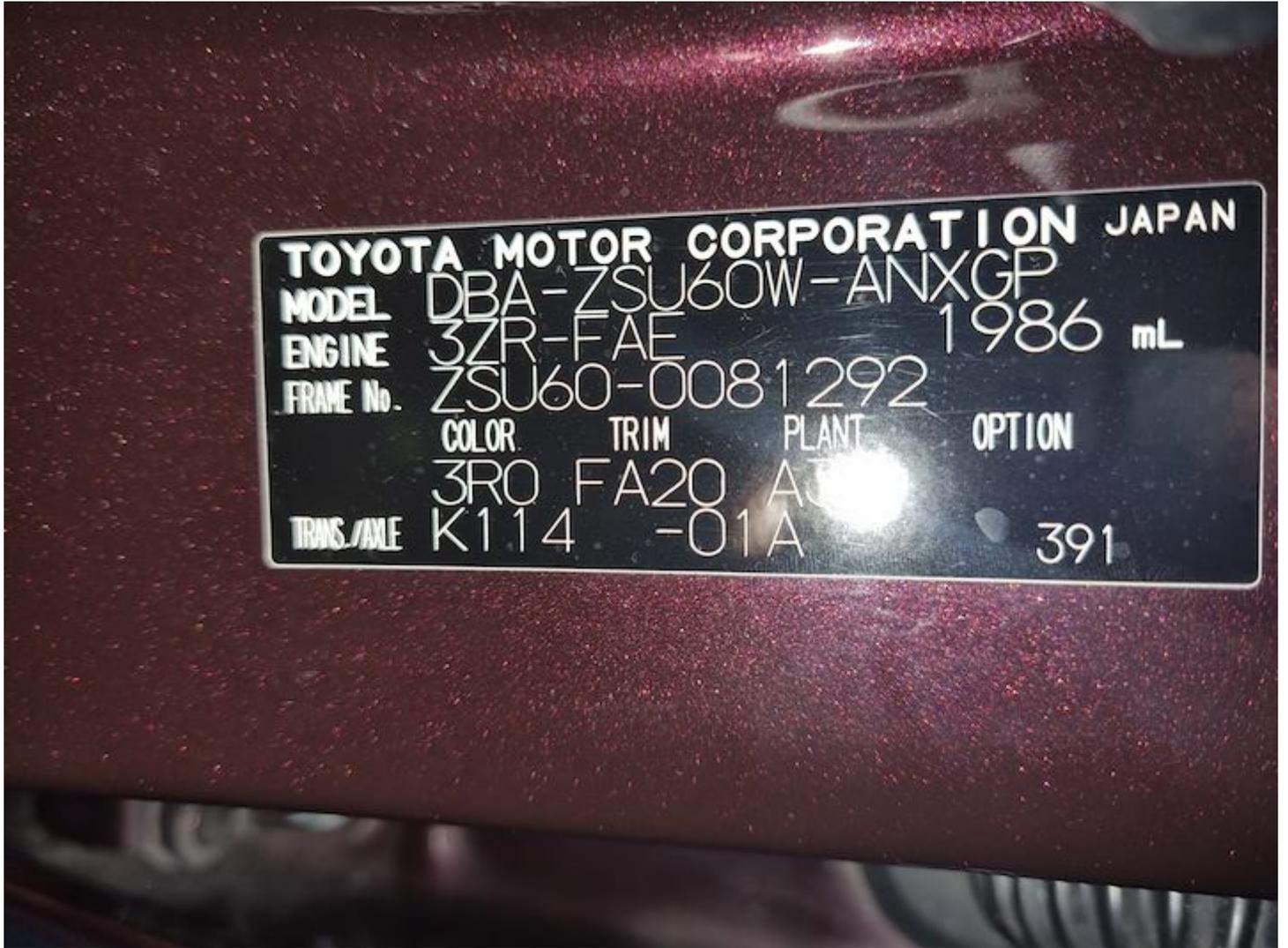














**SINGAPORE  
POLICE FORCE**



T/20230522/2023

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20230522/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/05/2023 12:37	Vide Report No.:	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: SAMSUDEEN MOHAMED TAHIR		Address: APT BLK 192 BUKIT BATOK WEST AVENUE 6 #07-55 SINGAPORE 650192	
ID Type / ID No.: NRIC NO / S8586870E		Contact No.:	Mobile: 84840705
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 07/05/1985	Type of Informant: Driver
Race: Indian		Language:	
Occupation: Engineer		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2023 08:50	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Brief Details.**

On 22/05/2023, at approximately 0848hrs, I was driving along Boon Lay Way right outside Ng Teng Fong General Hospital when I my vehicle (SMT1082Y) was hit from the rear by another vehicle (SKB9641A). At the time of the incident, neither I nor the driver of the other vehicle was injured. Traffic Police and Ambulance were not called down to scene.

After the accident, I exchanged particulars with the driver, her details are as follows:

Female/Chinese  
Name: LIM CHYE LI  
DOB: 20-11-1988  
S8868185A



**SINGAPORE  
POLICE FORCE**

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Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20230522/2023

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Report No. T/20230522/2023

**CONTINUATION OF REPORT**

The driver and I agreed to settle this matter using insurance.

Thereafter I went to Ng Teng Fong General Hospital where I was given three days of MC. That is all.



**SINGAPORE  
POLICE FORCE**

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92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20230522/2023

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Report No. T/20230522/2023

CONTINUATION OF REPORT

Signature of Officer Recording The Report: D / SGT 2 PIUS ZAI ZHEN NING 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

Signature Of Informant: 
Date/Time: 22/05/2023 12:37
Classification Of Case:

NP168