

## 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 .....              | 05/06/2023 17:03 (SGT)                    |
| Reported by .....                     | Both Policyholder and Actual Driver       |
| Date of Accident .....                | 03/06/2023 15:45 (SGT)                    |
| Exact Location of Accident .....      | AYE, Singapore                            |
| Additional Location Information ..... | AYE BEFORE EXIT 13 TO JURONG TOWN HALL RD |
| Country/State of Loss .....           | Singapore                                 |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SGL4186A |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | No                         |
| Name Of Registered Owner ..... | ERDIE SHAFIQ BIN DZULKIFLI |
| NRIC No .....                  | SXXXX798I                  |
| Email Address .....            | ERDIESHAFIQ@GMAIL.COM      |
| Mobile Phone No .....          | (Phone) +65-96704930       |
| Alternative Phone No .....     | -                          |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Mitsubishi                |
| Model .....                                                                        | Lancer                    |
| 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 .....                                                                           | 1584                      |

#### INSURANCE COMPANY

|                                         |                          |
|-----------------------------------------|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 512075744                |

#### DRIVER

|                      |                            |
|----------------------|----------------------------|
| Name of Driver ..... | ERDIE SHAFIQ BIN DZULKIFLI |
| NRIC No .....        | SXXXX798I                  |
| Date Of Birth .....  | 09/12/1991                 |
| Occupation .....     | Indoor                     |

|                                                                    |                                    |
|--------------------------------------------------------------------|------------------------------------|
| Date Of Driving Pass .....                                         | 16/08/2011                         |
| Driving experience .....                                           | 11 YEARS AND 10 MONTHS             |
| Gender .....                                                       | Male                               |
| Mobile Number .....                                                | (Phone) +65-96704930               |
| Alt. Phone Number .....                                            | -                                  |
| Email Address .....                                                | ERDIESHAFIQ@GMAIL.COM              |
| Address .....                                                      | BLK 710 PASIR RIS STREET 72 #05-71 |
| Address complement .....                                           | -                                  |
| Postcode .....                                                     | 510710                             |
| 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 ..... | Raining         |
| Road Surface .....       | Wet             |

#### 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) .....                                                             | 4   |
| 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 .....   | LIM DING YI |
| Gender ..... | Male        |

#### PASSENGER 2

|              |           |
|--------------|-----------|
| Name .....   | CHAN GWEN |
| Gender ..... | Female    |

#### PASSENGER 3

|              |            |
|--------------|------------|
| Name .....   | ONG PEI LI |
| Gender ..... | Female     |

#### DETAILS OF POLICE ACTION

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| Was the accident reported to the police? .....  | Yes                                         |
| Police Station Name .....                       | Pasir Ris Neighbourhood Police Centre       |
| Police Station Phone No .....                   | (Phone) +65-18005852999                     |
| Alt. Police Station Phone No .....              | (Fax) +65-65855261                          |
| Police Station Address .....                    | 1 Pasir Ris Drive 4 #01-01 Singapore 519457 |
| Was notice of intended Prosecution given? ..... | No                                          |
| If yes, against whom? .....                     | -                                           |

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230603/2083

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITHTP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SJG6580Y  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... Fit  
 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) ..... 3

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... XD3420X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Goods vehicle  
 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 ..... ERDIE SHAFIQ BIN DZULKIFLI  
 Gender ..... Male  
 Phone No ..... (Phone) +65-96704930  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SGL4186A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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:

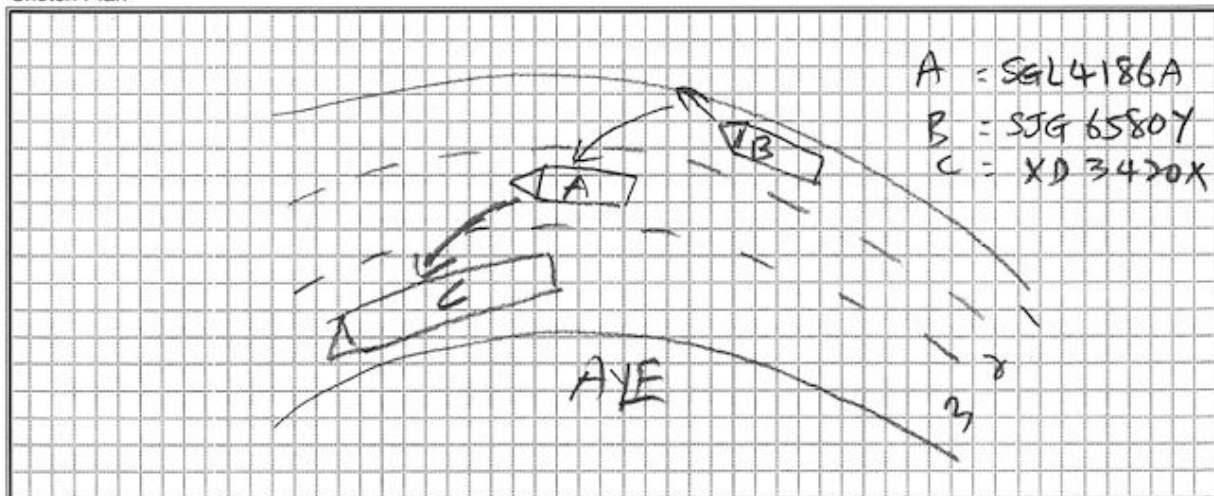
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 5/6/23  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vJun2022

1

Describe Circumstance of the Accident

As per police report no. 7/20230603/2083.

**Declaration**

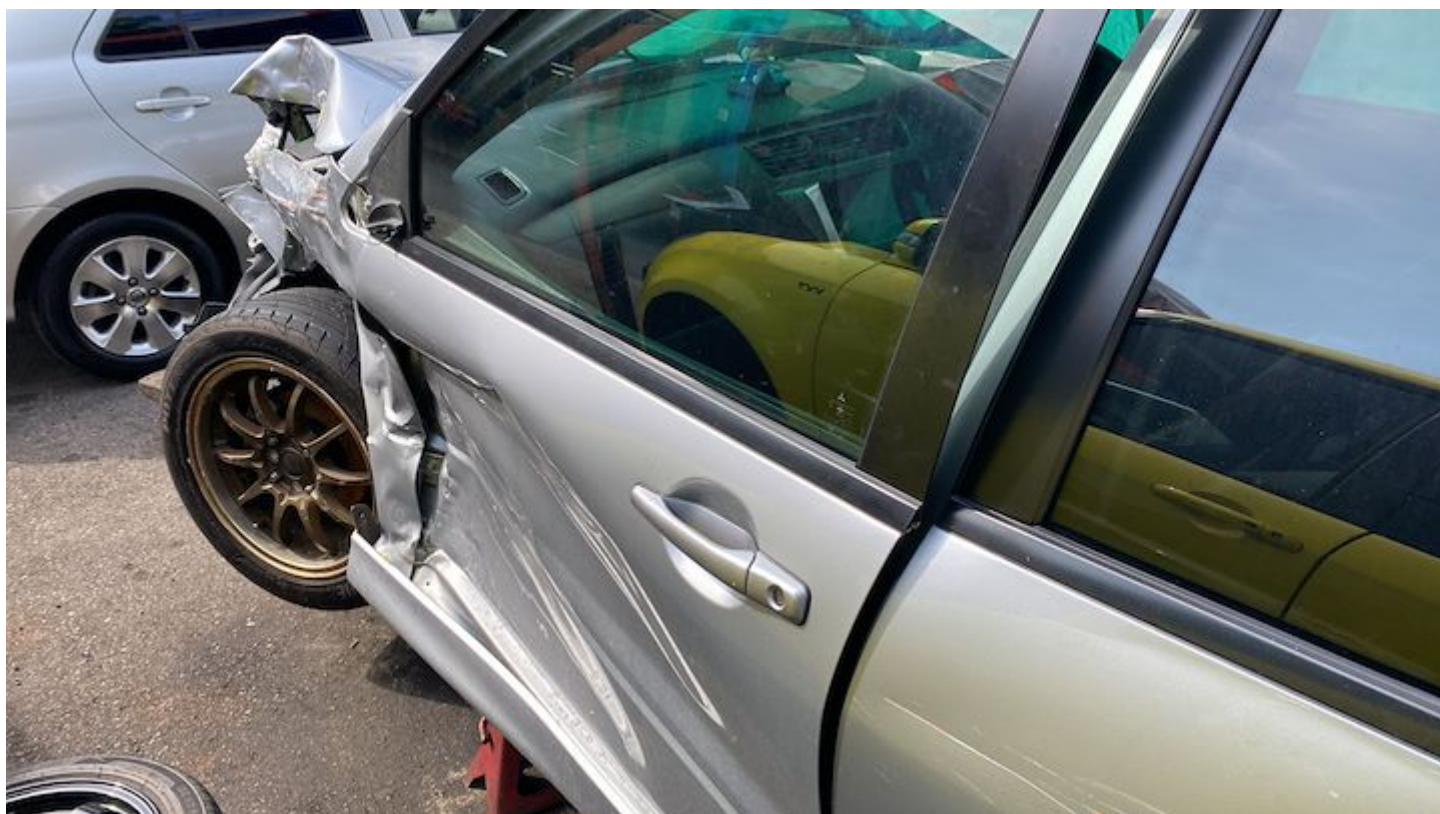
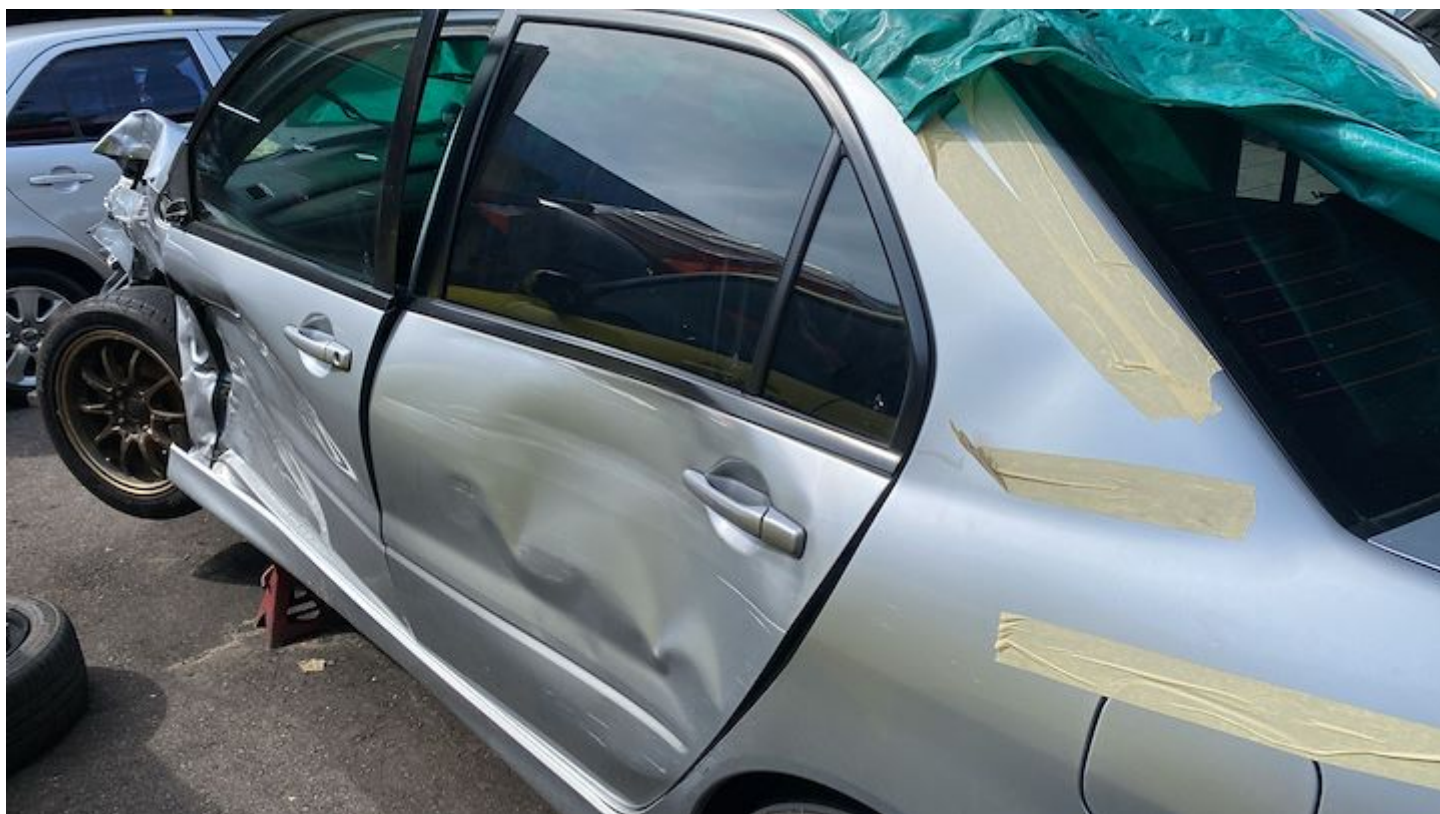
I/We declare the foregoing particulars are true in every respect.

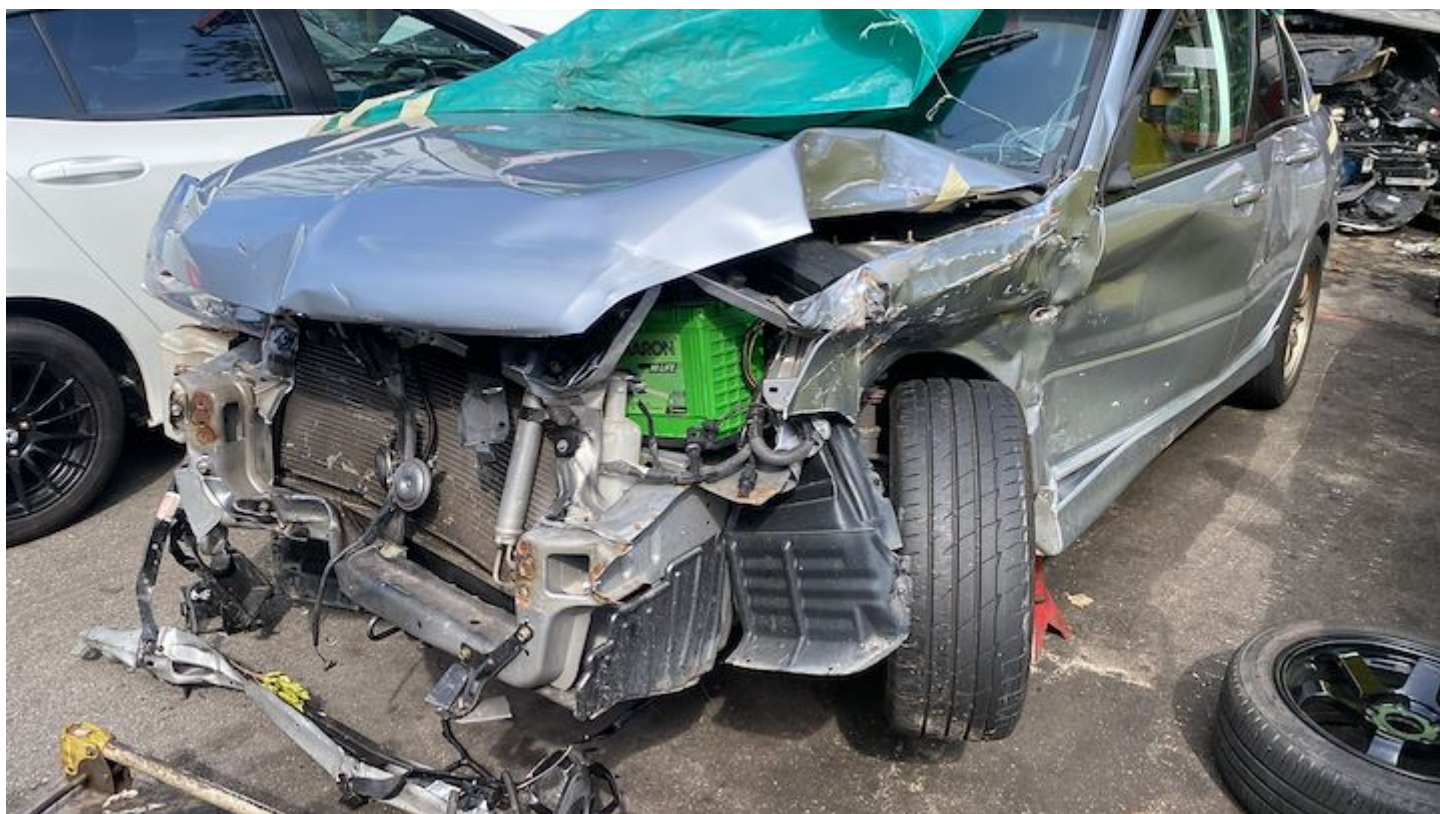
 5/6/23  
 Policyholder's Signature / Date & Time

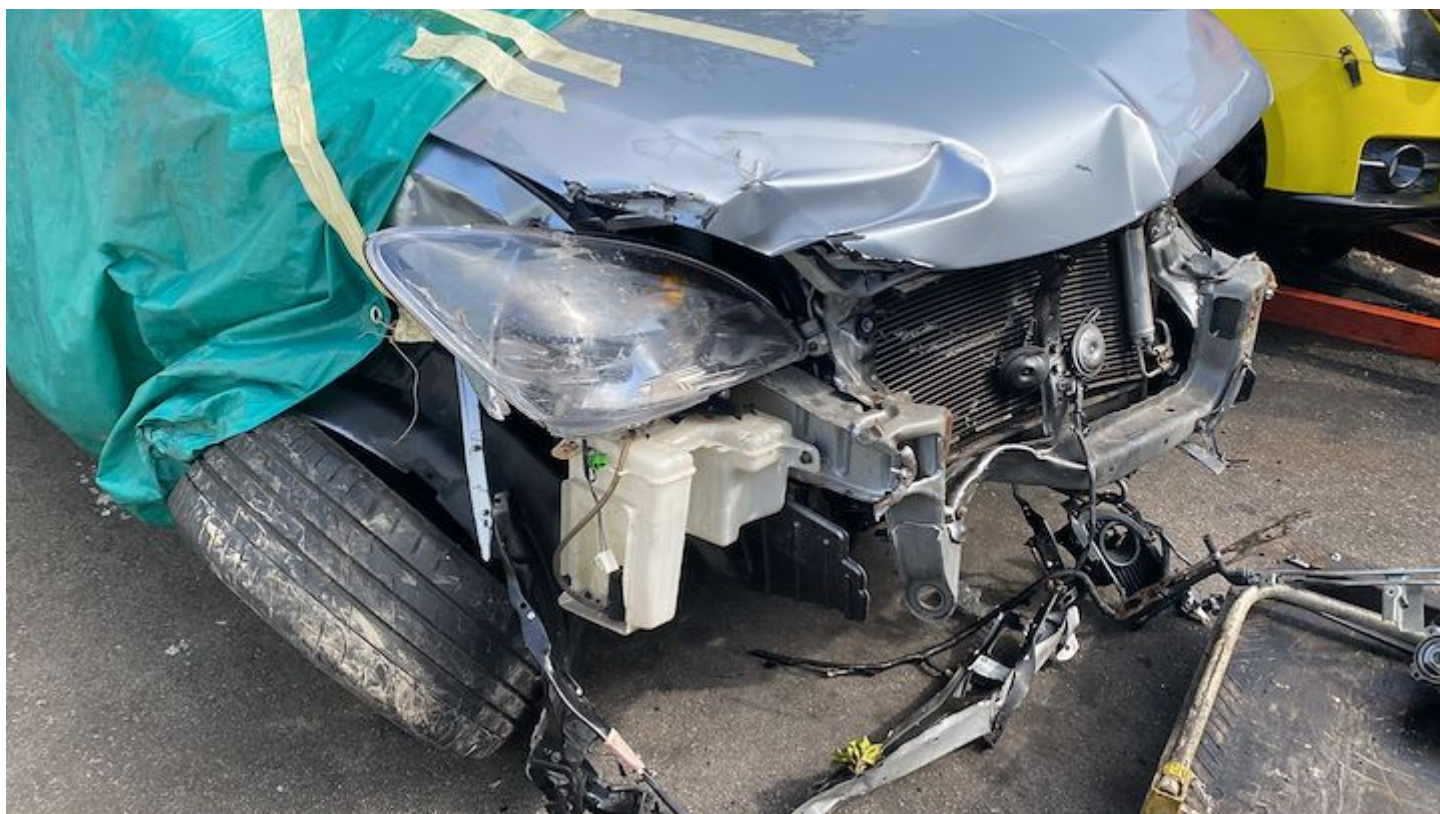
Actual Driver's Signature (if driver is not the policyholder)  
 / Date & Time

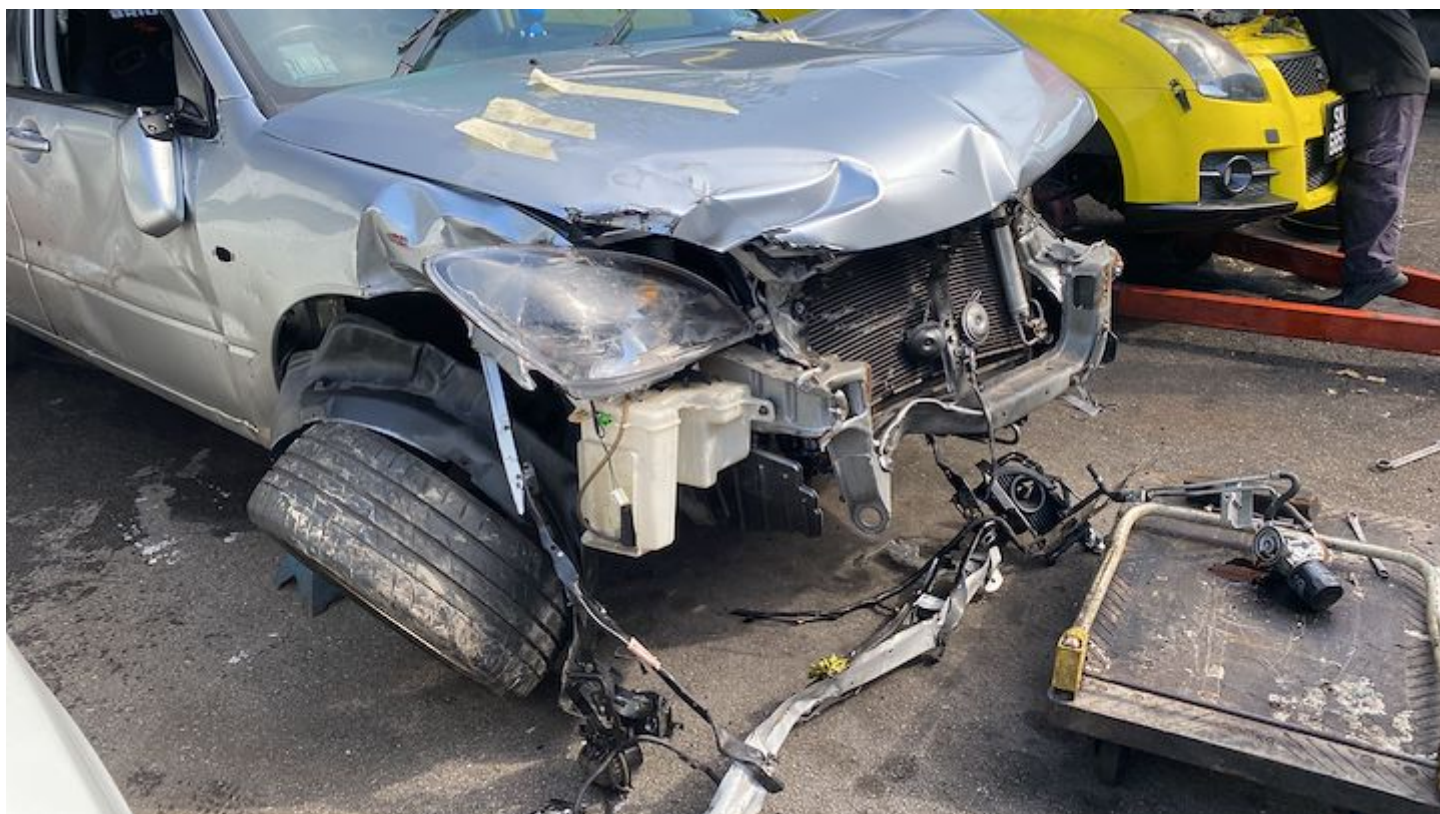
  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

















**SINGAPORE  
POLICE FORCE**



T/20230603/2083

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20230603/2083

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                                     |                          |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>03/06/2023 23:14 | Vide Report No.:<br>D/20230603/0094 | Station Diary No.:<br>91 |
|--------------------------------------------|-------------------------------------|--------------------------|

**Informant's Particulars**

|                                                  |            |                              |                                                                     |  |  |
|--------------------------------------------------|------------|------------------------------|---------------------------------------------------------------------|--|--|
| Name of Informant:<br>ERDIE SHAFIQ BIN DZULKIFLI |            |                              | Address:<br>APT BLK 710 PASIR RIS STREET 72 #05-71 SINGAPORE 510710 |  |  |
| ID Type / ID No.:<br>NRIC NO / S9145798I         |            |                              | Contact No.:<br>Home/Office: Mobile: 96704930                       |  |  |
| Nationality:<br>SINGAPORE CITIZEN                |            |                              | Email:<br>erdieshafig@gmail.com                                     |  |  |
| Sex:<br>Male                                     | Age:<br>31 | Date of Birth:<br>09/12/1991 | Type of Informant:<br>Driver                                        |  |  |
| Race:<br>Malay                                   |            |                              | Language:<br>English                                                |  |  |
| Occupation:<br>COPY WRITER                       |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:    |  |  |

**General Information of the Accident**

|                                                                             |                                 |                                    |                                            |                                      |
|-----------------------------------------------------------------------------|---------------------------------|------------------------------------|--------------------------------------------|--------------------------------------|
| General Information of the Accident                                         |                                 |                                    |                                            |                                      |
| Type of Accident:                                                           | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>03/06/2023 15:45 | Type of Location:<br>Straight Road   |
| Location:<br><br>AYER RAJAH EXPRESSWAY                                      |                                 |                                    |                                            |                                      |
| Weather:<br>Heavy rain                                                      |                                 | Road Surface:<br>Wet               |                                            |                                      |
| Traffic Flow:<br>Two Way                                                    |                                 | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Heavy             |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                                 |                                    |                                            | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make       | Model        | Color  | Condition         | No of Passenger |
|-------------|-------|------------|--------------|--------|-------------------|-----------------|
| SGL4186A    | Car   | MITSUBISHI | LANCER 1.6 A | Silver | Seriously Damaged | 3               |
| SJG6580Y    | Car   | HONDA      | FIT 1.3G A   | Black  | Seriously Damaged | 2               |
| XD3420X     | Lorry | NISSAN     | GKB45CLBH NB | Red    | Seriously Damaged | 1               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE  
POLICE FORCE**



T/20230603/2083

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20230603/2083

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                            |               |            |             |
|------------------------------|--------------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SGL4186A                     | NTUC Income Insurance Co-Operative Limited | 5123075744-01 | 15/09/2022 | 14/09/2023  |

| Details of Person Involved        |                            |                                |                                                                                   |
|-----------------------------------|----------------------------|--------------------------------|-----------------------------------------------------------------------------------|
| Any Pedestrian Involved: No       |                            |                                |                                                                                   |
| No. of Pedestrians Injured: NIL   |                            | Use of Pedestrian Crossing: NA |                                                                                   |
| Driver                            |                            |                                |                                                                                   |
| Name                              | ERDIE SHAFIQ BIN DZULKIFLI |                                | ID No. S9145798I                                                                  |
| Related Vehicle                   | SGL4186A (Car)             |                                | Contact No. 96704930                                                              |
| Hospital/Clinic                   | NIL                        |                                | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                        |                                | Date Discharge NIL                                                                |
| No. of Days granted Medical Leave | NIL                        | Degree of Injury               | NIL                                                                               |

**Brief Details.**

On 3/6/23, at 1540hrs, I was driving my car (SGL4186A) on the 2nd lane of AYE heading towards Tuas. The traffic was heavy and it was raining heavily. While I was approaching exit 13, I noticed a car(SJG6580Y) on the first lane speeding from the rear and all of a sudden I heard a loud sound and water was splashing on my window. Subsequently the said car crashed into my door and I lost control of my car. My car swerved to the third lane and collided with a lorry (XD3420X) and then skidded to the road shoulder barrier before coming to a stop.

I came out from my car and saw the driver of the speeding car carrying his child to the road shoulder. The lorry driver came out from the vehicle as well and he seemed uninjured. When I asked the driver of the speeding car what happened, he said that he was not sure. A rider then stopped and helped to call for the ambulance and police. TP came and took my SD card from my dashcam. I noticed that the speeding car had a dashcam mount on his windshield but there was no dashcam there. Ambulance came by shortly and conveyed the speeding driver and his 2 passengers.



**SINGAPORE  
POLICE FORCE**



T/20230603/2083

3 of 3

Report No. T/20230603/2083

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /  
SI MOHAMAD ASHRAF BIN  
MOHAMAD ZAKARIA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/06/2023 23:14

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT NADYA BINTE MOIDEEN  
Contact No.: 65476331

Classification Of Case:

NP168