

# 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 .....	09/06/2023 11:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/06/2023 18:20 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	TOWARDS ANG MO KIO AVENUE 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNK3640J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KAOLIN CAR TRADING PTE. LTD.
Company Reg No .....	2XXXXX052W
Email Address .....	kaolincar@gmail.com
Mobile Phone No .....	(Phone) +65-93386240
Alternative Phone No .....	(Office) +65-69779771

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	RAIZE 1.0G
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 .....	996

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0010181

### DRIVER

Name of Driver .....	MUHAMMAD FAIZAL BIN JUMARI
NRIC No .....	SXXXX991I
Date Of Birth .....	18/03/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	23/11/2021
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93386240
Alt. Phone Number .....	-
Email Address .....	kaolincar@gmail.com
Address .....	BLK 330 SEMBAWANG CLOSE #04-371
Address complement .....	-
Postcode .....	750330
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230608/2071

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC9136T
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	JAHANGIR MD MOHIUDDIN
Passport No/FIN .....	GXXXX423T
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 FAIZAL BIN JUMARI
Gender .....	Male
Phone No .....	(Phone) +65-93386240
Address .....	330 SEMBAWANG CLOSE #04-371
Address Complement .....	-
Post Code .....	750330
Approximate Age Years Old .....	33
Injuries Sustained .....	NECK, SHOULDER, LOWER BACK AND THIGH PAIN
Injured person in which vehicle? .....	SNK3640J
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.



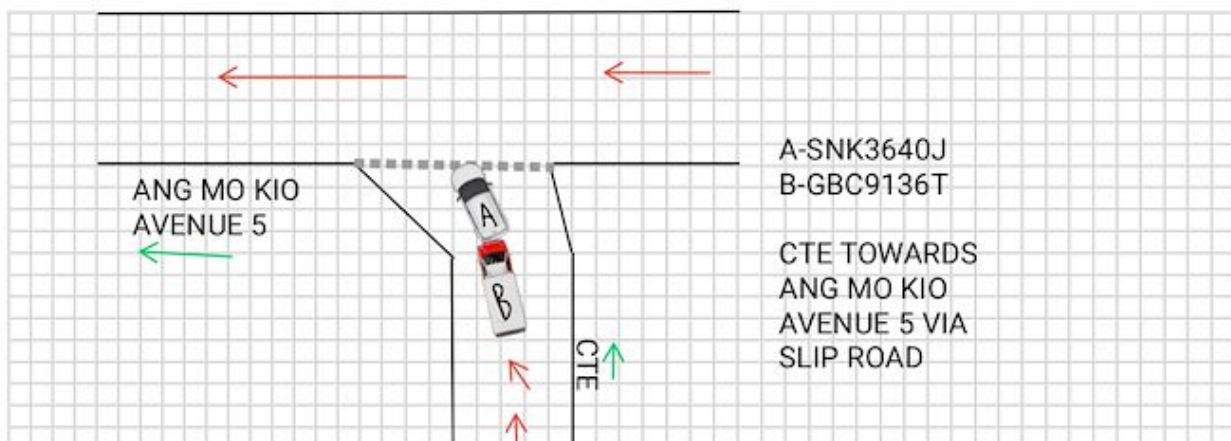
Policyholder's Signature / Date & Time

**Sketch Plan**

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

08062023 2330HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20230608/2071

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

08062023 2330HRS

Witnessed by Reporting Centre Personnel













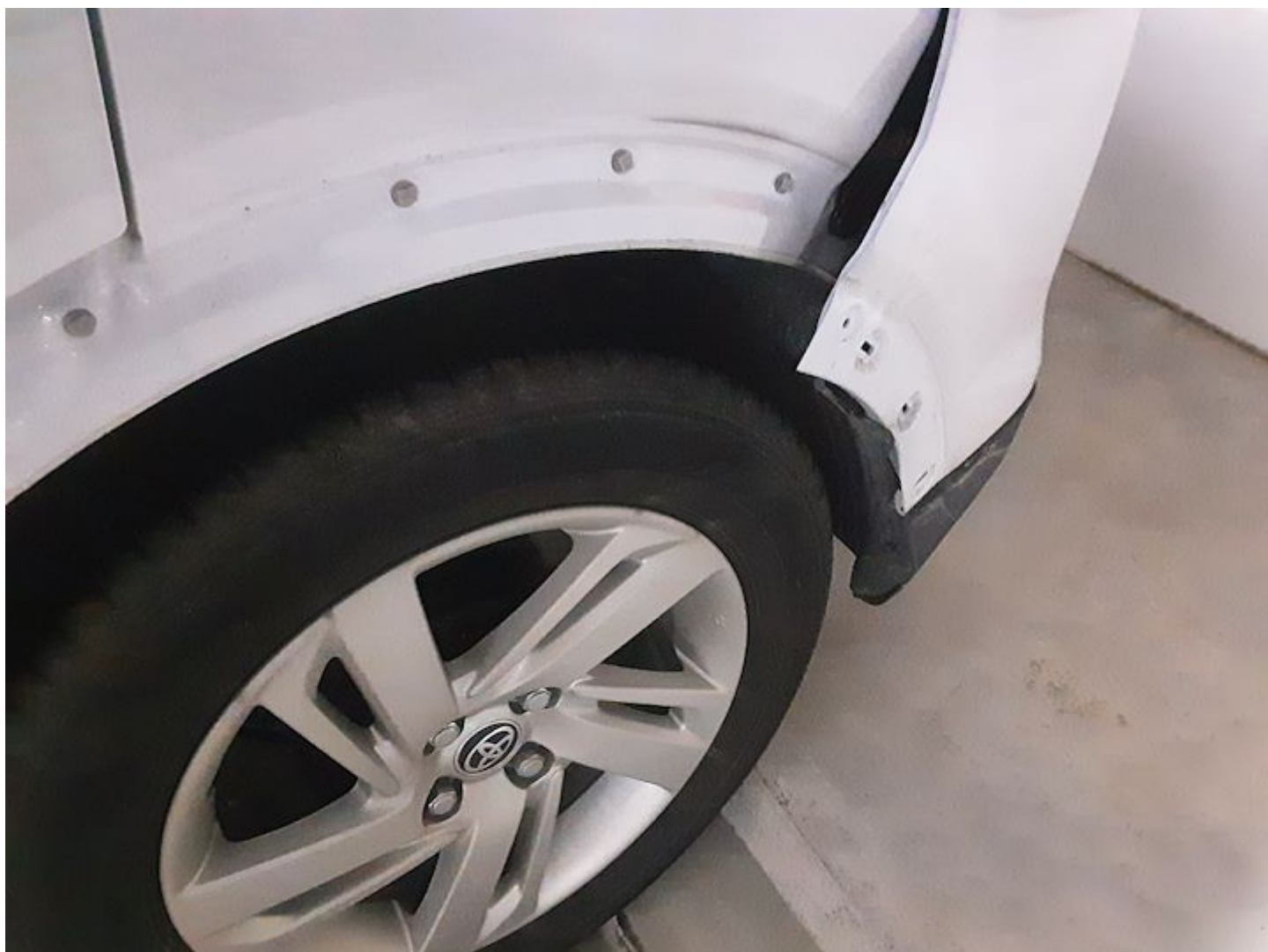












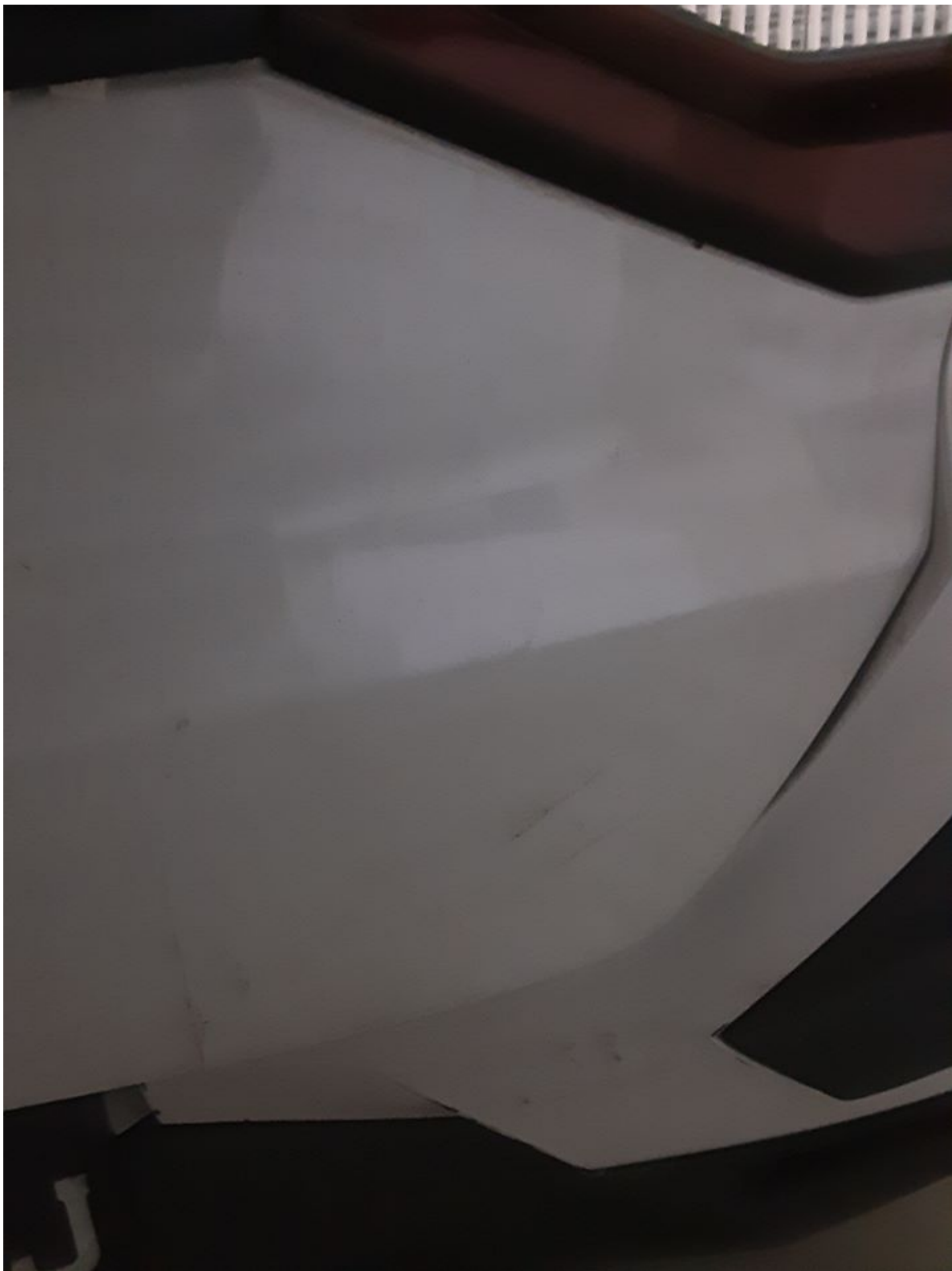






































**SINGAPORE  
POLICE FORCE**



T/20230608/2071

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 3  
Report No. T/20230608/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2023 20:31		Vide Report No.:		Station Diary No.: 31
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD FAIZAL BIN JUMARI		Address: APT BLK 330 SEMBAWANG CLOSE #04-371 SINGAPORE 750330		
ID Type / ID No.: NRIC NO / S90089911		Contact No.: Home/Office: Mobile: 93386240		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 18/03/1990	Type of Informant: Driver	
Race: Javanese		Language:		
Occupation: Electrical engineering technician		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2023 18:20	Type of Location: SLIP ROAD
Location: CENTRAL EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9136T	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold	Slightly Damaged	1
SNK3640J	Car	TOYOTA	RAIZE 1.0G CVT	White	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



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Report No. T/20230608/2071

Police Station Of Origin:  
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108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FAIZAL BIN JUMARI	ID No.	S90089911
Related Vehicle	SNK3640J (Car)	Contact No.	93386240
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/06/2023	Date Discharge	08/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 08/06/2023 at about 1820hrs, while I was stationary at the slip road exiting from CTE/Ang Mo Kio Avenue 5 to Ang Mo Kio Avenue 3 towards Hougang Avenue 2 in my rental GetGo vehicle bearing registration number SNK3640J with no passenger on board, a vehicle bearing registration number GBC9136T with 1 passenger on board rear ended my vehicle and left me in a shock.

Subsequently, I felt strain on my neck, shoulder, lower back, and thigh area but I still got out of the vehicle and exchanged particulars with the other driver namely Mr Jahangir, G8870423T and we left the scene after.

I informed GetGo about accident and was advised to see a doctor if my injury persist before lodging a traffic accident report and therefore, I went to Blk 620 Hougang Avenue 8 #01-264 Pow Family Clinic & Surgery to see a doctor and was given 3 days outpatient leave from 08/06/2023 to 10/06/2023 (MC/148667).

My rental vehicle had damages on the rear bumper and left rear fender area.

I wish to state that there is an in-car camera inside my vehicle, and it can only be accessed by GetGo.

**SINGAPORE  
POLICE FORCE**

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Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999



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Report No. T/20230608/2071

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
F /  
SGT 2 TONG KAI YONG,  
GODWIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:  
08/06/2023 20:31

Classification Of Case:

