

# 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 .....	12/06/2023 18:33 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	10/06/2023 11:11 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTE (AYE) BEFORE BALESTIER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCY6006C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD HAFIDZ BIN RAHMAT
NRIC No .....	SXXXX887H
Email Address .....	CLIQUE.LUSH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91021999
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C200
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 .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MP002688

### DRIVER

Name of Driver .....	MUHAMMAD HAFIDZ BIN RAHMAT
NRIC No .....	SXXXX887H
Date Of Birth .....	13/02/1988
Occupation .....	Indoor

Date Of Driving Pass .....	10/03/2009
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91021999
Alt. Phone Number .....	-
Email Address .....	CLIQUE.LUSH@GMAIL.COM
Address .....	640 PASIR RIS DRIVE 1 #03-526
Address complement .....	-
Postcode .....	510640
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) .....	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 .....	SAPIAH BINTE ABDUL GHANI
Gender .....	Female

#### PASSENGER 2

Name .....	NURRUL BAIEYZURA BINTI BAHAROM
Gender .....	Female

#### 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 ATTACHED POLICE REPORT

#### 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 .....	SKL1934E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMX1029G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

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



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

Sketch Plan

Vehicle A: SCY6006C	(TE (A)VE) before before before	△ A				
Vehicle B: SKL1934E		△ B				
Vehicle C: SMX1029G		△ C				

Describe Circumstance of the Accident

- Refer to Police Report -

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



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





**SINGAPORE  
POLICE FORCE**



T/20230610/7028

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

1 of 4

Report No. T/20230610/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2023 15:13		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HAFIDZ BIN RAHMAT			Address: 640 PASIR RIS DRIVE 1 #03-526 SINGAPORE 510640		
ID Type / ID No.: NRIC NO / S8803887H			Contact No.: Home/Office: Mobile: 91021999		
Nationality: SINGAPORE CITIZEN			Email: CLIQUE.LUSH@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 13/02/1988	Type of Informant: Driver		
Race: Boyanesese			Language: English		
Occupation: SELF EMPLOYED			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: 10/06/2023 11:10	Type of Location: Straight Road
Location:  TOWNER ROAD				
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	Conditio	No of
SCY6006C	Car	MERCEDES BENZ	C200 AMG LINE AUTO	Grey	Seriously Damaged	2
SKL1934E	Car	VOLKSWAGO N		White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230610/7028

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

2 of 4  
Report No. T/20230610/7028

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMX1029G	Car	MERCEDES BENZ			Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCY6006C	TOKIO MARINE INSURANCE SINGAPORE LTD.	MP002688	03/06/2022	27/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HAFIDZ BIN RAHMAT	ID No.	S8803887H
Related Vehicle	SCY6006C (Car)	Contact No.	91021999
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/06/2023	Date	10/06/2023
No. of Days granted Medical Leave	07	Degree of	Serious
Passenger			
Name	SAPIAH BINTE ABDUL GHANI	ID No.	S1695726G
Related Vehicle	SCY6006C (Car)	Contact No.	91021999
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/06/2023	Date	10/06/2023
No. of Days granted Medical Leave	01	Degree of	Serious



**SINGAPORE  
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T/20230610/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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3 of 4  
Report No. T/20230610/7028

**CONTINUATION OF REPORT**

Passenger			
Name	NURRUL BAIEYZURA BINTI BAHAROM	ID No.	S9479408I
Related Vehicle	SCY6006C (Car)	Contact No.	90661673
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/06/2023	Date	10/06/2023
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 10/06/2024 at about 11:11hr, I was driving my vehicle - SCY6006C, along CTE towards AYE with my wife and mother in my vehicle. Front vehicle slowed down and I gradually came to a complete stop. Suddenly, I felt a huge impact on my vehicle's rear portion. When I alighted, I then realized I was involved in a chain collision of 3 vehicles.

1st Vehicle - SCY6006C  
2nd Vehicle - SKL1934E  
3rd Vehicle - SMX1029G

Subsequently my family and I sought for medical attention at Intemedical Kovan and was given 7days MC for my wife and I, my mother gotten 1day MC.





**SINGAPORE  
POLICE FORCE**



T/20230610/7028

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

4 of 4

Report No. T/20230610/7028

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
10/06/2023 15:13

Classification Of Case:

NP168