

VEHICLE NO: SMG 3084 Y

MAKE &amp; MODEL: TOYOTA Sieta AUTO/MANUAL

DATE OF ACCIDENT	16 / 06 / 2023	1.6 CC.
TIME OF ACCIDENT	11:30	AM / PM
LOCATION OF ACCIDENT	Woodland Ave 3	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ABDUL HAFIZ BIN ABDUL AZIZ	
EMAIL		
NRIC	878389772	OFFICE: MOBILE: 9762 8825
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	Allianz	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SP2004796064-01	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC		
DATE OF BIRTH	23 / 12 / 1978	
ANY PASSENGER	YES / NO	
NAME OF PASSENGER	-nil-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	11 / 04 / 2002	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: Office: Home:	
EMAIL		
ADDRESS	DK S70C Woodland Ave 1 #03-856 S/733570	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	Heavy Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? As Above	
CONTACT NO.		
POLICE REPORT	No / If yes, Where? Online	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	SHB 253 G Any Passenger: 02	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



扫描全能王 创建

## SKETCH PLAN

### IMPORTANT NOTICE

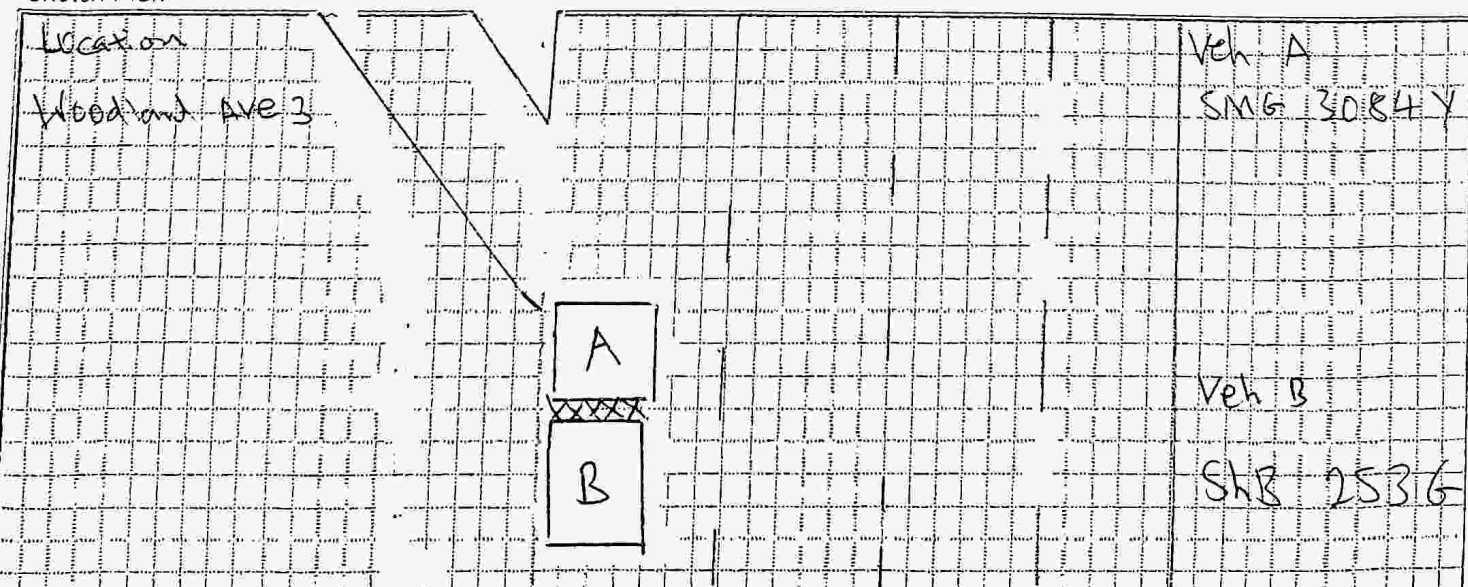
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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



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

Witnessed by Reporting Centre Personnel



扫描全能王 创建



# SINGAPORE POLICE FORCE



T/20230616/7041

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

1 of 3

Report No. T/20230616/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2023 16:04		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: ABDUL HAFIZ BIN ABDUL AZIZ		Address: 570C WOODLANDS AVENUE 1 #03-856 SINGAPORE 733570	
ID Type / ID No.: NRIC NO / S7838977Z		Contact No.: Home/Office: Mobile: 97625825	
Nationality: SINGAPORE CITIZEN		Email: HAFIZSTEEN@YAHOO.COM.SG	
Sex: Male	Age: 44	Date of Birth: 23/12/1978	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: PRIVATE HIRE		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: 16/06/2023 11:30	Type of Location: Straight Road
Location:  WOODLANDS STREET 41				
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
SHB253G	Car					2
SMG3084Y	Car	TOYOTA	SIENTA STANDARD (AUTO)	Orange	Seriously Damaged	0

**Details of Vehicle Insurance**

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



**SINGAPORE  
POLICE FORCE**



T/20230616/7041

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

2 of 3

Report No, T/20230616/7041

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3084Y	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2004796064	27/02/2023	26/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL HAFIZ BIN ABDUL AZIZ	ID No.	S7838977Z
Related Vehicle	SMG3084Y (Car)	Contact No.	97625825
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/06/2023	Date	16/06/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER SMG3084Y WAS STATIONARY WAITING FOR CAR INFRONT TO MOVE ALONG WOODLAND AVE 3 ON THE LANE 3, SUDDENLY I FELT A HUGE IMPACT ON MY REAR PORTION OF MY VEHICLE AND I CAME DOWN AND CHECK TAXIS VEHICLE PLATE NUMBER SHB253G REAR ENDED MY VEHICLE REAR PORTION.

AFTER THE ACCIDENT I WENT TO LOH&LOH CLINIC & SURGERY TO CONSULT DOCTOR CAUSE I FELT SHARP PAIN ON MY NECK AND LOWER BACK AND GIVEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**

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



T/20230616/7041

3 of 3

Report No. T/20230616/7041

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:  
16/06/2023 16:04

Classification Of Case:

NP168



扫描全能王