

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	26/06/2023 15:31 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2023 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF PIE (CHANGI) TOWARDS PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV3941U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZULKEPLE BIN MISKAM
NRIC No	SXXXX460Z
Email Address	syahiran200696@gmail.com
Mobile Phone No	(Phone) +65-91512548
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00010142200

DRIVER

Name of Driver	MUHAMMAD SYAHIRAN BIN ZULKEPLE
NRIC No	SXXXX096J
Date Of Birth	20/06/1996
Occupation	Indoor

Date Of Driving Pass	26/02/2015
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97392972
Alt. Phone Number	-
Email Address	syahiran200696@gmail.com
Address	APT BLK 646 JURONG WEST STREET 61
Address complement	# 15-144
Postcode	640646
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FD49T
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	AFTER RAINING
Road Surface	Wet

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)	2
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	NURUL AFIQAH BINTE MOHD ARIFIN
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230626/7010

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	XE117L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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	MUHAMMAD SYAHIRAN BIN ZULKEPLE
Gender	Male
Phone No	(Phone) +65-97392972
Address	APT BLK 646 JURONG WEST STREET 61
Address Complement	# 15-144
Post Code	640646
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK - GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SMV3941U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NURUL AFIQAH BINTE MOHD ARIFIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK
Injured person in which vehicle?	SMV3941U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

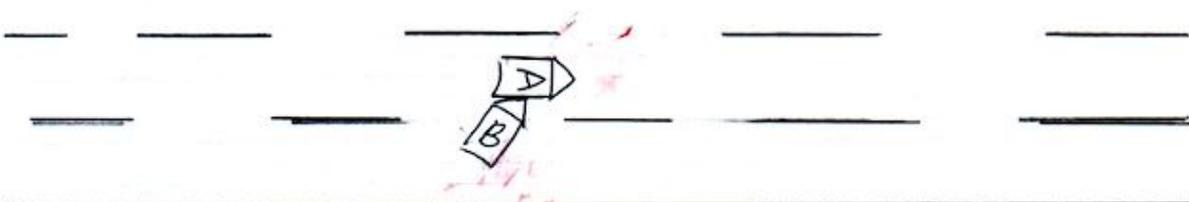
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time

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

 26/06/2023
 Witnessed by Reporting Centre Personnel

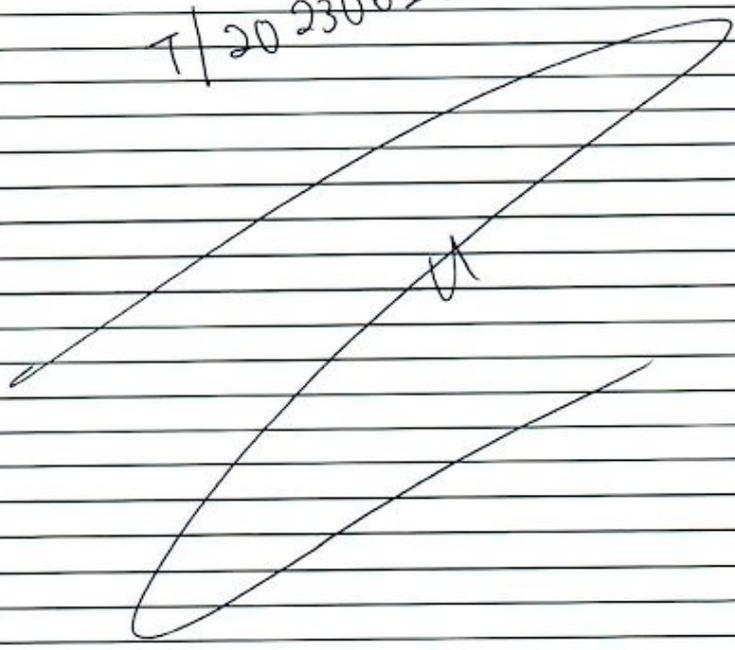
Sketch Plan Sip Road of AE (Changi) towards Paya Lebar Road.



(A) SMV 3941M
 (B) XE 117L

Describe Circumstances of the Accident

attached TP
Report.
T/20 230626 / 7010



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X


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

 28/06/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230626/7010

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

2 of 3

Report No. T/20230626/7010

CONTINUATION OF REPORT

Passenger			
Name	NURUL AFIQAH BINTE MOHD ARIFIN		ID No. NIL
Related Vehicle	SMV3941U (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	MUHAMMAD SYAHIRAN BIN ZULKEPLE		ID No. S9622096J
Related Vehicle	SMV3941U (Car)		Contact No. 97392972
Hospital/Clinic	PIONEER MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	26/06/2023		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 24/06/2023 at about 1850hours at along slip road of PIE (Changi) towards Paya Lebar Road. I was travelling on the middle lane at the above mentioned road and traffic was heavy. Suddenly, a vehicle (B) from my right veered into my lane without cautious and without checking his blind spot and hit onto the right portion of my vehicle (A) causing damages to my vehicle. After the accident, I gave chase to vehicle (B) and managed to get hold of the driver. I went to consult a doctor and was given 05days MC for my injuries. I have one passenger inside my vehicle.

- (A) SMV3941U
(B) XE117L

























**SINGAPORE
POLICE FORCE**



T/20230626/7010

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

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Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	MUHAMMAD SYAHIRAN BIN ZULKEPLE		ID No. S9622096J
Related Vehicle	SMV3941U (Car)		Contact No. 97392972
Hospital/Clinic	PIONEER MEDICAL CENTRE PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
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(A) SMV3941U
(B) XE117L



**SINGAPORE
POLICE FORCE**



T/20230626/7010

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

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Report No. T/20230626/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2023 10:26
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168

