

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 willful 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	20/04/2023 16:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/04/2023 04:15 (SGT)
Exact Location of Accident	Jalan Sultan Iskandar CIQ Jb - Singapore, Kim Teng Park, 80300 Johor Bahru, Johor, Malaysia
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG973B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED SHARIL BIN SATAR
NRIC No	S8522671A
Email Address	sharil.ins@hotmail.com
Mobile Phone No	(Phone) +65-98334953
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01169659

DRIVER

Name of Driver	MOHAMMAD RAMDAN BIN SUKARIMIN
NRIC No	S8712436C
Date Of Birth	11/05/1987

Occupation	Indoor
Date Of Driving Pass	12/01/2017
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84102030
Alt. Phone Number	-
Email Address	sharil.ins@hotmail.com
Address	461 SENGKANG WEST WAY #02-129
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Change/cross lane
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	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

AS POLICE REPORT.

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	SMK5718T
Vehicle Manufacturer	-
Vehicle Model	-

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)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	MOHAMMAD RAMDAN BIN SUKARIMIN
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?	-


Describe Circumstance of the Accident


AS Police Report

Declaration

We declare the foregoing particulars are true in every respect.


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

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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:

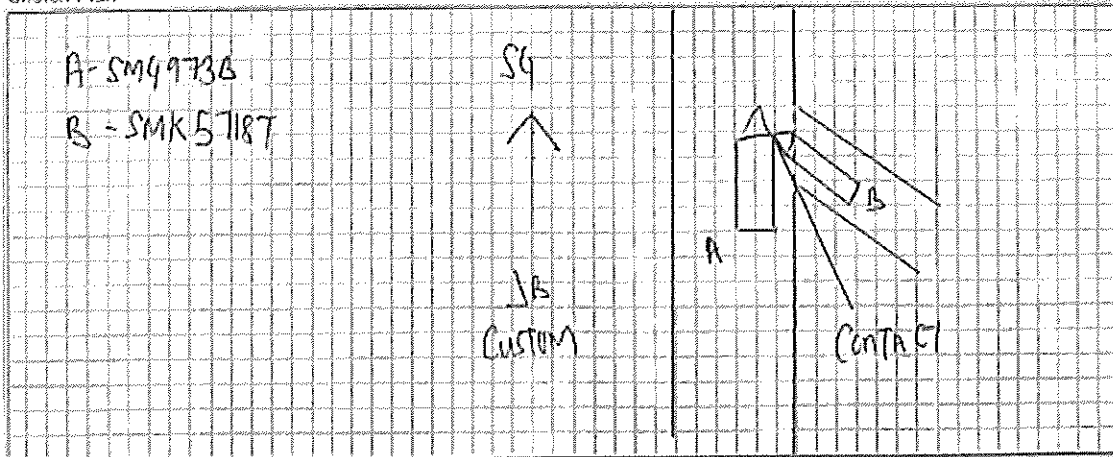
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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


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



**SINGAPORE
POLICE FORCE**



T/20230420/7002

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

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Report No. T/20230420/7002

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

This report is lodged at Sengkang NPC Kiosk 1
NP168

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

Date/Time:
20/04/2023 01:16

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230420/7002

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

3 of 4

Report No. T/20230420/7002

CONTINUATION OF REPORT

Brief Details.

I was driving straight along my lane when suddenly Vehicle bearing, SMK5718T, came out from the filter lane and collided with my car. My right portion was badly damaged. The sudden impact cause me to suffer back and neck ache. I was given 3 days MCs.



**SINGAPORE
POLICE FORCE**



T/20230420/7002

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

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Report No. T/20230420/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG973B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01169659	10/03/2023	29/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMMAD RAMDAN BIN SUKARIMIN		ID No.	S8712436C
Related Vehicle	SMG973B (Car)		Contact No.	92378858
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 20/04/2023
Date	19/04/2023		Date	19/04/2023
No. of Days granted Medical Leave	03		Degree of	Serious
Driver				
Name	MOHAMMAD RAMDAN BIN SUKARIMIN		ID No.	S8712436C
Related Vehicle	SMG973B (Car)		Contact No.	92378858
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/04/2023		Date	19/04/2023
No. of Days granted Medical Leave	03		Degree of	Serious
Passenger				
Name	UNKNOWN		ID No.	UNKNOWN
Related Vehicle	SMK5718T (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	NIL



**SINGAPORE
POLICE FORCE**



T/20230420/7002

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

1 of 4

Report No. T/20230420/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2023 01:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD RAMDAN BIN SUKARIMIN			Address: 461B SENGKANG WEST WAY #02-129 SINGAPORE 792461		
ID Type / ID No.: NRIC NO / S8712436C			Contact No.: Home/Office: Mobile: 92378858		
Nationality: SINGAPORE CITIZEN			Email: TEAMATPIZ@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 11/05/1987	Type of Informant: Driver		
Race: Javanese			Language: English		
Occupation: Audio and video equipment technician			Driving Licence Information: Class: 3 Date of Expiry: 20/04/2023		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2023 04:15	Type of Location: Straight Road
Location: JB Custom Towards SG				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG973B	Car	NISSAN	Qashqai	Grey	Seriously Damaged	0
SMK5718T	Car	MERCEDES BENZ		Black	Slightly Damaged	3