

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	18/07/2023 16:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/07/2023 01:00 (SGT)
Exact Location of Accident	Buyong Rd, Singapore
Additional Location Information	TWDS KRAMAT RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8440Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED RAFI BIN MOHAMED ALI
NRIC No	S7909664D
Email Address	RAFI.AOR@GMAIL.COM
Mobile Phone No	(Phone) +65-9005895
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5093691069-05

DRIVER

Name of Driver	MOHAMED RAFI BIN MOHAMED ALI
NRIC No	S7909664D
Date Of Birth	25/03/1979
Occupation	Indoor

Date Of Driving Pass	24/01/2011
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9005895
Alt. Phone Number	-
Email Address	RAFI.AOR@GMAIL.COM
Address	BLK 147 SIMEI ST 2 #01-66
Address complement	-
Postcode	520147
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)	5
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	MIHAI
Gender	Male

PASSENGER 2

Name	CHEVY
Gender	Female

PASSENGER 3

Name	TINES
Gender	Male

PASSENGER 4

Name	UMESH
Gender	Male

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 POLICE REPORT: T20230717/7072.

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 SKQ9111J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver MOHAMED SHAH
 Contact Number (Phone) +65-90264460
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident VEHICLE B
 No. Of Passenger (Including Driver) 3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA3858Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident VEHICLE C
 No. Of Passenger (Including Driver) 3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMED RAFI BIN MOHAMED ALI
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLR8440Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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 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.

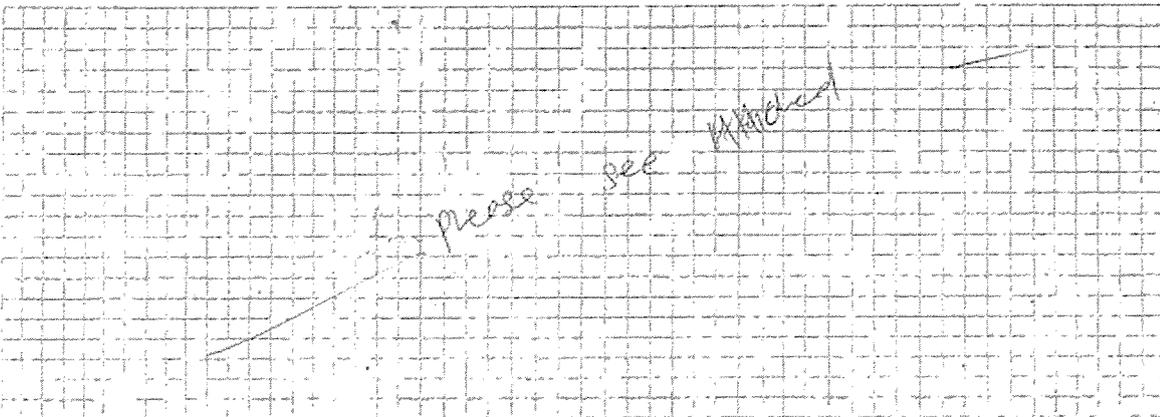
AL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

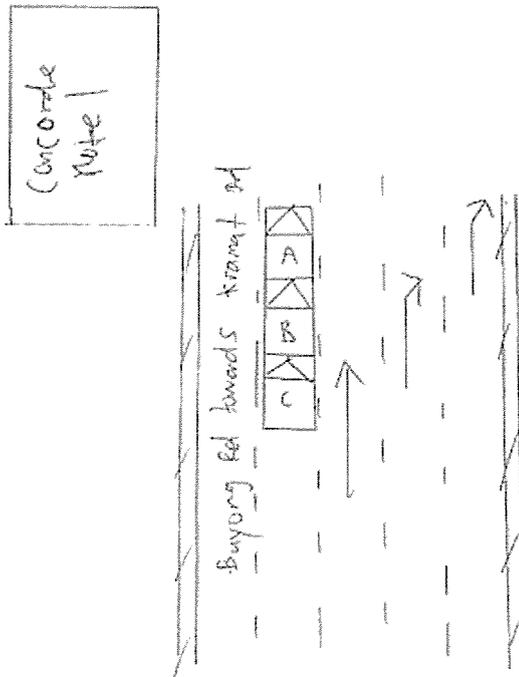


On 17/07/2023 @ about 0100hrs I was driving my vehicle, SLR8440Z, along Buyong Rd towards Kramat Rd. At the said location, I slowed down my vehicle and came to a stop as the traffic light turned red.

When the traffic light turned green, I was waiting for the traffic ahead to move off before I could drive off safely. All of a sudden, I heard a loud bang coming from the rear of my vehicle. There was a vehicle, SKQ9111J, had hit onto the rear part of my vehicle and cause some damages to it. I would like to further state that when I got down from my vehicle, I realised that there was a third vehicle, SHA3858Y, involved in this accident.

I felt pain on my neck and lower back and went to see the doctor at Healthway Medical. I was given 5 days of MC.

That's all.



MOHAMED RAFI BIN MOHAMED ALI

57909664D

RA.

A: SLR8440Z

B: SKQ9111J

C: SHA3858Y

MOHAMED RAFI BIN MOHAMED ALI

57909664D

RA.



**SINGAPORE
POLICE FORCE**



T/20230717/7072

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

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Report No. T/20230717/7072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2023 16:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMED RAFI BIN MOHAMED ALI		Address: 147 SIMEI STREET 2 #01-66 SINGAPORE 520147	
ID Type / ID No.: NRIC NO / S7909664D		Contact No.: Home/Office: Mobile: 90015895	
Nationality: SINGAPORE CITIZEN		Email: RAFI.AOR@GMAIL.COM	
Sex: Male	Age: 44	Date of Birth: 25/03/1979	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Other musicians, composers and singers		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2023 01:00	Type of Location: Straight Road
Location: BUYONG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of
SLR8440Z	Car	TOYOTA	SIENTA 1.5G CVT ABS D/AIRBAG	Black	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230717/7072

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

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Report No. T/20230717/7072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR8440Z	NTUC Income Insurance Co-Operative Limited	5093691069-05	29/08/2022	28/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED RAFI BIN MOHAMED ALI	ID No.	S7909664D
Related Vehicle	SLR8440Z (Car)	Contact No.	90015895
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	17/07/2023	Date	17/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

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That's all.



**SINGAPORE
POLICE FORCE**



T/20230717/7072

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

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Report No. T/20230717/7072

CONTINUATION OF REPORT

<p>Signature Of Officer Recording The Report: Not applicable</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 17/07/2023 16:07</p>
<p>Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151</p>	<p>Classification Of Case:</p>

NP168