

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 | 14/07/2023 15:08 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 13/07/2023 08:30 (SGT) |
| Exact Location of Accident | Pasir Ris, Singapore |
| Additional Location Information | X-JUNCTION PASIR RIS DR 3/DRIVE2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMW1622Z |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | MUHAMMAD ASYRAF BIN HAMID |
| NRIC No | S9113735F |
| Email Address | ASYRAF270108@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93258735 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Fit |
| 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 | 1300 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5124395067-01 |

DRIVER

| | |
|----------------------|---------------------------|
| Name of Driver | MUHAMMAD ASYRAF BIN HAMID |
| NRIC No | S9113735F |
| Date Of Birth | 27/04/1991 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Date Of Driving Pass | 28/11/2014 |
| Driving experience | 8 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93258735 |
| Alt. Phone Number | - |
| Email Address | ASYRAF270108@GMAIL.COM |
| Address | BLK656B PUNGGOL EAST |
| Address complement | #05-824 |
| Postcode | 822656 |
| 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 | Collision - Cross Junction |
| 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? | Yes |
| 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 | AFA AAIZA BTE MUHAMMAD ASYRAF |
| Gender | Female |

PASSENGER 2

| | |
|--------------|------------------------------|
| Name | NUR AIN HAFIZAH BTE ABDULLAH |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Changi Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005872999 |
| Alt. Police Station Phone No | (Fax) +65-65872900 |
| Police Station Address | 9 Simei Street 2 Singapore 529914 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

Reasons for not uploading a video of the accident not available

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------|
| Vehicle Registration Number | SHA7575L |
| 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 | - |
| No. Of Passenger (Including Driver) | 2 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------------|
| Name of injured person | MUHAMMAD ASYRAF BIN HAMID |
| Gender | Male |
| Phone No | (Phone) +65-93258735 |
| Address | BLK656B PUNGGOL EAST |
| Address Complement | #05824 |
| Post Code | 822656 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMW1622Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 2

| | |
|---|--------------------------------|
| Name of injured person | AFAF AAIZA BTE MUHAMMAD ASYRAF |
| Gender | Female |
| Phone No | (Phone) +65-93258735 |
| Address | BLK656B PUNGGOL EAST |
| Address Complement | #05-824 |
| Post Code | 822656 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMW1622Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |




INJURED 3

| | |
|---|------------------------------|
| Name of injured person | NUR AIN HAFIZAH BTE ABDULLAH |
| Gender | Female |
| Phone No | (Phone) +65-81137806 |
| Address | BLK656B PUNGGOL EAST |
| Address Complement | #05-824 |
| Post Code | 822656 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMW1622Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

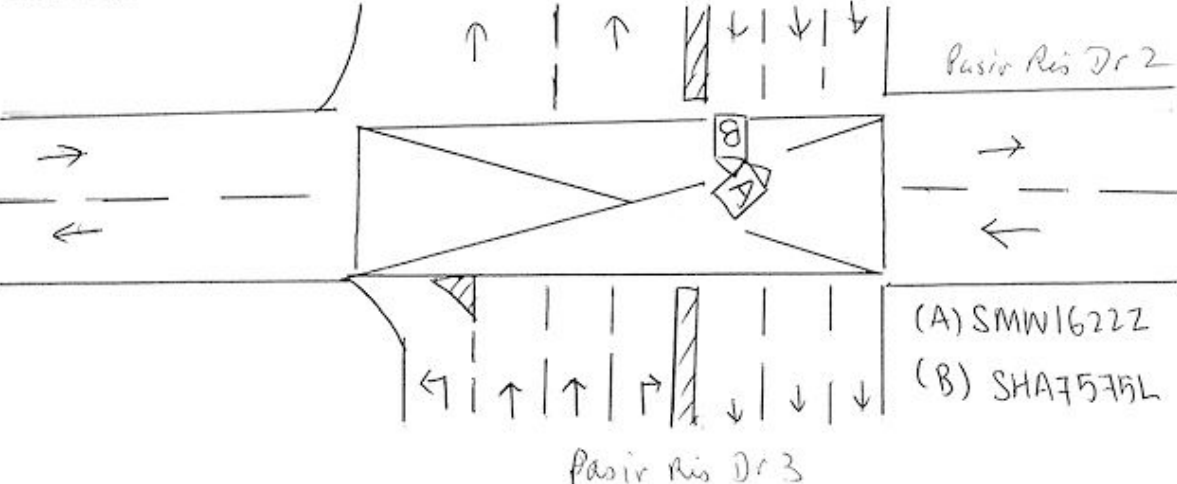
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

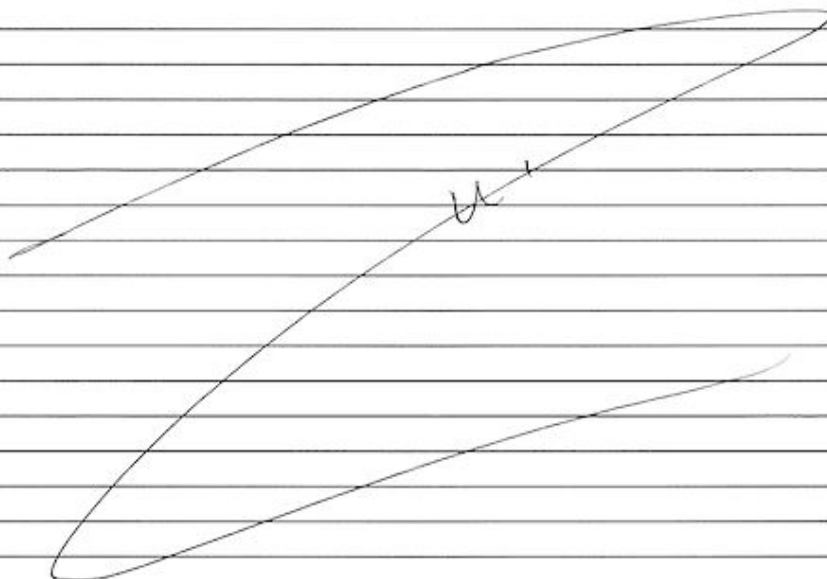
| | | |
|---|---|--|
|  Policyholder's Signature / Date & Time |  Driver's Signature (if driver is not the policyholder) / Date & Time |  Witnessed by Reporting Centre Personnel |
|---|---|--|

Sketch Plan



Describe Circumstances of the Accident

Attached TP
Report: T/20230713/2080



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under 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

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



14/7

Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20230713/2080

1 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230713/2080

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 13/07/2023 17:19 | Vide Report No.: G/20230713/0034 | Station Diary No.: 59 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|--|
| Name of Informant: MUHAMMAD ASYRAF BIN HAMID | | | Address: APT BLK 656B PUNGGOL EAST #05-824 SINGAPORE 822656 | | |
| ID Type / ID No.: NRIC NO / S9113735F | | | Contact No.: Home/Office: Mobile: 93258735 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 32 | Date of Birth: 27/04/1991 | Type of Informant: Driver | | |
| Race: Javanese | | | Language: English | | |
| Occupation: ENGINEER | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 13/07/2023 08:30 | Type of Location: X-Junction |
| Location: PASIR RIS DRIVE 3 | | | | |
| Lamp Post Number: 15 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|------------------|-------|----------------------|-----------------|
| SHA7575L | Car | BYD | E6 (ME-2) | Blue | Totally Damaged | 1 |
| SMW1622Z | Car | HONDA | FIT 1.3GF CVT | Blue | Seriously Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------|------------|-------------|
| SMW1622Z | NTUC Income Insurance Co-Operative Limited | 5124395067-01 | 05/11/2022 | 04/11/2023 |



**SINGAPORE
POLICE FORCE**



T/20230713/2080

2 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230713/2080

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | AFAF AAIZA BINTE MUHAMMAD,ASYRAF | ID No. | T2219522G |
| Related Vehicle | SMW1622Z (Car) | Contact No. | NIL |
| Hospital/Clinic | KK WOMEN'S AND CHILDREN'S HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 13/07/2023 | Date Discharge | 13/07/2023 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | MUHAMMAD ASYRAF BIN HAMID | ID No. | S9113735F |
| Related Vehicle | SMW1622Z (Car) | Contact No. | 93258735 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 13/07/2023 | Date Discharge | 13/07/2023 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Passenger | | | |
| Name | NUR AIN HAFIZAH BINTE ABDULLAH | ID No. | S909276C |
| Related Vehicle | SMW1622Z (Car) | Contact No. | 81137806 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 13/07/2023 | Date Discharge | 13/07/2023 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the above-mentioned date, time and location, I was driving my car (SMW1622Z) along Pasir Ris Drive 3 with my wife and daughter in the back seat heading to Pasir Ris Street 21. At the traffic light junction, I was on the most right lane of a 4-lane road intending to turn right into Pasir Ris Drive 2. The traffic light turned red and the green arrow light came on hence I proceeded to turn right. However, midway I felt an impact from the left side of my car. The impact had caused my airbag to be deployed. I was conscious but felt giddy. I discovered a taxi (SHA7575L) had collided head on into the left side of my car.

My wife seated at the back seat suffered pain on right upper body and left lower body from bracing



**SINGAPORE
POLICE FORCE**



T/20230713/2080

Police Station Of Origin:
Changi N.P.C
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3 of 4
Report No. T/20230713/2080

CONTINUATION OF REPORT

herself. My 11 months old daughter in her car seat suffered seatbelt burn on the left of her neck. All 3 of us were conveyed. I was conveyed to Changi General Hospital (CGH) whereas my wife and our daughter were conveyed to KK Women's and Children's Hospital (KKH). My daughter was treated and discharged at KKH. Later on my wife had to be treated at CGH which she was later discharged from.

I did not manage to exchange particulars with the opposite party. Before SCDF ambulance conveyance, Traffic Police arrived however I was not given a case number. The accident has caused the left front to mid car body to be seriously damaged. I am unsure of the cost of damages. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20230713/2080

4 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230713/2080

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 LENNY NATASHA BINTE
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/07/2023 17:19

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

NP168