

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 First Submission	03/08/2023 14:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/08/2023 16:10 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	BUKIT TIMAH ROAD TO ADAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY3720A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED FAROUK BIN SHEIK ABDUL GAFOOR
NRIC No	SXXXX459F
Email Address	mdfarouk48@yahoo.com
Mobile Phone No	(Phone) +65-82601165
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
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	1595

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VP05032858

DRIVER

Name of Driver	MOHAMED FAROUK BIN SHEIK ABDUL GAFOOR
NRIC No	SXXXX459F
Date Of Birth	10/06/1948
Occupation	Outdoor

Date Of Driving Pass	20/06/1974
Driving experience	49 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82601165
Alt. Phone Number	-
Email Address	mdfarouk48@yahoo.com
Address	BLK 147 GANGSA ROAD #02-255
Address complement	-
Postcode	670147
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHED POLICE REPORT NO. T/20230803/2025

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	SNJ1687T
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-

SKETCH PLAN

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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

25.07.2023

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

Attached sketch plan

Describe Circumstance of the Accident

Attached police report no. T/20230803/2025

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

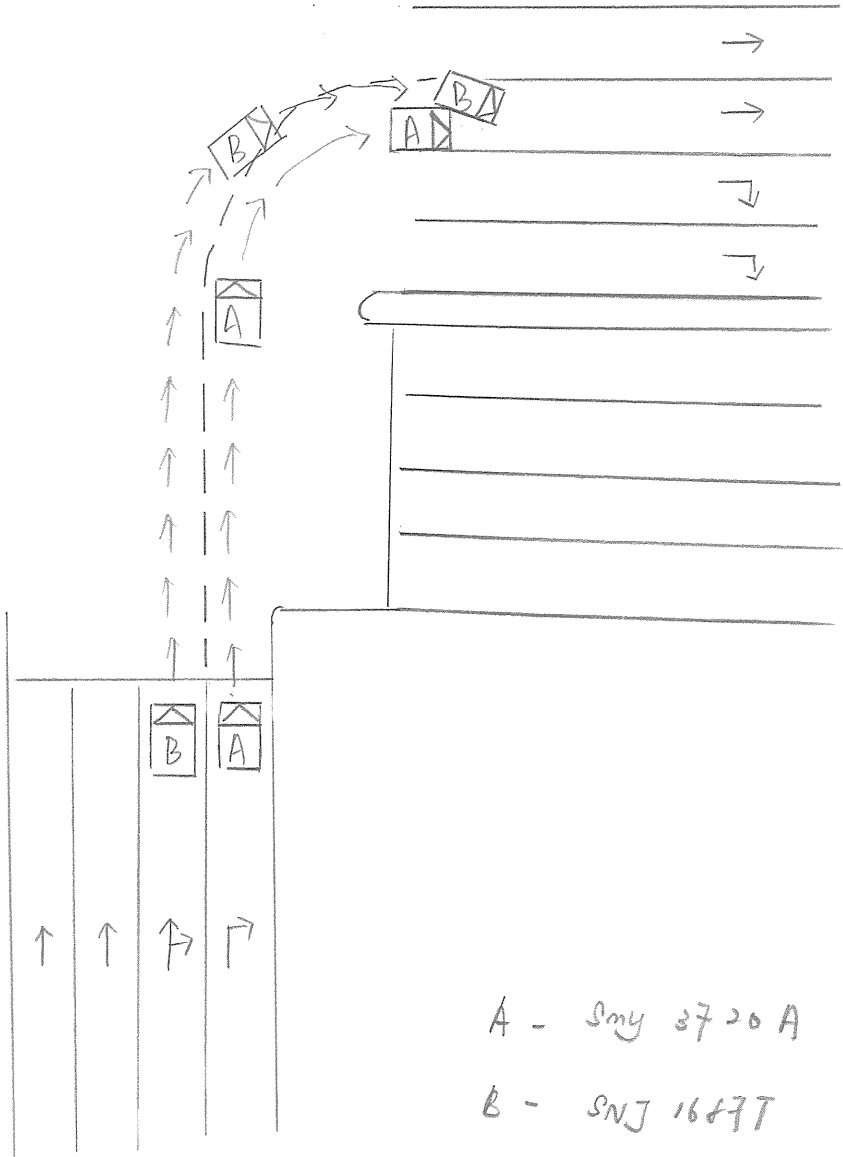
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Adam Road

Bukit Timah Road



A - smy 3720 A

B - SNJ 1647T



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20230803/2025

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Report No. T/20230803/2025
[SENSITIVE]

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2023 12:19	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: MOHAMED FAROUK BIN SHEIK ABDUL GAFOOR			Address: Redacted	
ID Type / ID No.: Redacted			Contact No.: Home/Office: Redacted	Mobile: Redacted
Nationality: Redacted			Email: Redacted	
Sex: Male	Age: 75	Date of Birth: Redacted	Type of Informant: Redacted	
Race: Redacted			Language: Redacted	
Occupation: Redacted			Driving Licence Information: Class: Redacted	Date of Expiry: Redacted

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/08/2023 16:10	Type of Location: Bend
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Condition	No of Passenger
SMY3720A	Car	MERCEDES BENZ	GLA200 SPORT LINE AUTO	Silver	Slightly Damaged	0
SNJ1687T	Car	VOLVO			Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20230803/2025
[SENSITIVE]

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY3720A	LONPAC INSURANCE BHD.	Z23VP05032858	02/03/2023	01/03/2024

Brief Details.

On the above-mentioned date, time and location, I was driving my car SMY3720A (V1) along Bukit Timah Rd towards Adam Rd. I was on lane 1 and there is one white Volvo (V2- SNJ1687T) on my left at lane 2.

As I was about to turn right into Adam Rd, V2 did not practice lane discipline and drove into my lane suddenly. Despite my honking, V2 continued into my lane which resulted in V2's rear right hitting my front left above the wheel. Despite my repeated honking, V2 did not stop and continued on. I wished to inform that I have a in car camera installed and it recorded the whole incident. I was not injured, and no traffic police or ambulance attended to me. I am doing this report for my own insurance claiming purposes.



**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE
Tel No: 1800-4629999

turned in
and drove
my lane
above the
stop and



**SINGAPORE
POLICE FORCE**



T/20230803/2025

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Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20230803/2025
[SENSITIVE]

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 3 CHUA YITING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2023 12:19

Officer In Charge Of Case:

TP / HRT /

INSP (1) KASMAWATI BTE SAMIAN

Contact No.: 65476368

Classification Of Case:

NP168