SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible, Any wilful misrepresentation or witholding 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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	04/09/2020 12:56
Date Of Accident	04/09/2020 10:00
Exact Location Of Accident	SLIP ROAD ENTERING TOWARD PIE TUAS FROM ADAM ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP1052H
Insured/Policyholder	
Name Of Registered Owner	HQ CAR LEASING PTE LTD
Co Reg No	2XXXXX098R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87367313
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118037035
Cover Note Number	
Driver	
Name of Driver	MOHAMMED AFIZ BIN TAUFI
NRIC No	SXXXX324D
Date Of Birth	23/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1996
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87367313

NOEMAIL

Address BLOCK 382 YISHUN RING ROAD

#03-8203 SINGAPORE

Postcode 730382

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

4

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance,

2

Number of Passengers (Including Driver)
Passenger 1

NAME: : DICKSON TAN CHIN HAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED: REMARKS: TYPE OF ATTACHED AND ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WILL SEND TO NTUC

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN4983T

Vehicle Make/Model/Colour

REFER TO ATTACHED

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Details Of Properties

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No, Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBC8959B

Vehicle Make/Model/Colour

Details Of Properties REFER TO ATTACHED

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No, Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU2844U

Vehicle Make/Model/Colour

Details Of Properties REFER TO ATTACHED

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMED AFIZ BIN TAUFI

Approximate Age 48

Injuries Sustain REFER TO ATTACHED

Injured person in which vehicle? SMP1052H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address BLOCK 382 YISHUN RING ROAD

#03-8203 SINGAPORE

Postcode 730382



CONFIDENTIAL

Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000 Fax: (65) 6602 3700 Reg. No.:200717564H www.ktph.com.sg

Your Ref : Our Ref : KLC/2020/0239 2020-7265-0

21 October 2020

KREATE LAW CHAMBERS LLC 175 NORTH BRIDGE ROAD #12-32 CENTRAL POINT SINGAPORE 038175

Dear Sirs.

Through: Head, Acute and Emergency Care Centre, Khoo Teck Puat Hospital,

NAME

MOHAMMED AFIZ BIN TAUFI

NRIC NO

S7124324D

The above-mentioned patient was seen on 04 September 2020 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. He was attended to by Dr San Andres, Andrew Sientos.

The patient was the driver of a car involved in a road traffic accident. He suffered a flexion extension injury to his neck and complained of headache. On examination, no neurological deficits were elicited. He had mild tenderness of his lower cervical region. CT scan of his brain and cervical spine did not show intracranial haemorrhage or fractures. The patient was advised for admission for further observation. However he declined and was discharged against advice with medication and 5 days of medical leave certification.

Impression: contusion, neck sprain