

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	13/08/2024 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	08/08/2024 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE NEAR KALLANG WAY FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC576K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIAN HUP SENG TRANSPORT
Company Reg No	53368283E
Email Address	WINSENGKK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90677718
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1685
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111416799-05

DRIVER

Name of Driver	CARMENTO DAVID @FAROOQ
NRIC No	S7526896C
Date Of Birth	08/09/1975
Occupation	Outdoor
Driving Pass Date	22/09/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93396033
Alt. Phone Number	-
Email Address	WINSENGKK@HOTMAIL.COM
Address	BLK 127 RIVERVALE STREET #16-844
Address complement	-
Postcode	540127
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
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)	2
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	passenger
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT

NOTE: VEHICLE REPAIR AT OWNER W/SHOP

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 GBL422D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 CARMENTO DAVID
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMC576K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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.
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

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



Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMC 576K
B: GBL 422D

Describe Circumstances of the Accident

was
~~I was traveling on PIE Changi to CTE~~
 Refer to Police Report.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



F/20240808/2081

1 of 3

POLICE REPORT (NP299)

Report No. F/20240808/2081

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 08/08/2024 20:10	Vide Report No.	Station Diary No. 79
Name Of Informant CARMENTO DAVID	Address 127 RIVERVALE STREET #16-844 SINGAPORE 540127	
ID Type / ID No. NRIC NO / S7526896C	Contact No. Home/Office	Mobile 999999999
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GOJEK Driver	Sex Male	Age 48
	Date of Birth 08/09/1975	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 08/08/2024 18:30 - 08/08/2024 18:30	Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE Along PIE Near Kallang Way Flyover	

Brief details.

At around 1830hrs while I was sending my passenger to a location for my GoJek trip, I drove along lane 4 on PIE near the Kallang Way Flyover. I was driving 20Km/h.

Suddenly a van collided into the back of my car causing my knees to hit onto the area below my steering wheel. At the same time the collision caused me to strain my back and neck. My passenger who was wearing a seatbelt informed me after the collision that her back was in pain because of the collision however she was fine.

Signature Of Officer Recording The Report:
F / SGT 2 HANIEF BIN HAMZAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/08/2024 20:10

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
ASP (1) GOH KOCK WEE
Contact No.: 62181332

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20240808/2081

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240808/2081

After the collision I exited my car and interviewed the driver. We exchanged particulars and went our separate ways.

An LTA officer was also at the scene however after we informed him that everything was fine, he advised us to exchange particulars and that we could leave thereafter.
I will be proceeding down to seek medical assistance.

My Vehicle that was involved in the accident is:

SMC576K - Kia / Carens (Dark Blue)

Damage: Cracked Rear Bumper and Dented, Causing the boot to be unable to close.

The other vehicle that was involved in the vehicle:

GBL42D - Toyota Hiace

Damage: Minor Cracks on the front left side of the vehicle.

Particulars of the Driver involved:

Name: Muhammad Syafiq Bin Mohd Salam

NRIC: S9817305F

Hp: 89036436

Hp: 88810377

I am lodging this report for my own insurance claim actions.

Signature Of Officer Recording The Report:
F / SGT 2 HANIEF BIN HAMZAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/08/2024 20:10

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
ASP (1) GOH KOCK WEE
Contact No.: 62181332

Classification Of Case:

**SINGAPORE
POLICE FORCE**

F/20240808/2081

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240808/2081

Signature Of Officer Recording The Report:
F / SGT 2 HANIEF BIN HAMZAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/08/2024 20:10

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
ASP (1) GOH KOCK WEE
Contact No.: 62181332

Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SF0F248D0001 Vehicle Registration No: SMC576K

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 08/08/2024 Time of Accident: 18:30

Place of Accident: PIE NEAR KALLANG WAY FLYOVER

Insurance Company: INCOME INSURANCE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TYPO ERROR ON VEHICLE B - GBL42D, CORRECT REG NO: GBL422D

Policyholder / Actual Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: