

# 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 .....	19/08/2024 09:50 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/08/2024 12:55 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS CHANGI SLIP ROAD INTO SIMEI AVENUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC6009G
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	QZK TRANSPORTATIONS
Company Reg No .....	53315935X
Email Address .....	haqqdany@gmail.com
Mobile Phone No .....	(Phone) +65-82307694
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNA00012472302

### DRIVER

Name of Driver .....	MUHAMMAD DANIAL BIN ABD LATIF
NRIC No .....	S8936919C
Date Of Birth .....	28/10/1989
Occupation .....	Indoor
Driving Pass Date .....	02/06/2008
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	16 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81276907
Alt. Phone Number .....	-
Email Address .....	haqqdany@gmail.com
Address .....	BLK 14 KAMPONG ARANG ROAD #02-45
Address complement .....	-
Postcode .....	431014
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JSE6680
Vehicle Category .....	Private car

#### 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

PLEASE REFER TO POLICE REPORT T/20240816/7055

#### 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 .....	WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDA4857R
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Elantra
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GRACIA OW HUI QI
NRIC No .....	S9617024F
Contact Number .....	(Phone) +65-90566563
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	JSE6680
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Camry
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	QUEK WEE KIAT
Contact Number .....	(Phone) +65-93292616
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 .....	MUHAMMAD DANIAL BIN ABD LATIF
Gender .....	Male
Phone No .....	(Phone) +65-81276907
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PC6009G
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.
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 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. 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' 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**

As per police Report

Report No: T/2024/0816/7055

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Gr*

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

*19/08/2024*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20240816/7055

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

1 of 3

Report No. T/20240816/7055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/08/2024 16:12		Vide Report No.: E/20240816/0067	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD DANIAL BIN ABD LATTIF		Address: 14 KAMPONG ARANG ROAD #02-45 SINGAPORE 431014	
ID Type / ID No.: NRIC NO / S8936919C		Contact No.: Home/Office:	Mobile: 81276907
Nationality: SINGAPORE CITIZEN		Email: DANCINE16@GMAIL.COM	
Sex: Male	Age: 34	Date of Birth: 28/10/1989	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: BUS DRIVER		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2024 12:55	Type of Location: Straight Road
Location:  KALLANG SECTOR				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSE6680	Motor car	TOYOTA	CAMRY	Black	Seriously Damaged	0
PC6009G	Motor van					0
SDA4857R	Motor car	HYUNDAI	ELANTRA	Silver	Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Involved: 0	



**SINGAPORE  
POLICE FORCE**

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



T/20240816/7055

2 of 3

Report No. T/20240816/7055

CONTINUATION OF REPORT

<b>Driver</b>			
Name	QUEK WEE KIAT	ID No.	NIL
Related Vehicle	JSE6680 (Motor car)	Contact No.	93292616
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD DANIAL BIN ABD LATTIF	ID No.	S8936919C
Related Vehicle	PC6009G (Motor van)	Contact No.	81276907
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	GRACIA OW HUI QI	ID No.	S9617024F
Related Vehicle	SDA4857R (Motor car)	Contact No.	90566563
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

AS OF ABOVE DATE AND TIME , I WAS DRIVING MY VEHICLE ( PC6009G ) ALONG PIE TOWARDS CHANGI SLIP ROAD INTO SIMS AVENUE. MY VEHICLE WAS STATIONERY WHILE AWAITING TRAFFIC TO CLEAR WHEN SUDDENLY, VEHICLE B ( SDA4857R ) COLLIDED INTO THE REAR PORTION OF MY VEHICLE. AFTER ROUGHLY 5-10 SECS LATER , I FELT ANOTHER IMPACT FROM THE REAR CAUSED BY VEHICLE C ( JSE6680 ) . AFTER THE ACCIDENT , WE ALIGHTED AND EXCHANGE PARTICULARS WITH ALL PARTIES AND POLICE ARRIVED SHORTLY AFTER.





**SINGAPORE  
POLICE FORCE**



T/20240816/7055

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

3 of 3

Report No. T/20240816/7055

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/08/2024 16:12

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RAIMIE BIN ABDUL KARIM  
Contact No.: 65476246

Classification Of Case:

NP168