

# 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 .....	04/10/2024 16:42 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/10/2024 19:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAMPINES AVE & TAMPINES AVE 10
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH8975T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	STS SUPPORT PTE. LTD.
Company Reg No .....	2XXXXX596C
Email Address .....	rockysulaini4@gmail.com
Mobile Phone No .....	(Phone) +65-93378847
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Commercial vehicle
Transmission .....	Manual
CC .....	3000
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 .....	5104984237-05

### DRIVER

Name of Driver .....	SULAINI BIN MA'MANG
NRIC No .....	SXXXX072Z
Date Of Birth .....	31/10/1967
Occupation .....	Indoor
Driving Pass Date .....	22/04/1999
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	25 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93378847
Alt. Phone Number .....	-
Email Address .....	rockysulaini4@gmail.com
Address .....	468A YISHUN ST 43 #06-75
Address complement .....	-
Postcode .....	761468
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? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	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

#### REFER TO POLICE REPORT

#### 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 .....	VIDEO FOOTAGE WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKQ6442Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLF6544J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	SULAINI BIN MA'MANG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBH8975T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes



Describe Circumstances of the Accident

Refer to Police report No: T/2024/004/7055

Declaration

☒ We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Jul*

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel

























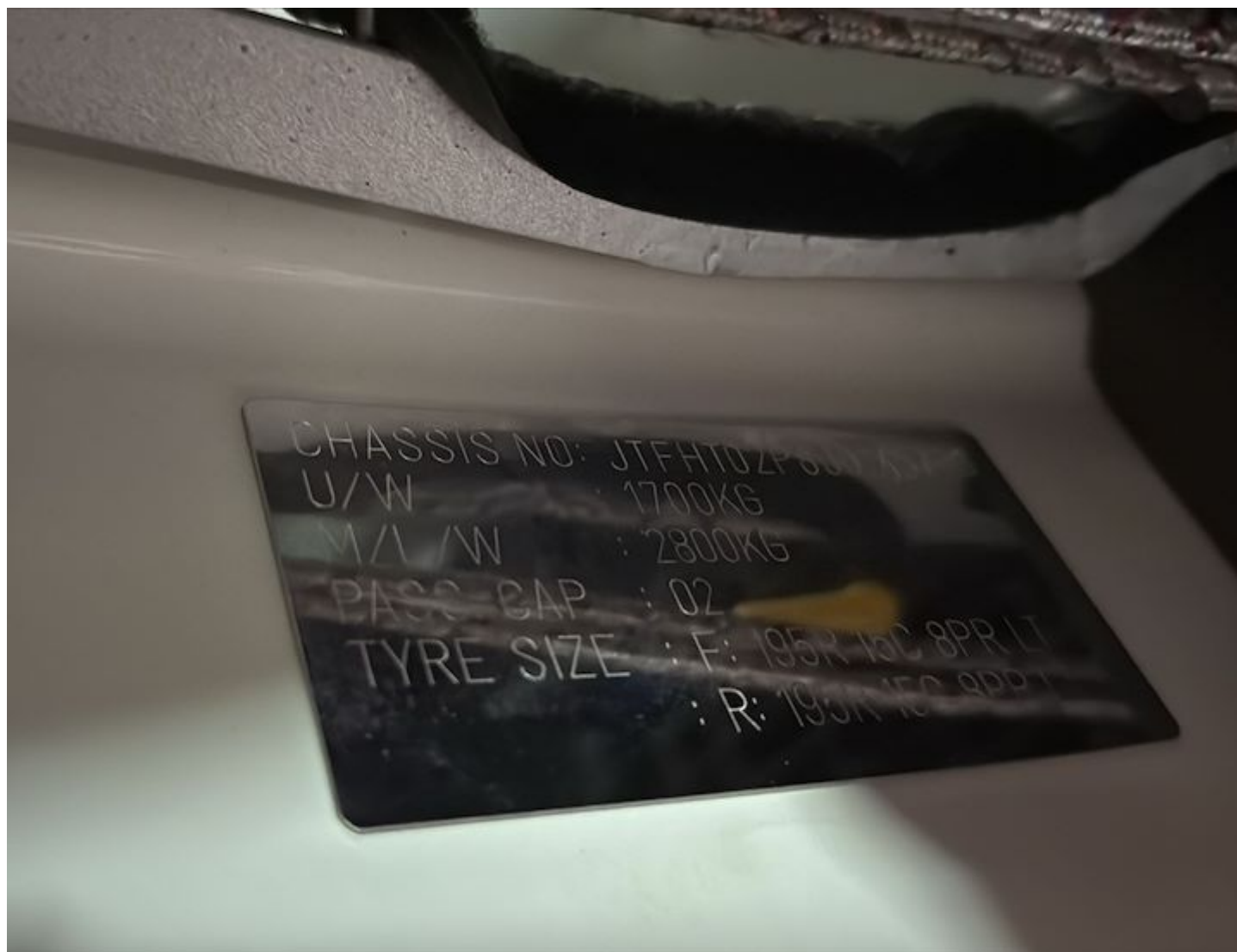














**SINGAPORE  
POLICE FORCE**



T/20241004/7055

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

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Report No. T/20241004/7055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2024 15:12		Vide Report No.: G/20241003/0179		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SULAINI BIN MA'MANG			Address: 468A YISHUN STREET 43 #06-75 SINGAPORE 761468		
ID Type / ID No.: NRIC NO / S1795072Z			Contact No.: Home/Office: Mobile: 93378847		
Nationality: SINGAPORE CITIZEN			Email: ROCKYSULAINI4@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 31/10/1967	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2024 19:30	Type of Location: X-Junction
Location:  TAMPINES AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8975T	Motor van					0
SKQ6442Z	Motor car					0
SLF6544J	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20241004/7055

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

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Report No. T/20241004/7055

CONTINUATION OF REPORT

Driver			
Name	SULAINI BIN MA'MANG	ID No.	S1795072Z
Related Vehicle	GBH8975T (Motor van)	Contact No.	93378847
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	03/10/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight

**Brief Details.**

On 03.10.2024 at about 1930hrs, I was travelling along Tampines Ave 3 Towards Tampines Ave 10. Upon reaching the traffic junction, the traffic turn red. I slow down and stop. While on stationary, all of a sudden I felt an hard impact from the rear. The impact was great until my van had to push forward and hit onto SLF 6544J. I alight and realised a vehicle SKQ 6442Z had hit onto my rear. The damage on my vehicle was bad. I was convey by ambulance to Changi General Hospital. I was discharge on the same day. I was given 2 days of mc. That's all.

Police had attend on the scene. The report number was G/20241003/0179.

**SINGAPORE  
POLICE FORCE**

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



T/20241004/7055

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Report No. T/20241004/7055

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD BURHAN BIN SABTU  
Contact No.: 65476214

NP 168

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

Date/Time:  
04/10/2024 15:12

Classification Of Case: