

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	21/10/2024 12:42 (SGT)
Reported by	Actual Driver
Date of Accident	13/10/2024 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH822H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABSOLUTE WHEELS LEASING PTE LTD
Company Reg No	201606919E
Email Address	Absolutewheelsleasingsg@gmail.com
Mobile Phone No	(Phone) +65-98220611
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	GDH2012015855
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00027282400

DRIVER

Name of Driver	ABDUL RAFIQ KHAN BIN ABDUL RAHMAN KHAN
NRIC No	T0107289C
Date Of Birth	11/03/2001
Occupation	Outdoor
Driving Pass Date	14/05/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80250459
Alt. Phone Number	-
Email Address	RAFIQ98852@GMAIL.COM
Address	BLK 417 CLEMENTI AVENUE 1 #20-259
Address complement	-
Postcode	120417
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
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?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RAFIQ KHAN BIN ABDUL RAHMAN KHAN
Gender	-
Phone No	(Phone) +65-80250459
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, LEFT LEG, RIGHT HAND
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

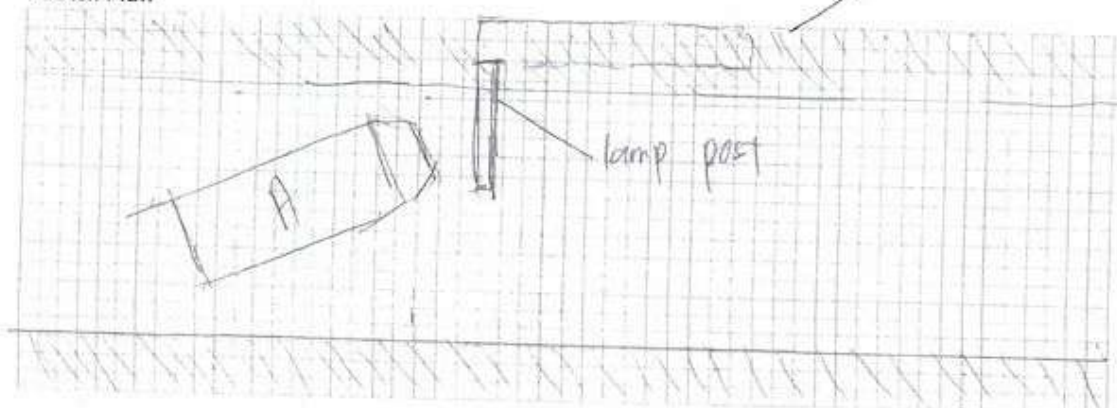
Ros

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A - GBL 822 H

Describe Circumstances of the Accident

X Refer to police report X

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241015/7011

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

1 of 3

Report No. T/20241015/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2024 10:10		Vide Report No.: J/20241013/0075		Station Diary No.:	
Informant's Particulars					
Name of Informant: Abdul Rafiq Khan bin Abdul Rahman Khan			Address: 417 CLEMENTI AVENUE 1 #20-259 Casa clementi SINGAPORE 120417		
ID Type / ID No.: NRIC NO / T0107289C			Contact No.: Home/Office: Mobile: 80250459		
Nationality: SINGAPORE CITIZEN			Email: rafiiq8852@gmail.com		
Sex: Male	Age: 23	Date of Birth: 11/03/2001	Type of Informant: Driver		
Race: Pathan			Language: English		
Occupation: Van driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2024 00:00	Type of Location: Flyover
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL822H	Motor van					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241015/7011

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

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Report No. T/20241015/7011

CONTINUATION OF REPORT

Driver			
Name	ABDUL RAFIQ KHAN BIN ABDUL RAHMAN KHAN		ID No. T0107289C
Related Vehicle	GBL822H (Motor van)		Contact No. 80250459
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.

It's outside a condo
I'm travelling along bukit timah road
No the accident does not take place at a pedestrian crossing
It's happen below the flyover



**SINGAPORE
POLICE FORCE**



T/20241015/7011

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

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Report No. T/20241015/7011

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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

Date/Time:
15/10/2024 10:10

Classification Of Case:

NP168