

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	01/11/2024 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 21:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS INDUSTRIAL PARK E4 TO WOODLANDS AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL113X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIDDANCE ENVIRONMENTAL SERVICES AND PEST MANAGEMENT PTE LTD
Company Reg No	199803610C
Email Address	riddance@singnet.com.sg
Mobile Phone No	(Phone) +65-96536784
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
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	5121276350-03

DRIVER

Name of Driver	MOHAMAD RIZAN BIN SHARIFFOOL AKHTHAR
NRIC No	S8419061F
Date Of Birth	25/06/1984
Occupation	Outdoor
Driving Pass Date	02/02/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93394516
Alt. Phone Number	-
Email Address	weekit.riddance@gmail.com
Address	BLK 426A YISHUN AVENUE 11 #06-86
Address complement	-
Postcode	761426
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	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	RAYMON
Gender	Male

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 ACCIDENT STATEMENT AS ATTACHED.

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 GBJ7823U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver YU CHENGCAI
 Contact Number (Phone) +65-97667449
 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 MOHAMAD RIZAN BIN SHARIFFOOL AKHTHAR
 Gender Male
 Phone No (Phone) +65-93394516
 Address BLK 426A YISHUN AVENUE 11 #06-86
 Address Complement -
 Post Code 761426
 Approximate Age Years Old 40
 Injuries Sustained OBTAINED 3 DAYS MC
 Injured person in which vehicle? GBL113X
 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



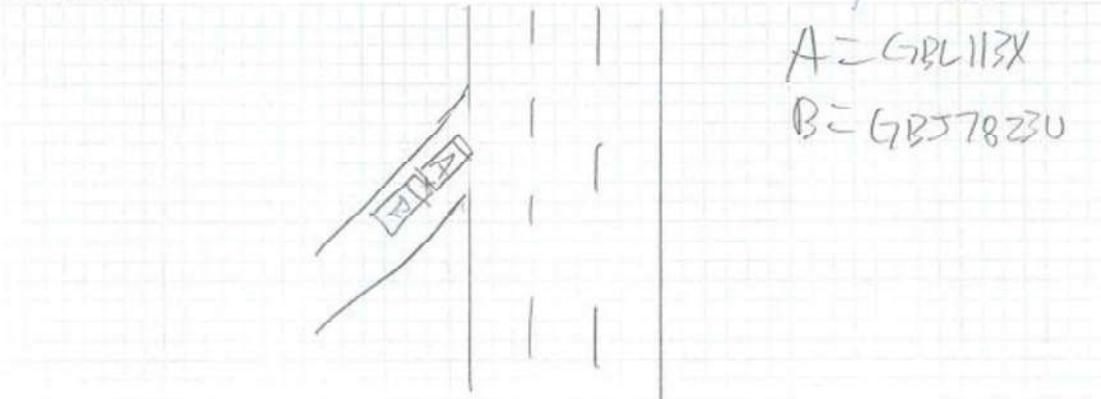
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Joelle Tan
AME AUTOPAIN P/L

Sketch Plan



Describe Circumstances of the Accident

Refer to police Report No T/2024 1101/1024

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
Joelle Tan
Amk AutoPoint Pte


















**SINGAPORE
POLICE FORCE**

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



T/20241101/7024

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Report No: T/20241101/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 10:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD RIZAN BIN SHARIFFOOL AKHTHAR			Address: 426A YISHUN AVENUE 11 #06-86 SINGAPORE 761426		
ID Type / ID No.: NRIC NO / S8419061F			Contact No.: Home/Office:		Mobile: 93394516
Nationality: SINGAPORE CITIZEN			Email: Sharifah_21@outlook.com		
Sex: Male	Age: 40	Date of Birth: 25/06/1984	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Fumigator and other pest and weed controller			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2024 21:15	Type of Location: ZEBRA CROSSING
Location: WOODLANDS INDUSTRIAL PARK E9				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7823U	Lorry					0
GBL113X	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/20241101/7024

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

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Report No. T/20241101/7024

CONTINUATION OF REPORT

Driver			
Name	YU CHENGCAI		ID No. NIL
Related Vehicle	GBJ7823U (Lorry)		Contact No. NIL
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
Driver			
Name	MOHAMAD RIZAN BIN SHARIFFOOL AKHTHAR		ID No. S8419061F
Related Vehicle	GBL113X (Motor van)		Contact No. 93394516
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE		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)	03		Degree of Injury Slight

Brief Details.

I WAS AT ZEBRA CROSS AT 9.15PM DOING LEFT TURN AT WOODLAND IND PARK E4 AND SUDDENLY A LORRY HIT MY BACK VEHICLE. I HURT MY BACK AND WENT TO GP CLINIC AND WAS GIVEN A 3 DAYS MC.



**SINGAPORE
POLICE FORCE**

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



T/20241101/7024

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Report No. T/20241101/7024

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: 01/11/2024 10:53
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:

NP168