

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	16/11/2024 12:49 (SGT)
Reported by	Actual Driver
Date of Accident	15/11/2024 21:35 (SGT)
Exact Location of Accident	Airport Blvd., Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7113G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K.S.S.B. ZABARDAST RESTO PTE LTD
Company Reg No	202106587C
Email Address	KSSB.ZABARDAST@GMAIL.COM
Mobile Phone No	(Phone) +65-87481649
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	COMMUTER GL 2.8 AUTO
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	Bus
Transmission	Auto
CC	2754
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	GDH2232000153
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00015572301

DRIVER

Name of Driver	MUHAMMAD SAFUAAN BIN MOHAMED NASAR
NRIC No	T0205876B
Date Of Birth	21/02/2002
Occupation	Outdoor
Driving Pass Date	01/04/2021
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87481649
Alt. Phone Number	-
Email Address	KSSB.ZABARDAST@GMAIL.COM
Address	BLK 304 UBI AVENUE 1 #03-105
Address complement	-
Postcode	400304
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)	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

PLEASE REFER TO POLICE REPORT NO T/20241116/7007

ATTACHMENT(S)

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	SHD8817S
Vehicle Manufacturer	Mercedes
Vehicle Model	BENZ / V220D LONG AT
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Taxi
Name of Driver	NG KIAN HENG
NRIC No	S1507218J
Contact Number	(Phone) +65-97297977
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 SAFUAAN BIN MOHAMED NASAR
Gender	Male
Phone No	(Phone) +65-87481649
Address	BLK 304 UBI AVENUE 1 #03-105
Address Complement	-
Post Code	400304
Approximate Age Years Old	22
Injuries Sustained	INJURED 3DAYS MC
Injured person in which vehicle?	PC7113G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

K.S.S.B ZABARDAST
RESTO PTE LTD
UEN : 202106587C

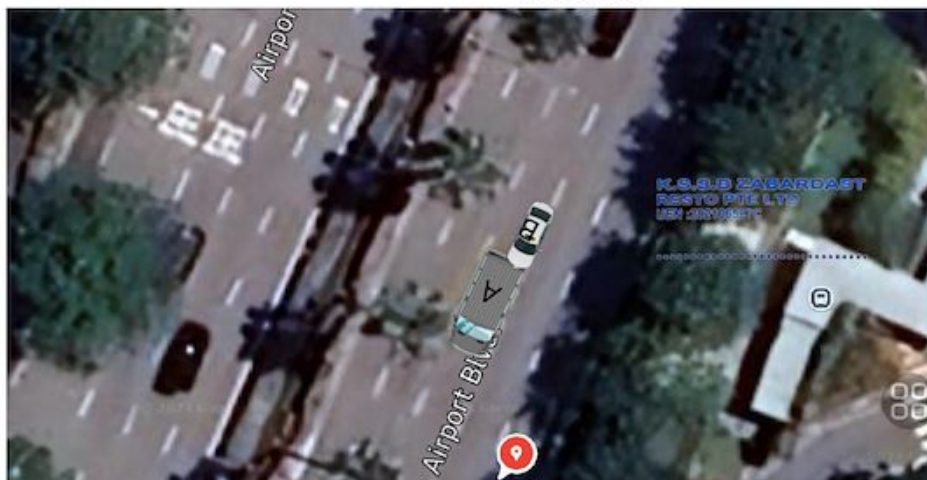
Policyholder's Signature / Date & Time

Sketch Plan

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

16112024
1100HRS

Witnessed by Reporting Centre Personnel



AIRPORT
BOULEVARD
TOWARDS CITY

A - PC7113G
B - SHD8817S

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO T/20241116/7007

Declaration

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

K.S.S.B ZABARDAST
RESTO PTE LTD
UEN :202106587C

Policyholder's Signature / Date &
Time



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

16112024
1100HRS



Witnessed by Reporting Centre
Personnel





































**SINGAPORE
POLICE FORCE**



T/20241116/7007

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

1 of 3

Report No. T/20241116/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2024 01:45		Vide Report No.: G/20241116/7004		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SAFUAAN BIN MOHAMED NASAR			Address: 304 UBI AVENUE 1 #03-105 SINGAPORE 400304		
ID Type / ID No.: NRIC NO / T0205876B			Contact No.: Home/Office: Mobile: 87481649		
Nationality: SINGAPORE CITIZEN			Email: SAFUAAN2102@GMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 21/02/2002	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Company director			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2024 21:35	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
PC7113G	Coach/Minibus					0
SHD8817S	Taxi	MERCEDES BENZ	v220d	White	Totally Damaged	6

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241116/7007

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

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Report No. T/20241116/7007

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SAFUAAN BIN MOHAMED NASAR	ID No.	T0205876B
Related Vehicle	PC7113G (Coach/Minibus)	Contact No.	87481649
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/11/2024	Date Discharge	16/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	NG KIAN HENG	ID No.	S1507218J
Related Vehicle	NIL	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

Brief Details.

I, Muhammad Safuaan (NRIC No: T0205876B) was driving PC7113G alone along Airport Blvd Road towards City in lane 3 from the right.

Suddenly a white Mercedes taxi belonging to ComfortDelGro SHD8817S hit me from the rear on my vehicle when I was driving in lane 3. The taxi has 5 passengers in the vehicle together with the driver.

The driver of SHD8817S namely Ng Kian Heng (NRIC No: S1507218J) exchange particulars with me and asked me to claim my damages from his taxi company.

Due to the accident, my vehicle PC7113G is damaged in the rear and left side of my vehicle.

I suffer injuries on my neck & back. I went to A&E at Parkway East Hospital and was given 3 days MC from 15th November- 17 November 2024.

No government property was damaged during the accident.

I am reporting this for record purposes. Vide to G/20241116/7004.



**SINGAPORE
POLICE FORCE**

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



T/20241116/7007

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Report No. T/20241116/7007

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
16/11/2024 01:45

Classification Of Case:

