

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	21/11/2024 17:28 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 13:54 (SGT)
Exact Location of Accident	Woodsville Tunl, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2701S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RHODO PROPERTY AND ESTATE MANAGEMENT SERVICES PTE LTD
Company Reg No	1XXXXX737Z
Email Address	RHODO@RHODOEM.COM
Mobile Phone No	(Phone) +65-65333375
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	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	5129521469-02

DRIVER

Name of Driver	AZHAN BIN HANEEF
NRIC No	SXXXX999F
Date Of Birth	02/06/1982
Occupation	Outdoor
Driving Pass Date	23/11/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-90880364
Alt. Phone Number	-
Email Address	AZLINA03@GMAIL.COM
Address	BLK 188C BEDOK NORTH ST 4
Address complement	#16-90
Postcode	463188
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

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	SHB1363R
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)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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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

21/11/20

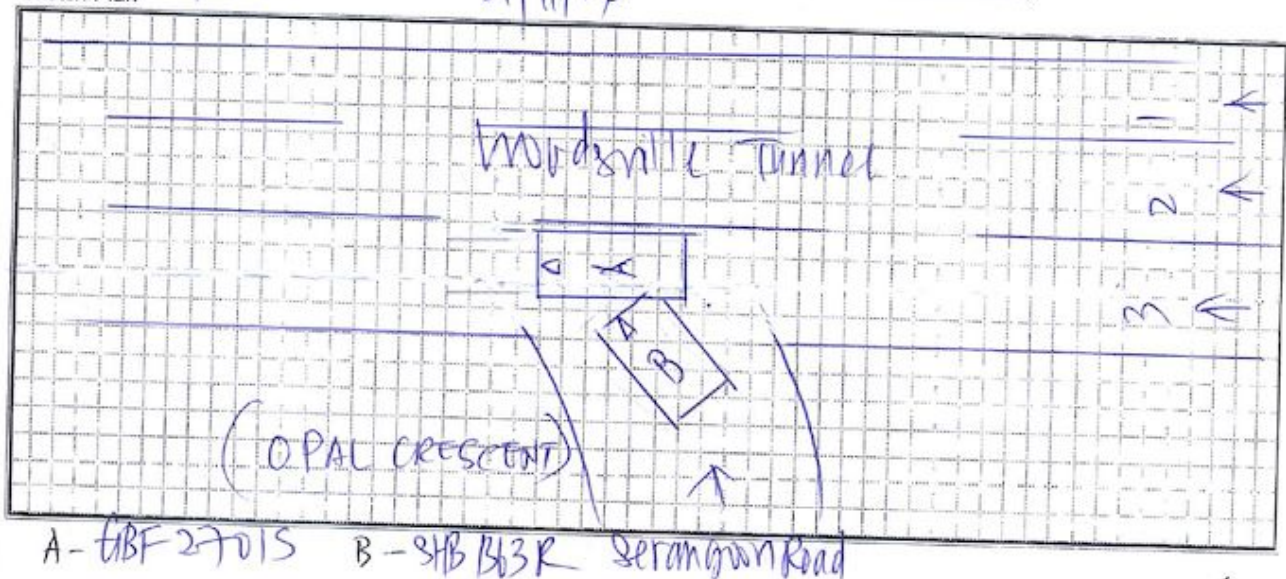
Driver's Signature (if driver is not the policyholder) / Date & Time

21/11/20



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer Police Report

Declaration

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



Policyholder's Signature / Date & Time

2/11/20

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

2/11/20



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)




















 SINGAPORE POLICE FORCE		 T/20241119/2052
Police Station Of Origin: Rochor N.P.C 11 Kampong Kapur Road SINGAPORE 208678 Tel No: 1800-2949999		3 of 3 Report No. T/20241119/2052
CONTINUATION OF REPORT		
Signature of Officer Recording The A / SGT 3 AL-IMRAN SHAH BIN HASNI		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 19/11/2024 15:44
Officer In Charge Of Case: TP / GIA / SUPT (1) PHNG KAR SOON Contact No.: 65476439		Classification Of Case:
NP168		


**SINGAPORE
POLICE FORCE**


T/20241119/2052

1 of 3

Report No. T/20241119/2052

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2024 15:44	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars

Name of Informant: AZHAN BIN HANEEF	Address: 188C BEDOK NORTH STREET 4 #16-90 SINGAPORE 463188		
ID Type / ID No.: NRIC NO / S8214999F	Contact No.:	Mobile: 90880364	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 42	Date of Birth: 02/06/1982	Type of Informant: Driver
Race: Malay	Language: English		
Occupation: BUILDING TECHNICIAN	Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/11/2024 13:55	Type of Location: Straight Road
Location: OPAL CRESCENT				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBF2701S	Motor van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White	Slightly Damaged	0
SHB1363R	Motor car	MG	MG5 EV EXCITE T	Green		0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999



T/20241119/2052

Report No: T/20241119/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	AZHAN BIN HANEEF	ID No.	S8214999F
Related Vehicle	GBF2701S (Motor van)	Contact No.	90880364
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	PEK SU JIN, ERWIN	ID No.	S7344696A
Related Vehicle	SHB1363R (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19/11/2024 at about 1354 hrs, I was driving along Macpherson Road towards CTE (City).

After the traffic light, another taxi oncoming from Serangoon Road did not give way, and hit onto the side of my van.

Both vehicles stopped, we exchanged particulars and took photos, then headed off from there.

As such, I am lodging this traffic accident report.