

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	19/11/2024 14:08 (SGT)
Reported by	Actual Driver
Date of Accident	18/11/2024 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	5068 ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1281D
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO ENGINEERING PTE LTD
Company Reg No	2XXXXX002K
Email Address	SHAIRUL_MOHD@YAHOO.COM
Mobile Phone No	(Phone) +65-97575840
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	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101935MFCV/2

DRIVER

Name of Driver	SHAIRUL S/O GULAM MOHAMED
NRIC No	SXXXX759I
Date Of Birth	26/11/1974
Occupation	Outdoor
Driving Pass Date	02/09/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98623656
Alt. Phone Number	-
Email Address	SHAIRUL_MOHD@YAHOO.COM
Address	BLK 403B FERNVALE LANE
Address complement	#03-169
Postcode	792402
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 Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JPX377
Vehicle Category	Motorcycle

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 SKETCH PLAN

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 JOX377
Vehicle Manufacturer Kawasaki
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver LIM TSE AIK
Passport No/FIN GXXXX274U
Contact Number (Phone) +65-83021095
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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 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.
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.

COMFORTDELGO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

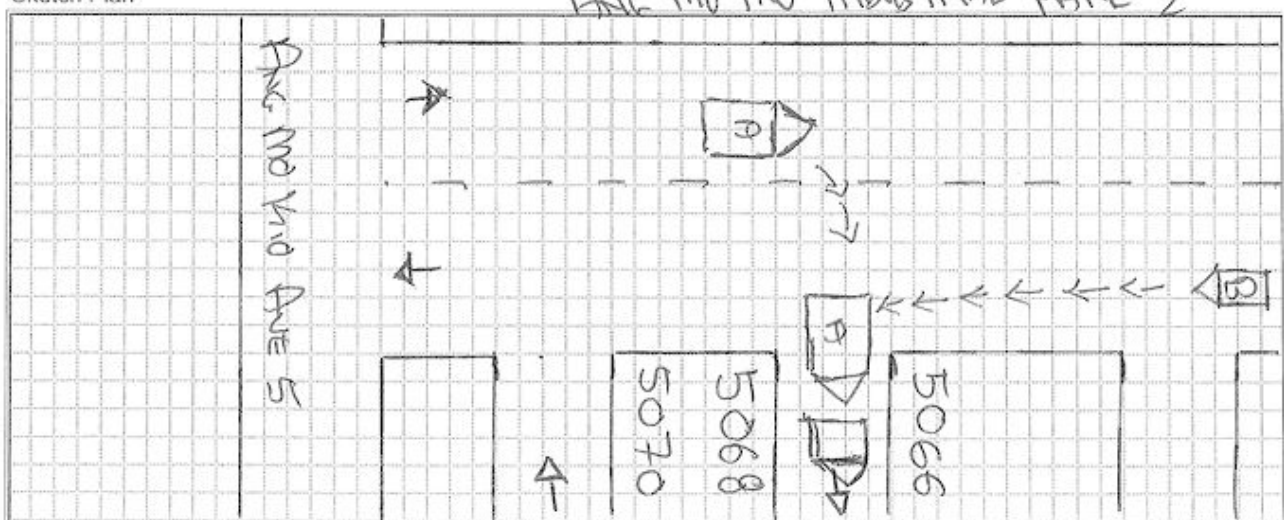
COMFORTDELGO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 18/11/2024 about 1140 HRS I was driving Vehicle Q212810 along Aunk Lmb Park 2. after I made the right turn into Blocks 5065-5070 a vehicle from one of the Shops was reversing. causing the other vehicles to stop allowing him to reverse for about 3 minutes. I was stationary, waiting for the Traffic to start moving.

as I was about to move, suddenly there was a loud impact from my left rear

I went to check and saw Vehicle (B) JPX 377 Had collided onto my left rear - Rider stop up and said Sorry He was looking at his phone for direction and lost for direction and did not notice He was moving Toward left and cause to hit my left rear no body was injured that time.

Declaration

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

COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Policyholder's Signature / Date & Time

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

18/11/24

COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

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



MS First Capital Insurance Limited
www.msfirstcapital.com.sg
(UEN 195000196C GST Reg. No. A12-0001676-9)

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Third Party
Certificate No. : D-24101935MFCV/2
Vehicle No / Chassis No : GZ1281D / JTFHS02P500034840
Name of Insured : COMFORTDELGRO ENGINEERING PTE LTD
Period Of Insurance : 01.01.2024 To 31.12.2024
Insured Estimated Value : 0.00
Financial Institution : N.A

Excess :

SGD2,000.00 SECTION II FOR DRIVERS AGED BELOW 21 YEARS AND/OR
THE HOLDER OF A PROVISIONAL DRIVING LICENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

STELLAL/B0101/MZ300C

Issued at Singapore on 21.12.2023

Authorised Signature

































**SINGAPORE
POLICE FORCE**



T/20241119/7014

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

1 of 3

Report No. T/20241119/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2024 08:53			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: SHAIRUL S/O GULAM MOHAMED			Address: 403B FERNVALE LANE #03-169 SINGAPORE 792403			
ID Type / ID No.: NRIC NO / S7470759I			Contact No.: Home/Office: Mobile: 97575840			
Nationality: SINGAPORE CITIZEN			Email: SHAIRUL_MOHD@YAHOO.COM			
Sex: Male	Age: 49	Date of Birth: 26/11/1974	Type of Informant: Driver			
Race: Indian			Language: English			
Occupation: Automotive mechanic			Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive:	No	Date/Time of Accident:	18/11/2024 11:40	Type of Location:	T-Junction
Location: ANG MO KIO INDUSTRIAL PARK 2							
Weather: Clear		Road Surface: Dry					
Traffic Flow: One Way		Traffic Control: Not Controlled				Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ1281D	Motor van					0

[illegible]

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



**SINGAPORE
POLICE FORCE**



T/20241119/7014

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

2 of 3
Report No. T/20241119/7014

CONTINUATION OF REPORT

Driver			
Name	SHAIRUL S/O GULAM MOHAMED	ID No.	S7470759I
Related Vehicle	GZ1281D (Motor van)	Contact No.	97575840
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.

On date 18/11/2024 about 1140hr I was driving vehicle GZ1281D along Ang mo kio Ind park 2 after ladw the range guy turn into block 5065-5070 a vehicle from one of the shops was reversing causing the other vehicle to stop allowing him to reverse for about 3 minutes .I was stationary waiting for the traffic to start moving .

As I was about to move suddenly there was a loud impact from my left rear .

I went to check and saw vehicle JPX377 had collided onto my left rear . Rider stop up and mention sorry he was looking at his phone for directions and did not notice he was moving toward left and came to hit my left rear no body injured that time .



**SINGAPORE
POLICE FORCE**

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



T/20241119/7014

3 of 3

Report No. T/20241119/7014

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476225

NP168

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

Date/Time:
19/11/2024 08:53

Classification Of Case: