

## 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 .....	10/12/2024 18:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/12/2024 08:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHOA CHU KANG NORTH 6
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD3226B
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	800 SUPER WASTE MANAGEMENT PTE LTD
Company Reg No .....	1XXXXX155H
Email Address .....	enquiries@800super.com.sg
Mobile Phone No .....	(Phone) +65-63663800
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	CANTER FEA01BR1SDEB (CBU)
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 .....	2998
Vehicle Fuel .....	Diesel
First Registration Date .....	04/09/2014
Chassis no .....	FEA01BA00426
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2031515320

#### DRIVER

Name of Driver .....	JAMALUDIN BIN BUANG
NRIC No .....	SXXXX440B
Date Of Birth .....	08/12/1965
Occupation .....	Outdoor
Driving Pass Date .....	22/12/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81811537
Alt. Phone Number .....	-
Email Address .....	jasmintan@800super.com.sg
Address .....	BLK 556 JURONG WEST ST. 42 #08-423
Address complement .....	-
Postcode .....	640556
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 .....	Chain Collision
Weather Conditions .....	Drizzling
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

#### 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 ..... SHD2806M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... CHING CHENG SIANG  
NRIC No ..... SXXXX354A  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SHD6171J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SNF1383R  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number ..... YN5907G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	DRIVER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD6171J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	DRIVER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNF1383R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

VEH NO: GBD 3226 B  
 INSURER: Allianz  
 DATE OF ACC: 9/12/24 @ 8am

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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  
 (Name as in NRIC/ID card) (YS)

Sketch Plan

PLEASE  
TURN  
OVER

Describe Circumstance of the Accident

\*\* NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. PIs check your policy for more information.

( ) Claim Own Policy ( ☒ ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan

Choa Chu Kang North 6

Choa Chu Kang St. 62

unknown Motorcar

SHD 6171J

YN 5907G (E)

(D) SNF 1383R

A: GBD 3226B  
(with 1 male passenger)

B: SHD 2806 M  
Ching Chang Siang  
S 1113354A  
(Alone)

C: SHD 6171J

D: SNF 1383R

E: YN 5907G

Refer to Police Report attached.

Declaration

I/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  
(Name as in NRIC/ID card) (YS)





**SINGAPORE  
POLICE FORCE**



T/20241210/2029

1 of 3

Report No. T/20241210/2029

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2024 13:41	Vide Report No.:	Station Diary No.: 64
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**Informant's Particulars**

Name of Informant: JAMALUDIN BIN BUANG	Address: 556 JURONG WEST STREET 42 #08-423 SINGAPORE 640556		
ID Type / ID No.: NRIC NO / S1693440B	Contact No.:	Mobile: 81811537	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 59	Date of Birth: 08/12/1965	Type of Informant: Driver
Race: Boyanese	Language:		
Occupation: Supervisor	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: 09/12/2024 08:00	Type of Location: X-Junction
Location:  CHOA CHU KANG NORTH 6				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3226B	Lorry				Slightly Damaged	1
SHD2806M	Motor car					0
SHD6171J	Motor car					0



**SINGAPORE  
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T/20241210/2029

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20241210/2029

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JAMALUDIN BIN BUANG	ID No.	S1693440B
Related Vehicle	GBD3226B (Lorry)	Contact No.	81811537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	CHING CHENG SIANG	ID No.	S1113354A
Related Vehicle	SHD2806M (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 9/12/2024 at about 8.00am, I was driving my company lorry (GBD3226B) along Choa Chu Kang North 6 and at the junction of Choa Chu Kang St 62. I had come to a stop at a junction and was in a stationary position waiting for the traffic light. Suddenly, I felt an impact from behind me and find out that a car (SHD2806M) had hit onto the rear of my lorry. The car driver was not injured. I was also not injured. I also find out that another car (SHD6171J) had hit onto the car behind me, causing the car behind me to hit onto my rear. The driver of the car (SHD6171J) was sent to hospital.





**SINGAPORE  
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T/20241210/2029

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20241210/2029

## CONTINUATION OF REPORT

Signature of Officer Recording The  
J/  
SGT 2 NURAQILAH BINTE  
ABDUL HAMID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT NADYA BINTE MOIDEEN  
Contact No.: 65476331

Signature Of Informant:

Date/Time:  
10/12/2024 13:41

Classification Of Case:

NP168