

# 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 .....	04/07/2024 11:45 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/07/2024 09:20 (SGT)
Exact Location of Accident .....	KJE, Singapore
Additional Location Information .....	LAMP POST NO. 369
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PA898G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BASSI TRANSPORT SERVICES
Company Reg No .....	53294158J
Email Address .....	bassitpt@gmail.com
Mobile Phone No .....	(Phone) +65-93297061
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	LT134P
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 .....	Bus
Transmission .....	Manual
CC .....	7790

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00022822302

### DRIVER

Name of Driver .....	MOHAMAD SAHLAN BIN MOHAMAD SAM
NRIC No .....	S9008944G
Date Of Birth .....	21/03/1990
Occupation .....	Outdoor

Driving Pass Date .....	11/07/2011
Driving experience .....	13 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90610997
Alt. Phone Number .....	-
Email Address .....	sahlansam37.sl@gmail.com
Address .....	BLK 520 HOUGANG AVENUE 6 #02-73
Address complement .....	-
Postcode .....	530520
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	16
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 .....	HANIS
Gender .....	Male

#### PASSENGER 2

Name .....	ZHAO YANG
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### 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 T/20240701/7079

#### 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 ..... GBE5147C  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... YQ5863H  
 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SLJ4685C  
 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 .....	XD9618D
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 .....	MOHAMAD SAHLAN BIN MOHAMAD SAM
Gender .....	Male
Phone No .....	(Phone) +65-90610997
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PA898G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	ZHAO YANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PA898G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 3

Name of injured person .....	HAFIS
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-

Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PA898G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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 not 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 Arbitratory Authority, if appropriate and relevant government 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.

(for 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;

(c) I do not object to the use, disclosure or any of the Insurers' lawyers/law firms, for the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Representative of the General Insurance Association of Singapore

## Sketch Plan

KTE Expressway (Lamp post 269)

B	
C	
D	
A	
E	

A: PA898G  
B: GRE5147C  
C: YQ5863H  
D: SLJ4685C  
E: XD9618D

Describe Circumstances of the Accident

Please refer to attached police report. T/20240701/7079.

Declaration

We declare the foregoing particulars are true in every respect.

 

Policyholder's Signature / Date &

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

  
04/07/2024  
Witnessed by Reporting Centre









































# SINGAPORE POLICE FORCE



T/20240701/7079

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

1 of 4

Report No. T/20240701/7079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2024 15:27		Vide Report No.: J/20240701/0051		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MOHAMAD SAHLAN BIN MOHAMAD SAM		Address: 520 HOUGANG AVENUE 6 #02-73 SINGAPORE 530520		
ID Type / ID No.: NRIC NO / S9008944G		Contact No.: Home/Office: Mobile: 90610997		
Nationality: SINGAPORE CITIZEN		Email: sahlansam37.sl@gmail.com		
Sex: Male	Age: 34	Date of Birth: 21/03/1990	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2024 09:20	Type of Location: Straight Road
Location:  KRANJI EXPRESSWAY				
Lamp Post Number: 369				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBE5147C	Lorry				Slightly Damaged	0
PA898G	Lorry				Slightly Damaged	2
SLJ4685C	Motor car				Slightly Damaged	0
XD9618D	Lorry				Slightly Damaged	0
VO5982H	Lorry				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20240701/7079

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

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Report No. T/20240701/7079

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	trailer				Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MOHAMAD SAHLAN BIN MOHAMAD SAM			ID No.	S9008944G
Related Vehicle	PA898G (Lorry)			Contact No.	90610997
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL			Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL			Degree of Injury	NIL
Passenger					
Name	ZHAO YANG			ID No.	S8843056E
Related Vehicle	PA898G (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
Passenger					
Name	HAFIS			ID No.	S8218944J
Related Vehicle	PA898G (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



**SINGAPORE  
POLICE FORCE**



T/20240701/7079

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

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Report No. T/20240701/7079

## CONTINUATION OF REPORT

**Brief Details.**

I am working as a Private bus driver for Company Bassi Transport Services.

On 01/07/2024 at about 0920hrs, I was driving my bus plate number PA898G with 15 passengers on board. I was travelling along KJE towards PIE near to lamp post 369 on the third lane.

I saw a white car from the second lane abruptly make a lane switch to the third lane. This abrupt lane switching causes the first lorry to stop and everyone follow suit. I also managed to stop however there was a trailer plate number XD9618D behind me unable to stop in time and collided with my rear. The impact causes me to inch forward colliding with the Audi car in front of me and so on. I made a check and realised that there was 5 vehicle chain collision.

The first vehicle plate is GBE5147C. The second vehicle plate is YQ5863H.

I was advised to lodge a police report. I am injured due to the accident however have yet to seek medical treatment. Two of my passenger was conveyed to the hospital.

I do not have in car camera. However I had the footage of the rear cam of Audi car. That is all.

**SINGAPORE  
POLICE FORCE**

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



T/20240701/7079

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Report No. T/20240701/7079

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

This report is lodged at Hougang NPC Kiosk 1  
NP168

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

Date/Time:  
01/07/2024 15:27

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0824740002 Vehicle Registration No: P1898G  
 Name (as shown in NRIC) MOHAMAD SATHOU NRIC/FIN/Passport No: SXXX 91940  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 98610997  
 Email Address: \_\_\_\_\_  
 Date of Accident: 01/07/2020 Time of Accident: 09:20  
 Place of Accident: KJK Lamp Post No. 369  
 Insurance Company: Citibank

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To transfer Policy number DMBISAW00012282302

Policyholder / Actual Driver's Signature  
Date:

05/07/2020  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):