

## 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	18/07/2024 17:05 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 00:40 (SGT)
Exact Location of Accident	Near 204 Yishun Street 21, Block 204, Singapore 760204
Additional Location Information	ALONG YISHUN CENTRAL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3194T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHERIFF DELIVERY SERVICES
Company Reg No	5XXXX800L
Email Address	SHERIFFDELIVERYSERVICES@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93682242
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Manual
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122422089-02

#### DRIVER

Name of Driver	MUHAMMAD SHUKAIRY EDDRY LEE
NRIC No	TXXXX780F
Date Of Birth	05/04/2000
Occupation	Outdoor

Driving Pass Date	23/03/2023
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91556735
Alt. Phone Number	-
Email Address	SHUKAIRYLEE5@GMAIL.COM
Address	BLK 17 GHIM MOH ROAD #08-103
Address complement	-
Postcode	270017
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	NORAZILAH BINTE AIAN
Gender	Female

#### PASSENGER 2

Name	NUR AQILA BALQIS BINTE RADUAN
Gender	Female

#### PASSENGER 3

Name	NURUL DYLA FIEELSYA BINTE SHAPIE
Gender	Female

#### PASSENGER 4

Name	MOHD ASNOR BIN ADAM
Gender	Male

#### 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

ON THE ABOVE MENTIONED DATE AND TIME, V1 WAS DRIVING ALONG SAID ROAD WHEN V2 SUDDENLY COLLIDED FROM THE REAR. V1 WAS STATIONARY AT A RED LIGHT. AFTER THE ACCIDENT, V2 CLAIMED TO HAVE BEEN DISTRACTED BY HIS PHONE AND THEREFORE DID NOT REALIZE THAT IT WAS A RED LIGHT WHICH RESULTED IN THE COLLISION. V1'S PASSENGERS WERE INJURED AND CONVEYED TO THE HOSPITAL.

## ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? Yes  
 Reasons for not uploading a video of the accident SD CARD HAD COLLECTED BY POLICE.

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP7572E  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver SEO JOON HAN  
 NRIC No SXXXX803A  
 Contact Number (Phone) +65-84484268  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident -  
 No. Of Passenger (Including Driver) 1

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person MUHAMMAD SHUKAIRY EDDRY LEE  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? GBG3194T  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? Yes

## INJURED 2

Name of injured person NORAZILAH BINTE AIAN  
 Gender Female  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? GBG3194T  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? Yes

## INJURED 3

Name of injured person NUR AQILA BALQIS BINTE RADUAN  
 Gender Female



Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG3194T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	NURUL DYLA FIEELSYA BINTE SHAPIE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG3194T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	MOHD ASNOR BIN ADAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG3194T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN**

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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/are 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

*[Signature]*

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



*[Signature]*

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

**Sketch Plan**

<p>Vehicle A: GBC 31447</p> <p>Vehicle B: SKP 7572E</p> <p>Location: Yishun Central</p>	
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vJun2022