

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 Authorised 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 ability.
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 Report	20/01/2018 12:17
Date Of Accident	19/01/2018 06:55
Exact Location Of Accident	CTE TOWARDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC6113D
Insured/Policyholder	
Name Of Registered Owner	ZAP PILING PTE LTD
Co Reg No	-
Email Address	EMAILUS@ZAPPILING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63652280
Vehicle Particulars	
Manufacturer	NISSAN
Model	NAVARA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPCVE000586
Cover Note Number	
Driver	
Name of Driver	SURESH S/O RAJA MOHAN
NRIC No	S8519972B
Date Of Birth	27/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2009
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86302767
Fax Number	
Contact Number	
E-Mail Address	SURESH@ZAPPILING.COM.SG

Address	APT BLK 104B CANBERRA STREET #10-505
Postcode	752104
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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
Was there any audio recorded?	NO

Details of Witness 1

Name	STEVE
Phone Number	90666013
Email Address	

Details of Witness 2

Name	PRABHAKAR
Phone Number	85938248
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG1729P
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	YASIN BIN ADNAN
NRIC/Passport Number	S9236670G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YASIN BIN ADNAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG1729P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/01/2018

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/59/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1234 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A - GBC 6113D

B - FAG 172AP

b - FBI 1728P

Refer to Police Report

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



Driver's Signature: _____
(If driver is not the policyholder)
Date & Time: 20/01/2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police report



**SINGAPORE
POLICE FORCE**



T/20180119/2029

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180119/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2018 11:00	Vide Report No.: F/20180119/0069	Station Diary No.: 69
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Informant's Particulars

Name of Informant: SURESH S/O RAJA MOHAN		Address: APT BLK 104B CANBERRA STREET #10-505 SINGAPORE 752104	
ID Type / ID No.: NRIC NO / S8519972B		Contact No.: Home/Office:	Mobile: 86302767
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 27/06/1985	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SAFETY OFFICER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2018 06:55	Type of Location: Flyover
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE toward AYE on Ang Mo Kio Central flyover. Lamp Post Number: 111F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FBG1729P	Motorcycle	YAMAHA	FZ16	Black	Slightly Damaged	0
GBC6113D	Pick up	NISSAN	Navara 2.5L	Silver	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20180119/2029

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180119/2029

CONTINUATION OF REPORT

Rider			
Name	Yasin Bin Adnan	ID No.	S9236670G
Related Vehicle	FBG1729P (Motorcycle)	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	NIL	Degree of Injury	Serious
Driver			
Name	SURESH S/O RAJA MOHAN	ID No.	S8519972B
Related Vehicle	GBC6113D (Pick up)	Contact No.	86302767
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Witness			
Name	Steve	ID No.	NIL
Related Vehicle	NIL	Contact No.	90666013
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	NIL	Degree of Injury	NIL
Witness			
Name	Prabhakar	ID No.	NIL
Related Vehicle	NIL	Contact No.	85938248
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	NIL	Degree of Injury	NIL



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Tel No: 1800-2519999

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Report No. T/20180119/2029

CONTINUATION OF REPORT

Brief Details.

On 19/1/2018 at about 0655hrs, I was driving (GBC6113D) along on CTE toward AYE (Ang Mo Kio Flyover), Lane number 2. I noticed a motorbike riding (FBG1729P) between lane number 2 and 3.

I wish to state that the traffic flow was heavy causing my vehicle to stop on the expressway.

I suddenly heard a long bang from my rear, and noticed the rider thrown off from his motorbike and landed beside my vehicle. I stop immediately and assist him to check whether he is all right, and he respond that he is in pain. My vehicle sustained damages on the rear right of my vehicle.

I proceed to called for ambulance and waited for the rider to be convey. Then EMAS arrived to assist us to move our vehicle to the road shoulder.

After 20 minutes TP arrived and proceed to escort us towards Toa Payoh Lorong 8. I was instructed to proceed to the nearest police station to lodged a police report.

I do not have any in-car camera installed inside my vehicle and unsure whether any CCTV installed in the vicinity.





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Report No. T/20180119/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

EJ/MPD

Sgt 2 AHMAD MUHAJMIN AMZAR BIN MOHD

YUSOF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/01/2018 11:00

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEVATHESH

Contact No.: 65476232

Classification Of Case:

ON 100

Authentication Stamp

NP168

SIGNATURE