SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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

	ACCIDENT
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	26/05/2018 11:46
Exact Location Of Accident	25/05/2018 16:00
Country/State of Loss	PAN ISLAND EXPRESSWAY
	SINGAPORE
Vehicle Pogistration Number	DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholder	GBG7148B
Name Of Registered Owner	VERMINATOR PTE LTD
Co Reg No	201106883R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5073229914-02
Cover Note Number	337.3223314-02
Driver	
Name of Driver	ABDUL GHANI BIN MOHAMAD HASHIM
NRIC No.	S7423601D
Date Of Pirth	31/07/1974
Occupation	OUTDOOR
Date Of Driving Dage	24/01/2014
Driving Eversion	
Gondor	4 YEARS AND 4 MONTHS MALE
Mobile Niverteen	
Fax Number	(LOCAL) +65-98873485

NOEMAIL

Address

BLK 547D SEGAR ROAD #09-29

Postcode

674547

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?

Number of vehicles involved in the accident

NO 2

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

GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20180526/2038

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN994L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

None	DETAILS OF INJURED PERSON 1
Name Approximate Age Injuries Sustain	ABDUL GHANI BIN MOHAMAD HASHIM 43
Injured person in which vehicle? Were seat belts worn?	GBG7148B YES
Was this injured conveyed to hospital by ambulance? Address	YES
Postcode	BLK 547D SEGAR ROAD #09-29 674547



SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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:

- 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)
 - 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
 - (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
 - 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.
 - 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.
 - 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

complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

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

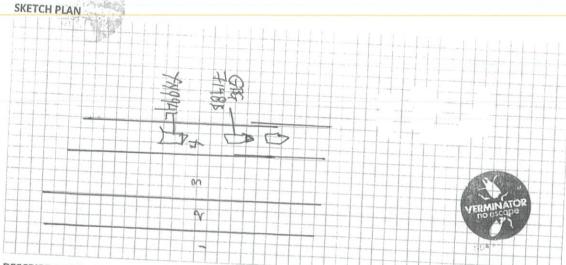
Date & Time:

2 6 MAY 2018

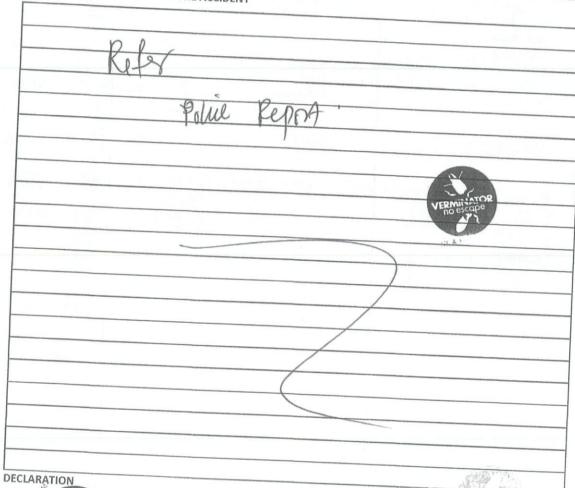
Reporting Cer Singapore 415933

NRIC/FRIN67416697 Fax: 67492305

Email: vackb@singnet.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



I/We deck ing particulars are true in every respect.

2 6 MAY 2018

Policyholder¹ Date & Time:

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4

Reporting Ingapore 1593 sture

Name: 67416697 Fax: 67492305

Naic/Fin No.:
Email: vackb@singnet.com.sg





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3

Report No. T/20180526/2038

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No .: Date/Time Report Made: 26/05/2018 11:07

Informant's Particulars APT BLK 547D SEGAR ROAD #09-29 SINGAPORE 674547 Address: Name of Informant: ABDUL GHANI BIN MOHAMAD HASHIM Contact No .: ID Type / ID No.: Mobile: 98873485 Home/Office: NRIC NO / S7423601D Email: Nationality: STATELESS Type of Informant: Date of Birth: Age: Sex: 31/07/1974 Driver 43 Institution / School Name: Male Language: Race: English Malay Driving Licence Information: Occupation: Date of Expiry: Class: 3 VERMINATOR

General Information of the Accident Type of Location: Date/Time of Drink Straight Road Injury Accident: Type of Drive: Others 25/05/2018 16:00 No Accident: Location: Along Road 1 PAN ISLAND EXPRESSWAY Road Speed Limit: before Paya Lebar Road exit Road Surface: Weather: Dry Traffic Volume: Clear Traffic Control: Traffic Flow: Moderate Not Controlled Anyone conveyed by One Way ambulance: Type of Collision: Between Moving Vehicles - Head To Rear Yes

Details of Ve	ehicle Invol	ved	Mandal	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model		Slightly	0
GBG7148B		NISSAN	NV200	White	Damaged	
0007110				White	Slightly	0
YN994L	Lorry	FUSO		VVIIIC	Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	0000





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

2 of 3 Report No. T/20180526/2038

CONTINUATION OF REPORT

Driver			December 1881 Sept.			
Name	ABDUL GHANI BIN MOH	HAMAD I	HASHIM	ID No).	S7423601D
Related Vehicle	GBG7148B (Van)			Conte	act No.	00070407
Hospital/Clinic CHANGI GENERAL HOSPITAL				Conta	act INO.	98873485
	CHANGI GENERAL HOSPITAL		Class of Driving Licence &		Class: 3 Date of Expiry: NIL	
Date Treatment	25/05/2018		Deta Di	Expiry	Date	
No. of Days gran	ted Medical Leave 14		Date Disc	charge		/2018
Driver			Degree o	finjury	Slight	
Name	CHEAH LEE CHAI					
	The state of the					S1354177I
Related Vehicle	YN994L (Lorry)					
	THOU IE (EOTTY)			Contact No.		97340222
Hospital/Clinic	NIL					La de la companya de
				Driving Licence	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Deta Di	Expiry		
No. of Days grant	ed Medical Leave NIL		Date Disch	narge	NIL	
	TAIL INIT		Degree of	injury	NIL	

Brief Details.

On 25.05.2018 at about 16000hrs, I was driving on the 4th lane of the expressway when the vehicle in front of me slowed down and came to a stop as such I did the same when suddenly there was an impact from the rear of the vehicle causing me to jerk forward. I went out to make a check and discovered that a lorry had collided into the rear of my vehicle. The driver told me that he had braked however his brake did not function properly as such he collided into my rear. We exchanged particulars. There is no visible injuries on both of us. Ambulance was called in because I was feeling pain at my neck and back area. I was then conveyed to Changi General Hospital where I was given 14 days hospitalization leave due to spinal tenderness. The damages to my vehicle are rear mirror smashed, rear door damaged, left side rear light damaged and rear bumper caved in.





Report No. T/20180526/2038

3 of 3

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

the certificate with you now, please fax a copy to 65474885 stating the report number as reference. Signature Of Informant: Signature Of Officer Recording The Report: Staff Sgt RUZIANA BINTE MUHAMMAD RU Date/Time: Signature Of Interpreter: 26/05/2018 11:07 Not applicable Classification Of Case: Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN SINGAPORE POLICE FORCE Contact No.: 65476179 Authentication Stamp NP168 SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

28 May 2018 / 11:29:09

Receipt Date/Time: 28 May 2018 / 11:29:09

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180528-000718

Previous Receipt No.:

S/N Resu	Business Transaction Reference No. It of Insurance Enquiry - YN994L		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Insura 1	25 May 2018/16:00:00 ance Co: SOMPO INSURANCE SING Insurance Enquiry - YN994L Enquiry Fee 20180528112748963338	SAPORE PTE. LTD.	7.00	0.49	7.49
		Sub-Total	7.00	0.40	
		Total Before Rounding		0.49	7.49
			7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
		Paid By			
		xxxxxxxxxxx4702	Credit Card:		
			Visa/MasterCard		7.45
		Total			7.45
		Cash Change			
		Tendered Amount			0.00
		Excess Refundable Amount			7.45
		The state of the s			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

motorsurvey @ sompo.com.sg

Back to OneMotoring

Lord Transport Authority 10 Sin Ming Drive Singaprule Stratts com transporters and Authoriting

Print Date/Time: 28 May 2016 / 11.29 00

Tax Involce/Receipt

Receipt No.: 1TNET 00000-180528-000113

Previous Receipt No.

Amount After GST	GST Amount	Amount	tem Description; Business Transaction Reference No.	3
(88)	(38)	GST (SS)	of Insurance Enquiry - YN994L	
				westract.
			GE CO: SOMPO INSURANCE SINGAPORE PIE. LTD.	
			Total Before Rounding	
			Rounding Difference	
1-0.0			Yotal Amount Payable	
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			agnsif0 r/vs0	

THANK YOU AND HAVE A NICE DAY

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1 of 3

Report No. T/20180526/2038

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2018 11:07		lade:	Vide Report No.: Station Diary No. 20				
Informa	nt's Particu	ulars					
Name of Informant: ABDUL GHANI BIN MOHAMAD HASHIM		MOHAMAD	Address: APT BLK 547D SEGAR ROAD #09-29 SINGAPORE 674547				
ID Type	ID Type / ID No.: NRIC NO / S7423601D		Contact No.: Home/Office: Mobile: 98873485				
	Nationality: STATELESS		Email:				
Sex: Male	Age: 43	Date of Birth: 31/07/1974	Type of Informant: Driver				
Race: Malay			Language: English	Institution / School Name:			
Occupat VERMIN			Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2018 16:00	Type of Location Straight Road	
	EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Details of Vo	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG7148B	Van	NISSAN	NV200	White	Slightly Damaged	0
YN994L	Lorry	FUSO		White	Slightly Damaged	0

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





2 of 3

Report No. T/20180526/2038

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999 CONTINUATION OF REPORT

Driver							
Name	ABDUL GHANI BIN N	HASHIM	ID No	•	S7423601D		
Related Vehicle	and the second section of the second second second second section second section second section second section		Conta	ct No.	98873485		
Hospital/Clinic CHANGI GENERAL HOSPITAL				Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	25/05/2018		Date Disc	harge 25/05/2018		5/2018	
No. of Days gran	No. of Days granted Medical Leave 14		Degree of	Degree of Injury Sligh		t	
Driver							
Name	CHEAH LEE CHAI			ID No		S1354177I	
Related Vehicle	YN994L (Lorry)	and the second s		Conta	ct No.	97340222	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discl	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On 25.05.2018 at about 16000hrs, I was driving on the 4th lane of the expressway when the vehicle in front of me slowed down and came to a stop as such I did the same when suddenly there was an impact from the rear of the vehicle causing me to jerk forward. I went out to make a check and discovered that a lorry had collided into the rear of my vehicle. The driver told me that he had braked however his brake did not function properly as such he collided into my rear. We exchanged particulars. There is no visible injuries on both of us. Ambulance was called in because I was feeling pain at my neck and back area. I was then conveyed to Changi General Hospital where I was given 14 days hospitalization leave due to spinal tenderness. The damages to my vehicle are rear mirror smashed, rear door damaged, left side rear light damaged and rear bumper caved in.





Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180526/2038

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's the certificate with you now, please fax a copy to 654	Insurance Certificate to this report. If you don't have 474885 stating the report number as reference.
Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt RUZIANA BINTE MUHAMMAD RUDY	
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 11:07
That applicable	
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	NAMES OF THE PROPERTY OF THE P
SSI KASMAWATI BTE SAMIAN SINGAPORE Contact No.: 65476179 POLICE FORCE	
Contact No.: 05470179	
Authentication Stamp	

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LETTER OF AUTHORITY & INDEMNITY

TO: OUR BRO'S WORKSHOP (S) PTE LTD 10 KAKI BUKIT ROAD 2 **#03-38 FIRST EAST CENTRE** SINGAPORE 417868 ACCIDENT INVOLVING VEHICLE NO .--ALONG 1. I/WE, THE OWNER OF VEHICLE NO....... HEREBY INSTRUCT & AUTHORISE YOU TO COMMENCE REPAIRS TO THE SAID VEHICLE. 2. YOU ARE FURTHER AUTHORISED TO APPOINT SOLICITORS ON MY/OUR BEHALF & GIVE THE SOLICITORS FULL INSTRUCTIONS AS IF THE APPOINTMENT IS MADE & INSTRUCTIONS ARE GIVEN BY ME/US WITH RESPECT TO THE CONDUCT OF MY/OUR CLAIM AGAINST THE THIRD PARTY DRIVER AND/OR HIS INSURERS INCLUDING IF NECESSARY, TO COMMENCE LEGAL PROCEEDINGS IN COURT IN MY/OUR NAME AGAINST THE THIRD PARTY. 3. YOU HAVE MY/OUR FULL AUTHORITY TO INSTRUCT MY/OUR SOLICITORS TO NEGOTIATE A SETTLEMENT WITH THE THIRD PARTY AND/OR HIS INSURERS ON SUCH TERMS AS YOU DEEM FIT. UPON SETTLEMENT OF MY CLAIM, YOU ARE AUTHORISED TO SIGN ANY DISCHARGE VOUCHER OR ANY DOCUMENTS TO CONFIRM MY ACCEPTANCE OF THE SETTLEMENT AS FULL AND FINAL DISCHARGE OF MY CLAIM, ON MY BEHALF. 4. UPON RESOLVING MY/OUR CLAIM, YOU ARE AUTHORISED TO AGREE WITH MY/OUR SOLICITORS ON THE AMOUNT OF THEIR PROFESSIONAL COSTS & DISBURSEMENTS FOR ACTING FOR ME/US AND TO RECEIVE PAYMENT OF THE BALANCE OF THE SETTLEMENT SUM ON MY/OUR BEHALF DIRECTLY INTO YOUR ACCOUNT. 5. IN THE EVENT THAT I/WE AM/ARE REQUIRED TO ATTEND AT MY/OUR SOLICITORS' OFFICE OR TO ATTEND COURT IN CONNECTION WITH MY/OUR CLAIM, I/WE SHALL RENDER FULL CO-OPERATION. 6. IN THE EVENT THAT MY/OUR CLAIM AGAINST THE THIRD PARTY AND/OR HIS INSURERS IS NOT SUCCESSFUL OR CANNOT BE PROCEEDED WITH, I/WE AUTHORISE YOU TO MAKE A CLAIM AGAINST MY/OUR OWN INSURERS FOR THE COST OF REPAIRS & ANY OTHER LOSSES RECOVERABLE UNDER MY/OUR POLICY OF INSURANCE. IN THIS RESPECT, I/WE UNDERSTAND & ACCEPT THAT THE EXCESS AMOUNT APPLICABLE UNDER THE POLICY OF INSURANCE SHALL BE BORNE BY ME/US. I/WE SHALL ALSO BE PERSONALLY LIABLE TO BEAR ALL LEGAL COSTS INCURRED BY YOU IN CLAIMING BACK FOR THE REPAIR COSTS BY THE SOLICITORS. 7. IF FOR WHATEVER REASON, MY/OUR INSURERS REJECT MY/OUR CLAIM FOR INDEMNITY FOR THE COST OF REPAIRS AND/OR ANY OTHER LOSSES RECOVERABLE UNDER THE POLICY OF INSURANCE OR MAKE AN OFFER TO PAY LESS THAN THE AMOUNT CLAIMED BY YOU, I/WE AGREE & UNDERTAKE TO PAY THE FULL AMOUNT OF YOUR REPAIR BILL & SURVEY FEES & ANY OTHER EXPENSES REASONABLY INCURRED ON MY/OUR BEHALF OR TO PAY YOU THE DIFFERENCE IN AMOUNT, AS THE CASE MAY BE. DATED THIS ON -NAME: ABOUL GARAID 6 MO HASHIM NAME OF INSURERS: ___ NRIC/ROC NO: 57423601D POLICY NO: ADDRESS: BIC 5470 SEGAR RD 09-29 CONTACT NO:





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