

## 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	27/06/2018 16:17
Date Of Accident	26/06/2018 17:30
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GH3123J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANSPORTER EXPRESS
Co Reg No	53058088L
Email Address	KONGLIN@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97575757

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/17/VC00/100433-001
Cover Note Number	

### Driver

Name of Driver	MAMOODASKIL BIN ABDUL GAFUR
NRIC No	S1309687B
Date Of Birth	22/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1984
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96157153
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 214 SERANGOON AVE 4 #03-104
Postcode	550214
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	CHAIN COLLISION
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBE3192J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT6065B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGR6763P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MAMOODASKIL BIN ABDUL GAFUR

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GH3123J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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.



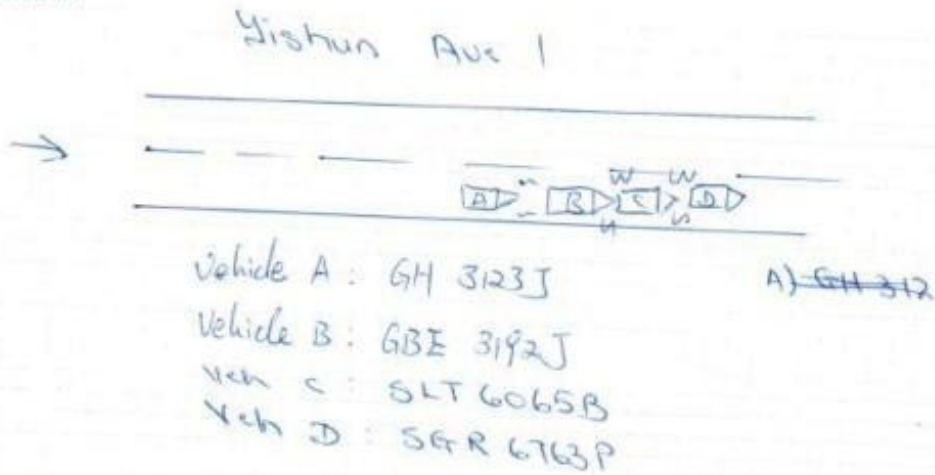
Policyholder's Signature  
Date & Time:

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

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

# Individual Statement

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along in Yishun Ave 1. The vehicle (B) front me was brake suddenly. And I braked too. But could not stop in time. And hit into the vehicle (B).

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

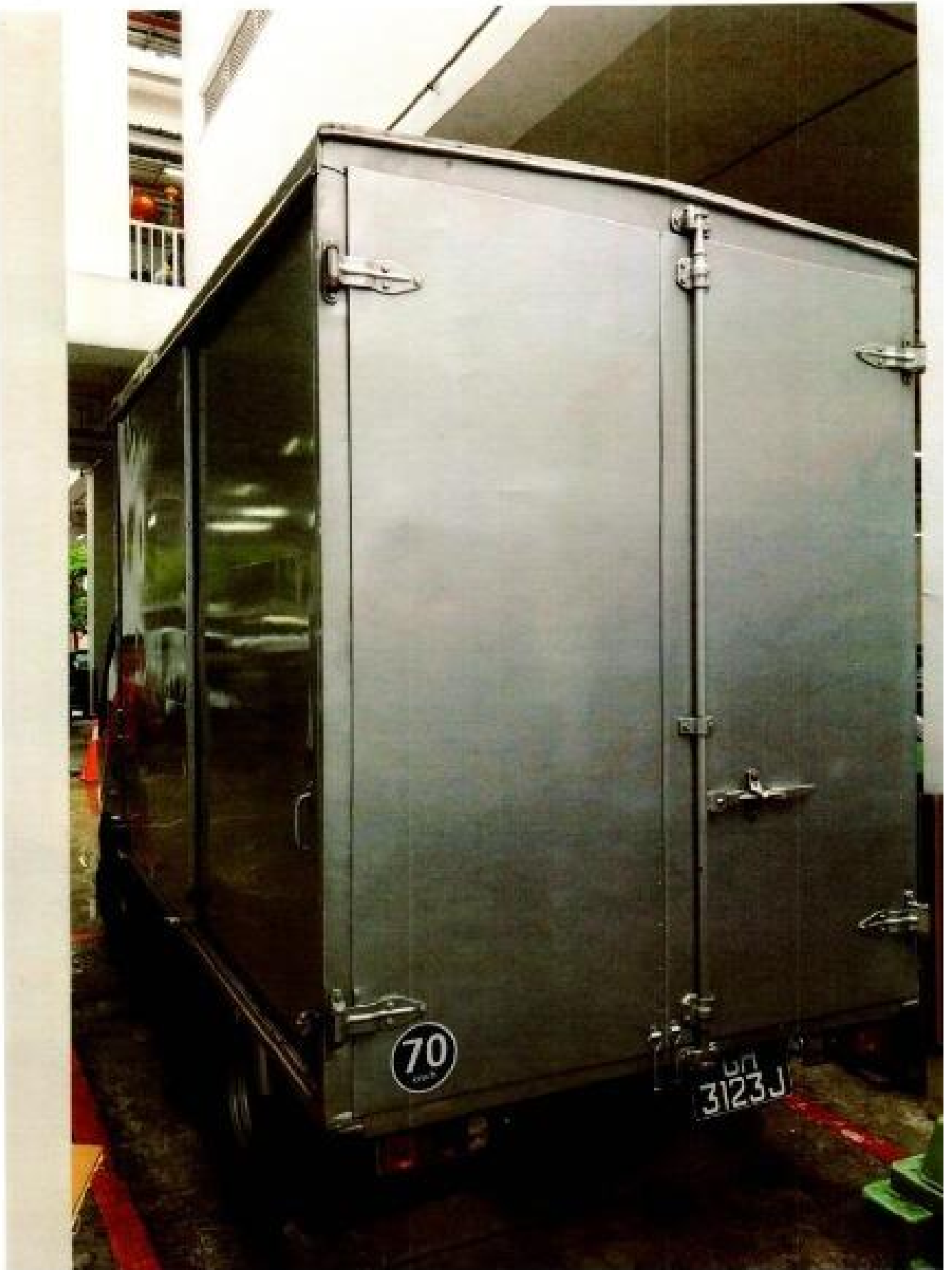
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 27/06/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

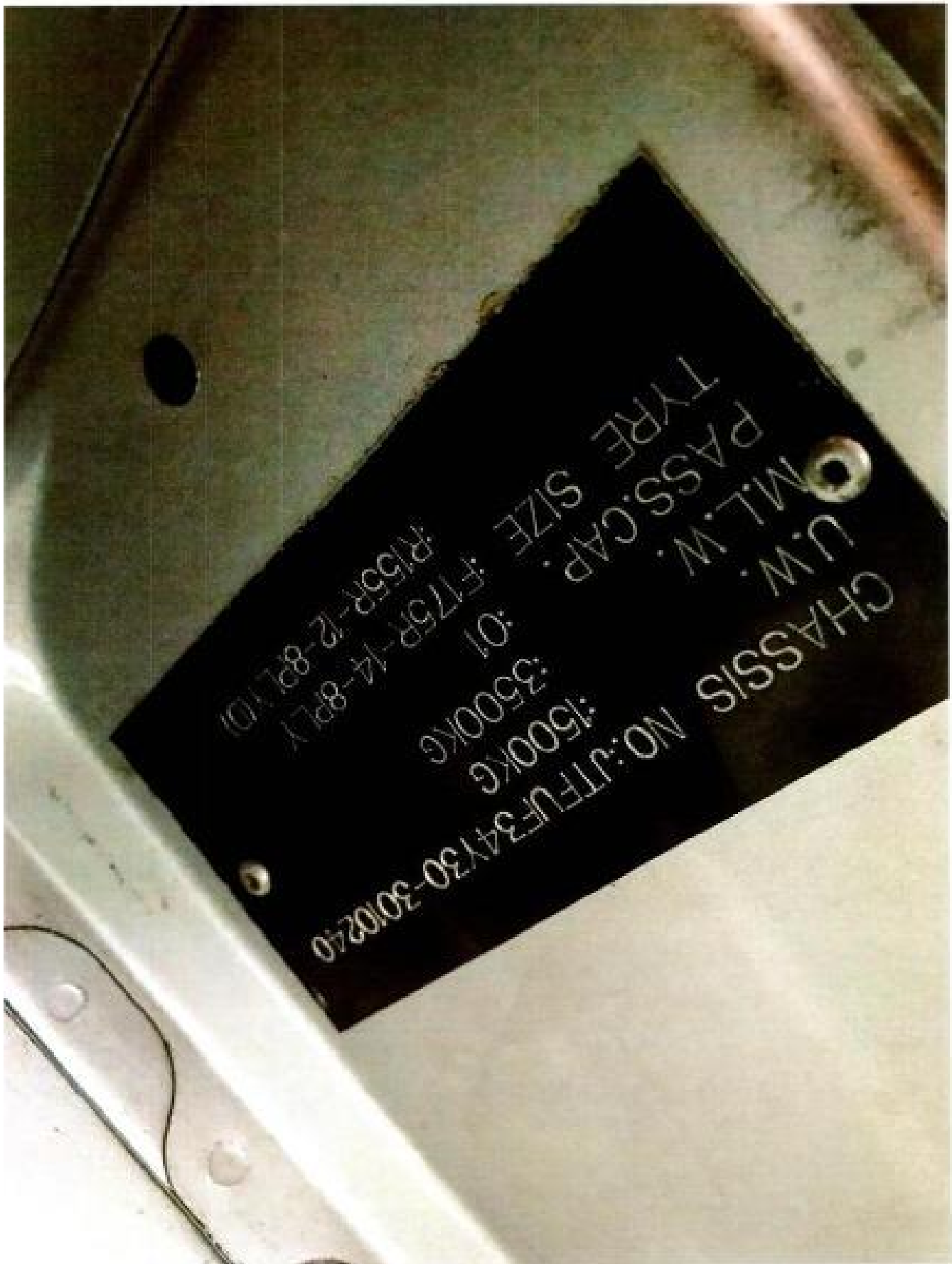
Accident Photo



Accident Photo









Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. 51309687B



**MAMOODASKIL BIN ABDUL GAFUR**

Religion: ISLAM  
Date of birth: 02-02-1987 Sex: M  
Issued at: SINGAPORE

2015 04 05



51309687B



Group/Class: 07 Date of expiry: 07-02-1995

APT 006 214 SERANGOON AVENUE 4 400 - 104  
SINGAPORE 550214

NRID No: 51309687B Date: 03/11/2005 Age: 18/20/18/5

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: 51309687B

Name: **MAMOODASKIL BIN ABDUL GAFUR**

Exp. Date: 02 Feb 1997  
Issue Date: 09 Jan 2005




51309687B

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

CLASS	VEHICLE TYPE	EXPIRY DATE
Class 1	Motor Cars and Motor Tractors the weight of which exceeds 1000 kg and does not exceed 1000 kg	02 Feb 1997
Class 4	Heavy Motor Cars and Motor Tractors the weight of which exceeds 1000 kg and does not exceed 1000 kg	02 Feb 1997
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which exceeds 1000 kg	02 Feb 1997

51309687B



51309687B

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

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

Original Report No : MNA118083057 Vehicle Registration No: GH3123J  
Name (as shown in NRIC) : MAMOODASKIL BIN ABDUL GAFUR NRIC/FIN/Passport No : S1309687B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 214 SERANGOON AVE 4 #05-104 Singapore ( 550214 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96157153  
Email Address : \_\_\_\_\_  
Date of Accident : 26/06/18 Time of Accident : 17:30  
Place of Accident : YISHUN AVE 1  
Insurance Company : LONPAC

#### (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:

AMENA REGISTERED OWNER NAME

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

[Signature] 26/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: