

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	31/07/2018 10:19
Date Of Accident	29/07/2018 15:30
Exact Location Of Accident	YISHUN AVE 8 & YISHUN ST 44
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4298Y
Insured/Policyholder	
Name Of Registered Owner	BRINK'S SINGAPORE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65917774

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	AFTER WORKING HOURS
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494896
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SUFIAN BIN ISMAHIL
NRIC No	S8708314D
Date Of Birth	02/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81866787
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 316 WOODLANDS ST 31 #05-118
Postcode	730316
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180729/2073

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

[Signature] 31/7/18

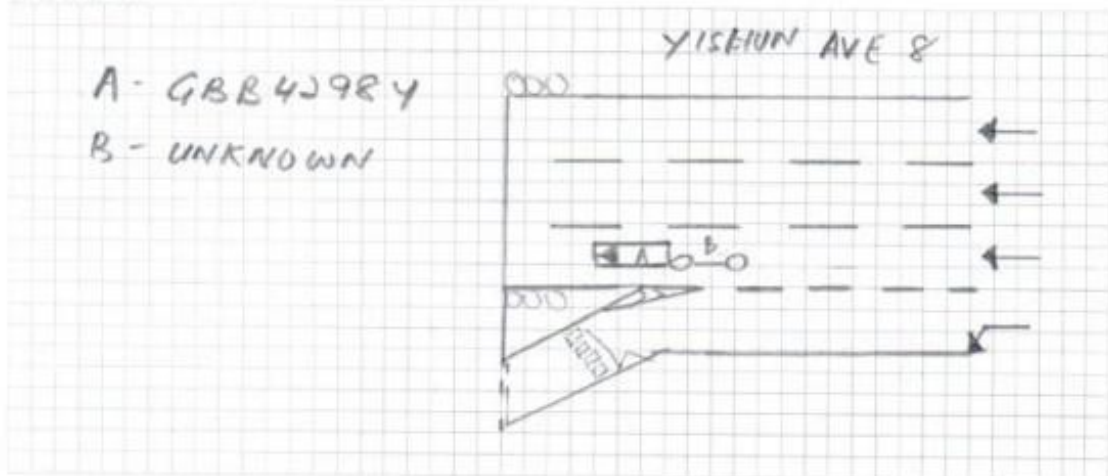
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 31/07/18

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

Accident Sketch Plan

SKETCH PLAN

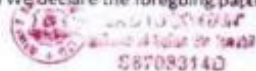


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180729/2073

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:

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180729/2073

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No: T/20180729/2073

CONTINUATION OF REPORT

Brief Details.

On 29/07/2018 at about 03.30pm, I was driving my company's van, GBB4298Y, in the middle lane of the 3 lanes road along Yishun Ave 8 towards the direction of Sembawang and I had indicated left to switch to the left most lane. Before I make the lane change, I checked my left vehicle's side mirror to check for oncoming traffic and observed that there is a motorcyclist in a distant traveling in the left most lane. Seeing that the motorcyclist is still quite a distant, I made the lane change. However after I made the said lane change, I felt an impact coming from the rear left of my vehicle and I then saw the motorcyclist earlier who seemed to have lost control of his motorcycle after the collision and had by-pass my vehicle on its left before the motorcycle collided onto a kerb at the traffic junction where both the motorcyclist and his motorcycle came to a stop. The said motorcyclist had then fell off his motorcycle and his motorcycle had landed on its left side.

I wish to state that I had stopped by the side to render assistance and I had called '995' for the ambulance. I also wish to state that the motorcyclist was conveyed to Khoo Teck Puat hospital and Traffic Police had already attended to my accident vide incident E/20180729/0152 under the charge of IO Sofian Tel:65476247. I also wish to state that the damages of my vehicle are as follow: all the rear left lights were damaged and there is a slight dent with scratches just above the rear left wheel.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180729/2073

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529989

Report No: T/20180729/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2018 17:30		Vide Report No.: E/20180729/0152		Station Diary No.: 146	
Informant's Particulars					
Name of Informant: MOHAMMAD SUFIAN BIN ISMAHIL			Address: APT BLK 318 WOODLANDS STREET 31 #05-118 SINGAPORE 730316		
ID Type / ID No.: NRIC NO / S8708314D			Contact No.: Home/Office: Mobile: 81856787		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 02/04/1987	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SECURITY COURIER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/07/2018 15:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 1 YISHUN AVENUE 6 ACTUAL ACCIDENT LOCATION IS YISHUN AVE 6 AND YISHUN ST 44 WHICH IS NOT REFLECTED IN SYSTEM.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBB4298Y	Van	TOYOTA		Blue	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180729/2073

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529899

2 of 3

Report No: T/20180729/2073

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180729/2073

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529989

3 of 3

Report No: T/20180729/2073

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:

F / *Henry Heng*
Staff Sgt KENNETH KOH CHIN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2018 17:39

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt YUS MASTARI | KHAZALI
Contact No: 65476214

Classification Of Case:

Authentication Stamp
NP163