

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	18/09/2018 13:07
Date Of Accident	31/08/2018 14:40
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3143G
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	CALIFORNIA LAUNDRY PTE LTD
Co Reg No	198801245W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62561111

Vehicle Particulars

Manufacturer	HINO
Model	XZU720R 4.0 MANUAL TURBO ABS
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102113
Cover Note Number	

Driver

Name of Driver	SAKIREN BIN ABDUL HAMID
NRIC No	S7027749B
Date Of Birth	24/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91304287
Fax Number	
Contact Number	
Email Address	SAKIREN70@GMAIL.COM

Address	BLK 217, ANG MO KIO AVE 1, #05-945
Postcode	560217
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	FBA401K
	-
	-
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT TO POLICE REPORT NO : T/20180831/2147.

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	GBC7088L
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 INJURED PERSON 1

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

SKETCH PLAN

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 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. 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:

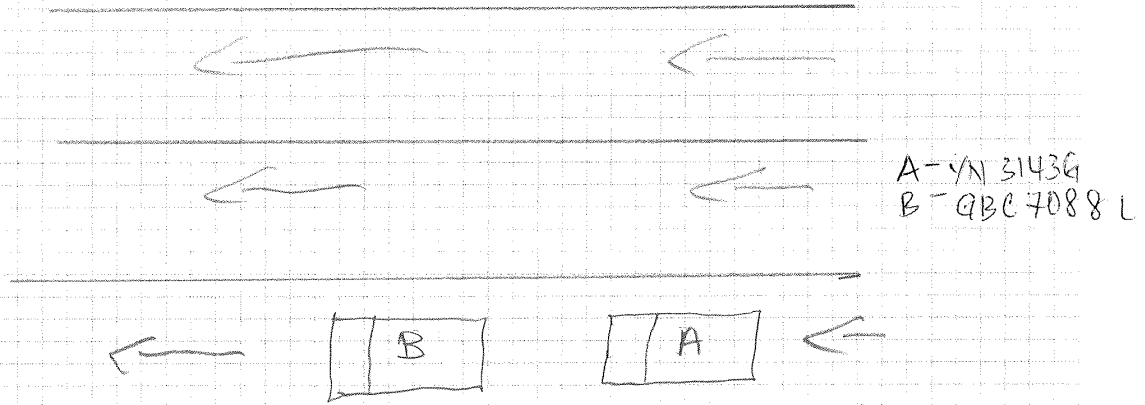
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Please note that you might be able to submit an **Own Damage Claim** under own policy within 14 days.

() Claim Own Damage () Claim TP (/) Reporting Only () Claim OD/TP at other workshop

Workshop Name : _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (A) DRIVE AT 40 km/h DUE TO HE (B) DRIVING AT SLOW SPEED DUE TO RAIN. I WAS BEHIND (B) AT THIS SPEED FROM CLEMENTI AND THE ACCIDENT HAPPENED NEAR LOWER DELTA EXIT (AYE).

REASON FOR THE ACCIDENT: DUE TO FATIGUE AND DRIVING AT SLOW SPEED CAUSED SLEEPINESS. WHILE DRIVING IN THAT STATE, OUT OF SUDDEN I HIT HIM (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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180831/2147

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180831/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2018 20:42	Vide Report No.: A/20180831/0106	Station Diary No.: 156
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: SAKIREN BIN ABDUL HAMID			Address: APT BLK 217 ANG MO KIO AVENUE 1 #05-945 SINGAPORE 560217	
ID Type / ID No.: NRIC NO / S7027749B			Contact No.: Home/Office: Mobile: 91304287	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 24/08/1970	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2018 14:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards MCE, before Lower Delta Exit				
Weather: Drizzling		Road Surface: Wet		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
GBC7088L	Lorry	ISUZU		Blue	Slightly Damaged	0
YN3143G	Lorry	HINO		Purple	Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180831/2147

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No. T/20180831/2147

CONTINUATION OF REPORT

Driver			
Name	MALICDEM HAROLD ROSARIO	ID No.	S7361466Z
Related Vehicle	GBC7088L (Lorry)	Contact No.	81880463
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	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
Driver			
Name	SAKIREN BIN ABDUL HAMID	ID No.	S7027749B
Related Vehicle	YN3143G (Lorry)	Contact No.	91304287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/08/2018 at about 1445hrs, I was driving my company's lorry registration number: YN3143G, I was driving on the extreme left lane of the 03 lanes road along AYE towards MCE. I was driving behind a pickup lorry registration number: GBC7088L. The pickup lorry was travelling at about 40km/hr and there was a heavy traffic, I was not able performed a lane change. I was travelling behind him for about 10-15mins, out of the sudden, I dozed off inside the lorry and hit the back of the pickup lorry. The accident happened before the Lower Delta Road exit. Both the vehicles then stopped along the road shoulder and particulars were exchanged. My lorry suffered dents at the front right and cracks at the light headlight, the pickup lorry suffered dents at the rear left and cracks at the taillight. Traffic police and ambulance were at scene. No one was injured but the other driver complained of headache and giddiness thus he was conveyed to SGH. I wished to state that I was already experiencing fatigue prior to the accident.

Vide incident: A/20180821/0106, IO in-charge: Intan, contact number: 6547 6256

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180831/2147

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20180831/2147

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:

J /

Sgt 3 CHEN JIANDA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2018 20:42

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No: 65476397

SN/27

Classification Of Case:

Authentication Stamp

NP168




Signature :

Singapore Police Force

Driver's Driving License/NRIC Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7027749B



Name
SAKIREN BIN ABDUL HAMID


شكيرين بن عبدول حميد

Race
MALAY

Date of birth
24-08-1970

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7027749B


Name
SAKIREN BIN ABDUL HAMID

Birth Date: 24 Aug 1970


Issue Date: 05 Jul 2008



4249383



NRIC No. S7027749B



Date of issue
28-06-2008

APT BLK 217 ANG MO KIO AVENUE 1 #05-945
SINGAPORE 560217

NRIC No: S7027749B Date: 15/04/2015 (R)


YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	15 Mar 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Jun 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	13 Jul 2009

S7027749B

S / No. 9000108026

Licence No. S7027749B



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



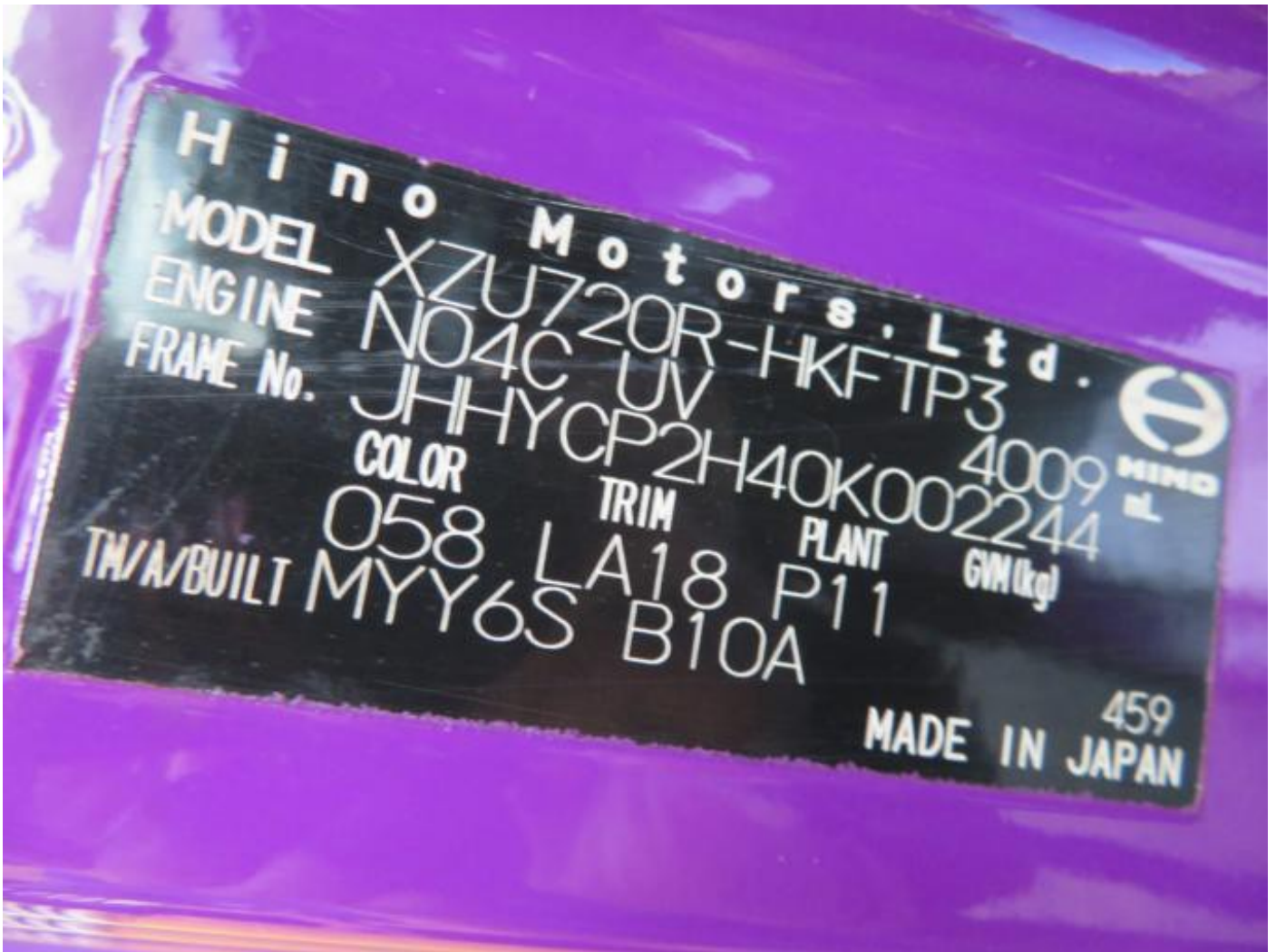
Accident Photo



Accident Photo



Accident Photo



Accident Photo

