

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 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. 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	26/11/2018 10:31
Date Of Accident	23/11/2018 17:15
Exact Location Of Accident	BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9138L
Insured/Policyholder	
Name Of Registered Owner	FANG FANG DELIGHT PTE LTD
Co Reg No	201700179K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97815374
Alternative Phone No	OFFICE-97815374

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN:83008110
Cover Note Number	CN:83008110

Driver

Name of Driver	SHI JIAN JUN
Passport No/FIN	G5410970D
Date Of Birth	24/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83660716
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 295B COMPASSVALE CRESCENT #04-223
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20181124/2024.

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 GBF872U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver RIDUWAN BIN MOHAMAD
NRIC/Passport Number S1769955E
Contact Number 93899456
Address
Postcode
Insurance Company Name
Nature Of Damage

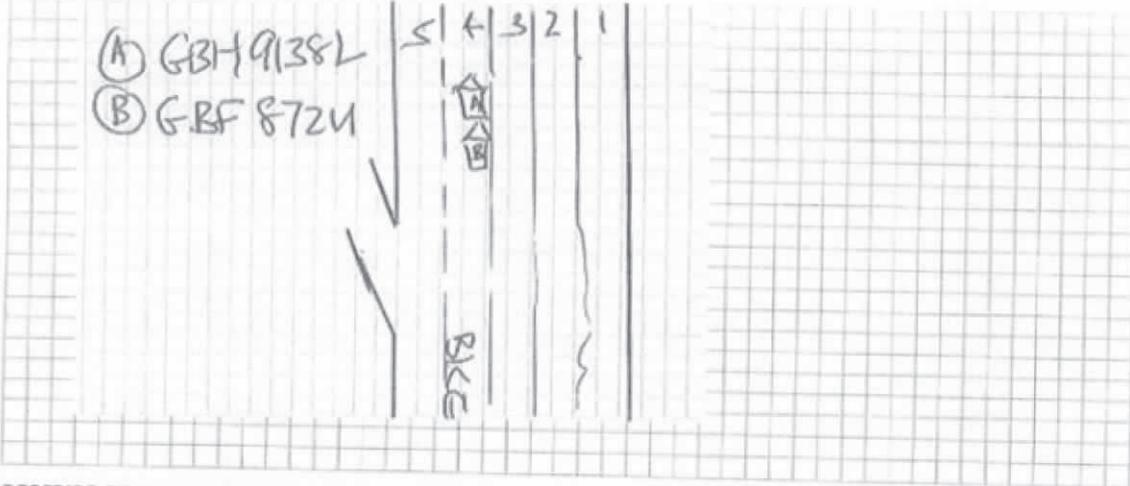
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHI JIAN JUN
Approximate Age	37
Injuries Sustain	
Injured person in which vehicle?	GBH9138L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 295B COMPASSVALE CRESCENT #04-223
Postcode	542295

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report NO: T/2018/1294
2024

DECLARATION

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



刘淑芳 X

刘淑芳

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature
Singapore 415933
Name:
Tel: 67416697 Fax: 67492305
NRIC/PR No:
Email: vackb@singnet.com.sg

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20181124/2024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181124/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 11:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHI JIANJUN			Address: APT BLK 295B COMPASSVALE CRESCENT #04-223 SINGAPORE 542295		
ID Type / ID No.: FIN NO / G5410970P			Contact No.: Home/Office: Mobile: 83660726		
Nationality: CHINESE			Email:		
Sex: Male	Age: 37	Date of Birth: 24/06/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2018 17:10	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE(WOODLANDS) AFTER MANDAI EXIT Lamp Post Number: 365F				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF872U	Van					0
GBH9138L	Van					0

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

Accident Sketch Plan



**SINGAPORE
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T/20181124/2024

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20181124/2024

CONTINUATION OF REPORT

Driver			
Name	RIDUWAN BIN MOHAMAD	ID No.	S1769955E
Related Vehicle	GBF872U (Van)	Contact No.	90250924
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
Driver			
Name	SHI JIANJUN	ID No.	G5410970P
Related Vehicle	GBH9138L (Van)	Contact No.	83660726
Hospital/Clinic	PINNACLE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	23/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG BKE(WOODLANDS) IN MY COMPANY VEHICLE GBF9138L, ON THE 2ND LANE FROM THE LEFT. THE TRAFFIC WAS SLOW MOVING, A STOP AND GO SITUATION. AFTER THE MANDAI EXIT, AROUND LAMP POST 365F, I HAD TO STOP MY VEHICLE AS THE FRONT CAR HAS STOPPED. ABOUT 1-2 SECONDS AFTER MY VEHICLE CAME TO A STOP, I HEARD A LOUD BANG FROM THE REAR AND REALISED THAT GBF872U HAD COLLIDED ONTO MY REAR PORTION.

MY VEHICLE HAD SEVERE REAR PORTION DAMAGES, BOTH DRIVERS ALIGHTED, TOOK PICTURES AND EXCHANGED PARTICULARS AND MOVED OFF.

AFTER THE ACCIDENT, I VISITED THE GP(PINNACLE FAMILY CLINIC COMPASSVALE) AS I HAD SEVERE NECK AND BACK PAIN. THE DOCTOR GAVE ME A 5 DAYS MC AND ASKED ME TO GO BACK FOR FOLLOW UP.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20181124/2024

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Tel No: 65470000

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Report No. T/20181124/2024

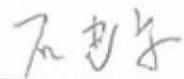
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

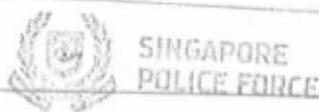
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / ZENG ZI CONG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: 

Date/Time: 24/11/2018 11:16

Classification Of Case:


Signature: 

Authentication Stamp
NP168

Accident Photo

