

## 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             | 11/01/2019 15:36                                   |
| Date Of Accident           | 10/01/2019 10:10                                   |
| Exact Location Of Accident | FILTER LANE FROM BALESTIER ROAD TO LAVENDER STREET |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBE5867H                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | GOLDBELL LEASING PTE LTD |
| Co Reg No                   | 199001196N               |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-64942897          |

### Vehicle Particulars

|  |                                   |
|--|-----------------------------------|
| Manufacturer   | FIAT                              |
| Model  | DOBLO CARGO MAXI 1.6MTJ AMT GLAZE |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL                        |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage          | THIRD PARTY                    |
| Fleet Policy              | YES                            |
| Policy Number             | D-18090757MFCV                 |
| Cover Note Number         | N.A                            |

### Driver

|                      |   |
|----------------------|---|
| Name of Driver       | ABDUL MALIK BIN MOHAMED                 |
| NRIC No              | S1734025E                               |
| Date Of Birth        | 15/08/1966                              |
| Occupation           | OUTDOOR                                 |
| Date Of Driving Pass | 15/09/1986                              |
| Driving Experience   | 32 YEARS AND 3 MONTHS                   |
| Gender               | MALE                                    |
| Mobile Number        | (LOCAL) +65-97704720                    |
| Fax Number           |   |
| Contact Number       |   |
| Email Address        | ABDULMALIK.MOHAMED@RENTOKIL-INITIAL.COM |

|   |               |
|---|---------------|
| Address   | NIL           |
| Postcode  |               |
| Was driver an employee of the Insured's Company     | NO            |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER |
| 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 (including own vehicle) 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 [OTHER]               | JURONG WEST NPC |
| Was notice of intended Prosecution given? | NO              |
| If Yes, against whom?                     |                 |

#### Circumstances of Accident

Refer to Police Report Ref: T/20190110/2058 lodged at Jurong West NPC. On the above mention date time and location, I was driving my van along Balestier Road. As I was turning left into the filter lane proceeding to Lavender Street, a car with plate number SMD7031D hit onto the rear left of my van causing the bumper to come off. I then exchange particulars with the other party. Afterwards, I drove myself to Tan Tock Seng Hospital for a check up as I felt a stiffness on my neck. Subsequently, the doctor gave me 3 days MC.

#### 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 | SMD7031P                   |
| Vehicle Make/Model/Colour   | KIA CERATO 1.6(A) SX / BLU |
| Details Of Properties       | NIL                        |
| Vehicle Category            | PRIVATE CAR                |
| Name of Driver              | HON WEE FONG               |
| NRIC/Passport Number        | S7876460J                  |
| Contact Number              | 90028957                   |
| Address                     |                            |
| Postcode                    |                            |
| Insurance Company Name      |                            |
| Nature Of Damage            |                            |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

ABDUL MALIK BIN MOHAMED

Approximate Age

Injuries Sustain

STIFFNESS ON THE NECK

Injured person in which vehicle?

GBE5867H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.
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.

ADW

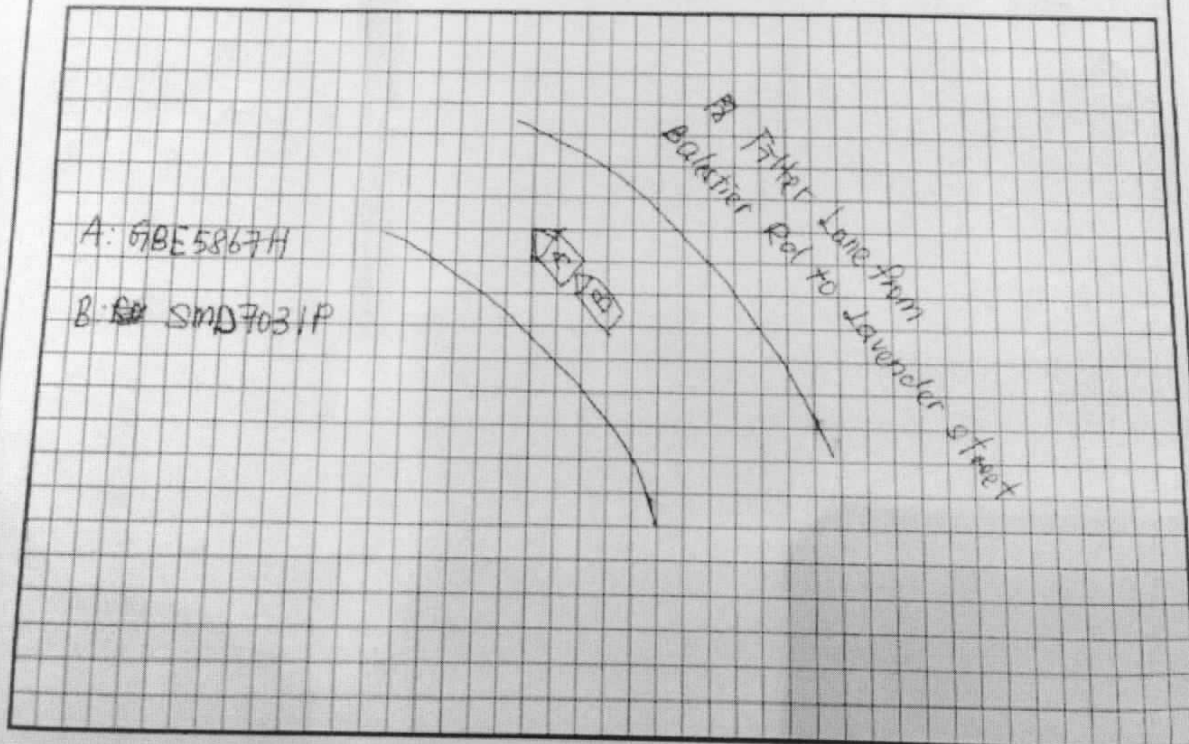
MARS AGENT  
MEILIN NAI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190110/2058

1 of 3

Report No. T/20190110/2058

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No. 1800-2689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
10/01/2019 13:34

Vide Report No.:

Station Diary No.:  
95

**Informant's Particulars**

Name of Informant:  
ABDUL MALIK BIN MOHAMED

Address:  
APT BLK 727 JURONG WEST AVENUE 5 #07-182  
SINGAPORE 640727

ID Type / ID No.:  
NRIC NO / S1734025E

Contact No.:  
Home/Office: Mobile: 97704726

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male  
Age: 52  
Date of Birth: 15/08/1966

Type of Informant:  
Driver

Race:  
Malay

Language:  
English

Institution / School Name:

Occupation:  
PEST CONTROL

Driving Licence Information:  
Class. 2B, 2A, 3, 4

Date of Expiry:

**General Information of the Accident**

|                   |                  |                    |  |                                  |
|-------------------|------------------|--------------------|--|----------------------------------|
| Type of Accident: | Injury<br>Others | Drink Drive:<br>No | Date/Time of Accident:<br>10/01/2019 10:10 | Type of Location:<br>Filter Lane |
|-------------------|------------------|--------------------|--|----------------------------------|

Location:  
Along Road 1 Traveling Toward Road 2  
BALESTIER ROAD  
LAVENDER STREET

Complainant was turning left at the filter lane from balestier road to lavender street.

|                   |                      |                              |
|-------------------|----------------------|------------------------------|
| Weather:<br>Clear | Road Surface:<br>Dry | Road Speed Limit:<br>50 Km/h |
|-------------------|----------------------|------------------------------|

|                          |   |                          |
|--------------------------|---|--------------------------|
| Traffic Flow:<br>One Way | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light |
|--------------------------|---|--------------------------|

|  |                                     |
|--|-------------------------------------|
| Type of Collision:<br>Between Moving Vehicles - Head To Rear | Anyone conveyed by ambulance:<br>No |
|--|-------------------------------------|

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBE5887H    | Van  |      |       |       | Slightly Damaged | 0               |
| SMD7031P    | Car  |      |       |       | Slightly Damaged | 0               |

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190110/2058

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20190110/2058

## CONTINUATION OF REPORT

|                                   |                         |  |  |
|-----------------------------------|-------------------------|--|--|
| <b>Driver</b>                     |                         |  |  |
| Name                              | ABDUL MALIK BIN MOHAMED | ID No.                                 | S1734025E                                  |
| Related Vehicle                   | GBE5867H (Van)          | Contact No.                            | 97704720                                   |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 2B, 2A, 3, 4<br>Date of Expiry: NIL |
| Date Treatment                    | 10/01/2019              | Date Discharge                         | 10/01/2019                                 |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                                     |
| <b>Driver</b>                     |                         |  |  |
| Name                              | Hon Wee Fong            | ID No.                                 | S7876460J                                  |
| Related Vehicle                   | SMD7031P (Car)          | Contact No.                            | 90028057                                   |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL          |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL  |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL  |

**Brief Details.**

On the above mention date time and location, I was driving my van along Balestier Road. As I was turning left into the filter lane proceeding to Lavender Street, a car with plate number SMD7031D hit onto the rear left of my van causing the bumper to come off. I then exchange particular with the other party. Afterwards, I drove myself to Tan Tock Seng Hospital for a check up as I felt a stiffness on my neck. Subsequently, the doctor gave me 3 days MC.



SINGAPORE  
POLICE FORCE

Police Report

3 of 3

Report No. T/20190110/2058

Police Station Of Origin:  
Jurong West N.P.C.  
700 Corporation Road SINGAPORE 649818  
Tel No. 1800-2689999

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 2 NIFAIL HADI BIN NORMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/01/2019 13.34

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Classification Of Case: