

## 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	11/03/2019 17:01
Date Of Accident	08/03/2019 06:30
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 TWDS GAMBAS AVE ( LPNO:2)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8746T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN CHUAN TRADING & ENGINEERING PTE LTD
Co Reg No	199000185N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93673075
Alternative Phone No	OFFICE-93673075

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097964714
Cover Note Number	

### Driver

Name of Driver	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA
NRIC No	S8938129J
Date Of Birth	02/11/1989
Occupation	INDOOR
Date Of Driving Pass	08/07/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93673075
Fax Number	
Contact Number	OTHERS-93673075
E-Mail Address	NOEMAIL

Address	BLK 550A SEGAR ROAD #13-614
Postcode	671550
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 (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	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190309/2029

#### 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	XE1104S
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	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG8746T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

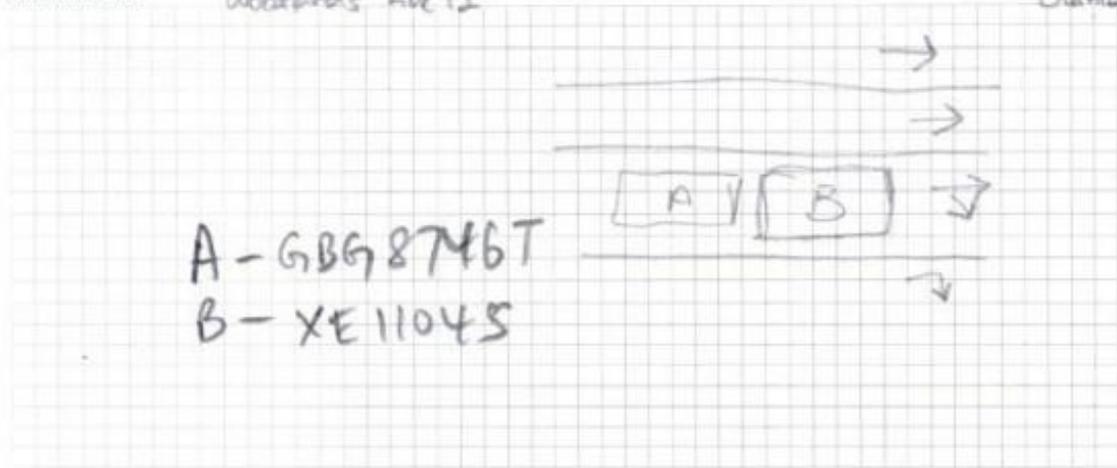
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Junction of  
Woodlands Ave 12

Granite Ave



A - GBG 8746T  
B - XE 1104S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Pls Refer to the Police Report —  
T/20190309/2029

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.:

11/3/2019

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190309/2029

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3  
Report No. T/20190309/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA	ID No.	S8938129J
Related Vehicle	GBG8746T (Lorry)	Contact No.	93673075
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2019	Date Discharge	08/03/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

On 08/03/2019 at about 0630hrs, I was in my vehicle (GBG8746T) in Lane 2 of Woodlands Avenue 12 at the junction of Woodlands Avenue 12 and Gambas Avenue. The lane that I was in allowed vehicles to go straight along Woodlands Avenue 12 or turn right into Gambas Avenue. I was queuing up behind another vehicle (XE1104S). The vehicle signaled his intention to turn right into Gambas Avenue. As I was not going to turn right, I signaled my intention to filter to Lane 3 to proceed straight. As I was filtering, a motorcycle abruptly cut into Lane 3 from Lane 2. I was taken by surprise and swerved back into Lane 2. In a state of panic, I accidentally stepped on the accelerator instead of the brakes. My vehicle surged forward and collided into the rear of XE1104S. My vehicle incurred serious damages as the whole front portion was dented in and the front window was shattered. My chest hit the steering wheel and my head hit against the headrest. I was in great pain and was unable to exit my vehicle via the driver door. A passerby assisted to help me out of the vehicle via the front passenger door. I managed to sit at the road divider before passing out shortly. Traffic Police and ambulance were at scene and I was conveyed to Khoo Teck Puat Hospital via ambulance. I suffered a fracture on my last right toe and minor cuts all over my body. I was discharged at night on 08/03/2019 and was given 14 days of hospitalization leave. I did not manage to get the particulars of the other driver involved.

A TP IO informed me to lodge an accident report and informed me of my case number (L/20190308/0054). I have an in-car camera installed in my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190309/2029

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20190309/2029

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<b>Driver</b>			
Name	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA	ID No.	S8938129J
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Police Report



SINGAPORE  
POLICE FORCE



T/20190309/2029

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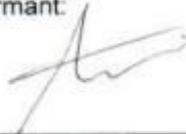
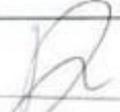
Report No. T/20190309/2029

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 MUHAMMAD DANIAL ISKANDAR BIN MOHAMED SALIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2019 10:40
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168 Signature:  Singapore Police Force	