

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	26/03/2019 11:47
Date Of Accident	26/03/2019 08:25
Exact Location Of Accident	ALONG PIE AFTER SLIP ROAD FROM JALAN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3741U
Insured/Policyholder	
Name Of Registered Owner	JEYDS PTE.LTD.
Co Reg No	2XXXXX357R
Email Address	JEYDS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-87488223
Alternative Phone No	OFFICE-81687519

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074343155-03
Cover Note Number	

Driver

Name of Driver	MUHAMAD SHAHDINAR BIN SELAMAT
NRIC No	SXXXX188J
Date Of Birth	16/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87488223
Fax Number	
Contact Number	OFFICE-81687519
EEmail Address	SHAHNINAR_LELA@HOTMAIL.COM

Address	APT BLK 785B WOODLANDS RISE #02-78 SINGAPORE
Postcode	732785
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)	2
Passenger 1	NAME: : MOHAMAD AMIN BIN ABDUL RAZAK GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SJV5729P
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TRINE THERESE STRANDBORG
NRIC/Passport Number	GXXXX927K
Contact Number	92982527
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMAD SHAHDINAR BIN SELAMAT
Approximate Age	30
Injuries Sustain	4 DAYS MC (REFER POLICE REPORT)
Injured person in which vehicle?	GBF3741U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 785B WOODLANDS RISE #02-78 SINGAPORE
Postcode	732785

DETAILS OF INJURED PERSON 2

Name	MOHAMAD AMIN BIN ABDUL RAZAK (PASSENGER)
Approximate Age	34
Injuries Sustain	3 DAYS MC (REFER POLICE REPORT)
Injured person in which vehicle?	GBF3741U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 694A WOODLANDS DRIVE 62 #03-12 SINGAPORE
Postcode	731694

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.



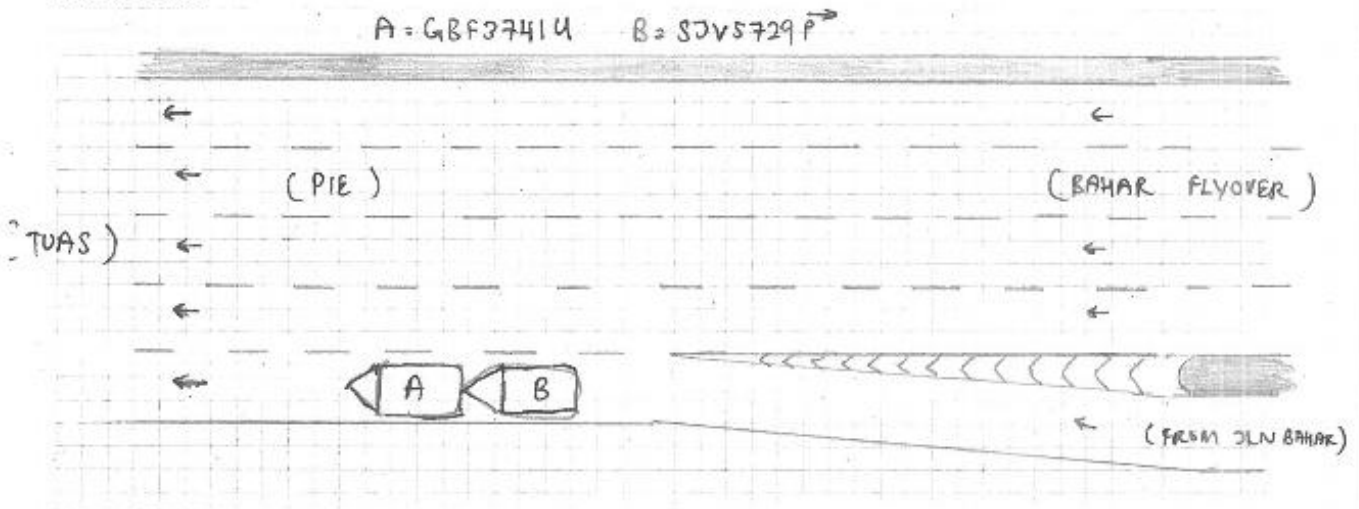
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Salan Bahar and entering PIE after the slip road from Jalan Bahar Towards PIE I came to stationary and then suddenly my vehicle shook and I look @ the side mirror and saw a car had collide @ the rear of my vehicle.

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.:

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2000

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20190327/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 00:07		Vide Report No.:		Station Diary No.: 5	
Informant's Particulars					
Name of Informant: MUHAMAD SHAHDINAR BIN SELAMAT			Address: APT BLK 785B WOODLANDS RISE #02-78 SINGAPORE 732785		
ID Type / ID No.: NRIC NO / S8812188J			Contact No.: Home/Office: Mobile: 87488223		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 16/04/1988	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2019 08:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE (TUAS) after slip road of Jalan Bahar				
Weather: Clear		Road Surface: Dry		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
GBF3741U	Lorry				Slightly Damaged	1
SJV5729P	Car				Slightly Damaged	0

Details of Person Involved

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

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2000

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190327/2000

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD SHAHDINAR BIN SELAMAT	ID No.	S8812188J
Related Vehicle	GBF3741U (Lorry)	Contact No.	87488223
Hospital/Clinic	DR NAH & LEE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/03/2019	Date Discharge	26/03/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TRINE THERESE STRANDBORG	ID No.	G6297927K
Related Vehicle	SJV5729P (Car)	Contact No.	92982527
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

Brief Details.

On 26/03/2019 at about 0825hrs, I was driving my lorry (GBF3741U) having just entered PIE (Tuas) just after the slip road of Jalan Bahar as I was heading to Lokyang. There was heavy traffic at that time, and the traffic was very slow moving.

As there was a car that stopped in front of me, I followed suit and stopped. Suddenly, I felt an impact from behind. I then saw from my right view mirror that a car (SJV5729P) had collided into me. Both of us then stopped at the exact point of accident and exited our cars to check the damages of the car. I saw that there are scratches at the rear center area of my lorry, and dents at my rear license plate.

We then exchanged particulars and agreed to settle the cost of the damages through our insurance company. The driver of SJV5729P also informed that she had slipped off her peddle. We then left the scene.

I then went to make an IDAC report.

On 26/03/2019 at about 1800hrs, I felt unbearable pain at my neck and lower back which may have been caused through impact of the accident earlier. I then visited Dr Nah & Lee Family Clinic and was given 4 days MC from 26/03/2019 to 29/03/2019 inclusive.

I wish to state that I have in-vehicle camera, however the recording has already been overwritten.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2000

Police Station Of Origin:
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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190327/2000

CONTINUATION OF REPORT

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2000

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190327/2000

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:

L /
EISEN MAH SHI YAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2019 00:07

Officer In Charge Of Case:

TP / AEIT /
STANG YI TING, STEPHANIE
Contact No: 65476414

SN 130

Authentication Stamp

NP168

Signature :

Singapore Police Force

Classification Of Case:

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2069

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20190327/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 13:08	Vide Report No.:	Station Diary No.: 105
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Informant's Particulars			
Name of Informant: MOHAMAD AMIN BIN ABDUL RAZAK		Address: APT BLK 694A WOODLANDS DRIVE 62 #03-12 SINGAPORE 731694	
ID Type / ID No.: NRIC NO / S8434180J		Contact No.: Home/Office: Mobile: 90769587	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 19/10/1984	Type of Informant: Passenger
Race: Javanese		Language:	Institution / School Name:
Occupation: Mover		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY LOYANG WAY Exit of KJE towards Loyang Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBF3741U	Lorry				No Damage	1
SJV5729P	Car					0

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2069

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Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20190327/2069

CONTINUATION OF REPORT

Brief Details.

On the 26/03/2019 at about 0800hrs, my colleague was driving our company lorry reg no.: GBF3741U, along KJE and I was sitting at the passenger seat before him. When exiting the KJE towards Loyang Way, the traffic were jam and our lorry was stationary. Subsequently, there was a car reg no.: SJV5729P, from the back hit onto our lorry rear. My colleague went down to make a check, the driver informed him that earlier she fell asleep and hit onto our company lorry. Both of my colleague and the driver exchange particular and left.

On the same day at about 1000hrs, I felt pain on the back of my body and I went to Peace Family Clinic to made a check and the doctor issued me MC from 26/03/2019 to 28/03/2019.

I wish to state that upon the accident, I did not felt any pain on the back of my body or any injuries. I also wish the driver namely: Trine Therese Strandbory, G6297927K. I making this report are for your company purposes.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20190327/2069

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20190327/2069

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:

L /

Sgt 2 CHOON EE SHEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2019 13:08

Officer In Charge Of Case:

TP / AEIT /

SIANG YI-TING, STEPHANIE

Contact No.: 65476414

SN 139

Authentication Stamp

NP189

Signature :

Singapore Police Force

Classification Of Case:

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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M31319039375 Vehicle Registration No: GBF 37414
Name (as shown in NRIC) : Muhammed Shahdinor & Selamat NRIC/FIN/Passport No : SS8 1288J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 785B Woodlands Rise #02-78. Singapore (752785)
Contact (Tel) : 81687519 (COMPANY) Mobile No.: 8948 8223
Email Address : Shahdinor_tela@hotmail.com.
Date of Accident : 26/3/19 Time of Accident : 08:25.
Place of Accident : Along PIE After Slip Road from Jalan Besar.
Insurance Company : NTUC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I want to amend my report on injuries from "NO"
to "Yes." & submit police report.



Policyholder / Driver's Signature
Date:

IDAC - BOON LAY

STA Inspection Pte Ltd

249 Jalan Boon Lay

Singapore 619523

Tel : 6555 6111

Fax : 6515 5218

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: