

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	01/03/2019 14:47
Date Of Accident	23/02/2019 23:00
Exact Location Of Accident	ALONG BT BATOK WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP602H
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Insured/Policyholder

Name Of Registered Owner	LEGEND MOTORS & LEASING PTE LTD
Co Reg No	200909442H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65091789

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85-3.0 D (M)

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX/P18747906
Cover Note Number	

Driver

Name of Driver	KADER GANI S/O ABOOTHAMIR
NRIC No	S9828214I
Date Of Birth	27/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93747721
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	419 CLEMENTI AVE 1
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL COMPANY
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	GBG9160B
Vehicle Make/Model/Colour	TOYOTA DYNA
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 KADER GANI S/O ABOOTHAHIR

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

SKETCH PLAN



A - YP602H
B - GBG9160B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature _____

Date & Time: 1/3/19 @ 2pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name: Purman
NRIC/FIN No.: 892505927

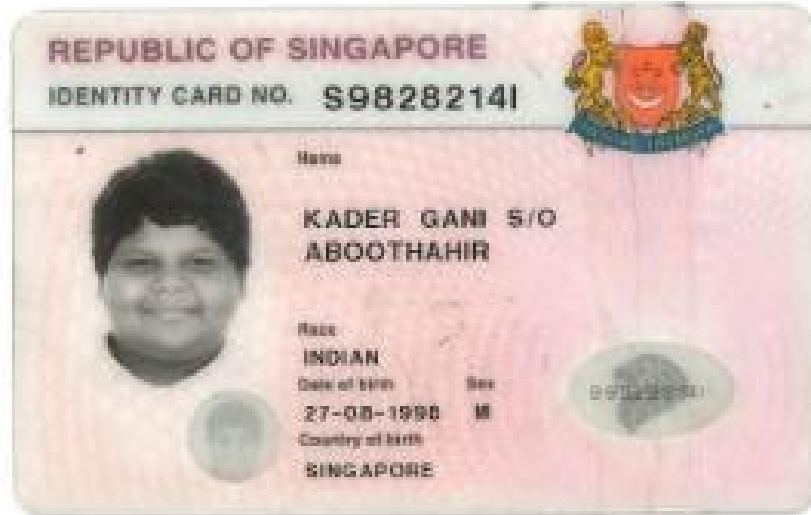
NRIC/FIN No.:



Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



[illegible]

Driving License



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190227/2171

1 of 4

Report No. T/20190227/2171

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2019 21:32		Vide Report No.:		Station Diary No.: 198	
Informant's Particulars					
Name of Informant: KADER GANI S/O ABOOTHAMIR			Address: APT BLK 419 CLEMENTI AVENUE 1 #10-241 SINGAPORE 120419		
ID Type / ID No.: NRIC NO / S8828214I			Contact No.: Home/Office: Mobile: 93747721		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 27/08/1998	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Other car and light goods vehicle drivers reg			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2019 23:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBG9160B	Lorry				Seriously Damaged	0
YP602H	Lorry				Seriously Damaged	0

Details of Person Involved

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

Police Report



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Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129658

Tel No: 1800-8729999

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Report No: T/20190227/2171

CONTINUATION OF REPORT

Driver			
Name	Shanmugam Sivakumar	ID No.	S7363671Z
Related Vehicle	GBG9180B (Lorry)	Contact No.	90283961
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	KADER GANI S/O ABOOTHAMIR	ID No.	S9828214I
Related Vehicle	YP602H (Lorry)	Contact No.	93747721
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

On 23/02/2019, at about 2300hrs, I was driving my company lorry, along the Bukit Batok West Ave 2 when the traffic light changed to red. Hence, I gradually decreased my speed and as I was coming to a stop, I felt a hard impact from the back. I check myself for any injuries. I had slight pain in my left hand index finger, my right shoulder and on my lower back. I proceeded to get out of my vehicle to see what has happen.

2. When I got out, I noticed that a lorry had hit the rear of my vehicle. I also noticed that smoke was coming out from a vehicle behind me. I want to check on the other vehicle driver and realized that the air bag was deployed. However, the other driver seemed fine to me. The other lorry driver was able to step out from his vehicle and apologized to me. The driver was also driving a company vehicle belonging to Dundas. We then exchanged particulars and went off.

3. On further inspection of my own vehicle, I realized that back door of my lorry was dented. The side door latch broke off. The rear number plate was also dented. The crash bar below the tail light was also dented.

4. However, the next day, the pain had intensified on my back and finger and hence, I went to Mount Alvernia Hospital to seek medical assistance. I was given MC from 24/02/2019 to 03/03/2019 (8 days).

5. My company has leased the lorry from Legend Motors and Leasing Pte Ltd (hp9732 3387) and hence I am lodging this report for insurance and medical claims.

Police Report



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POLICE FORCE**



T/20190227/2171

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20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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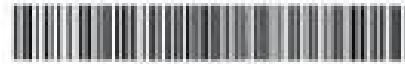
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CONTINUATION OF REPORT

Police Report



**SINGAPORE
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T/20190227/2171

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Tel No: 1800-8729999

Report No. T/20190227/2171

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Insp MENAKAH D/O THIAGARAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2019 21:32

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING

Contact No.: 90020518

Classification Of Case:

Authentication Stamp

MP158



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE