

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 willful 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	22/05/2019 05:16
Date Of Accident	19/05/2019 17:45
Exact Location Of Accident	ALONG BUKIT BATOK RD (PAVILION CIRCLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4205K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942897
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	

Driver

Name of Driver	SABPRI BIN SEE-AS
NRIC No	S1676149D
Date Of Birth	03/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1994
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90353573
Fax Number	
Contact Number	
Email Address	SABPRI03@GMAIL.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?	YES
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: PASSENGER 1 GENDER: FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHOA CHU KANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO T/20190521/2123 LODGE AT CHOA CHU KANG NPC ON THE 19/05/2019 AT ABOUT 1730HRS, I WAS DRIVING WITH MY WIFE AT THE 2ND LANE ALONG BUKIT BATOK ROAD TOWARDS JURONG TOWN HALL ROAD. AT THE TRAFFIC LIGHT, I STOPPED MY VEHICLE ON RED LIGHT. SUDDENLY, I FELT AN IMPACT COMING FROM THE REAR OF MY VEHICLE. IMMEDIATELY, I CALLED FOR THE POLICE WITHOUT CHECKING WHAT HAD HAPPENED. TRAFFIC POLICE AND AMBULANCE CAME DOWN TO THE SCENE, AND I WAS SUBSEQUENTLY CONVEYED TO HOSPITAL. I HAD SUFFERED A CUT ON MY NOSE BRIDGE AND LIPS. MY WIFE HAD SUFFERED BACK INJURIES. I WOULD LIKE TO STATE THAT I DO NOT KNOW FACTS OF THE INCIDENT, AND I AM LODGING THIS REPORT UNDER THE INSTRUCTION OF TRAFFIC POLICE. MY IN CAR CAMERA WAS NOT WORKING. THAT IS ALL

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9171A
Vehicle Make/Model/Colour	TOYOTA DYNA 150 5MT
Details Of Properties	NA
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 SABPRI BIN SEE-AS
Approximate Age
Injures Sustain SUFFERED A CUT ON NOSE BRIDGE AND LIPS
Injured person in which vehicle? GBC4205K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER 1
Approximate Age
Injures Sustain SUFFERED BACK INJURIES
Injured person in which vehicle? GBC4205K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan



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7. By the completion 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)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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 the [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/are 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 acted outside of Singapore, for one or more of the above Purposes.

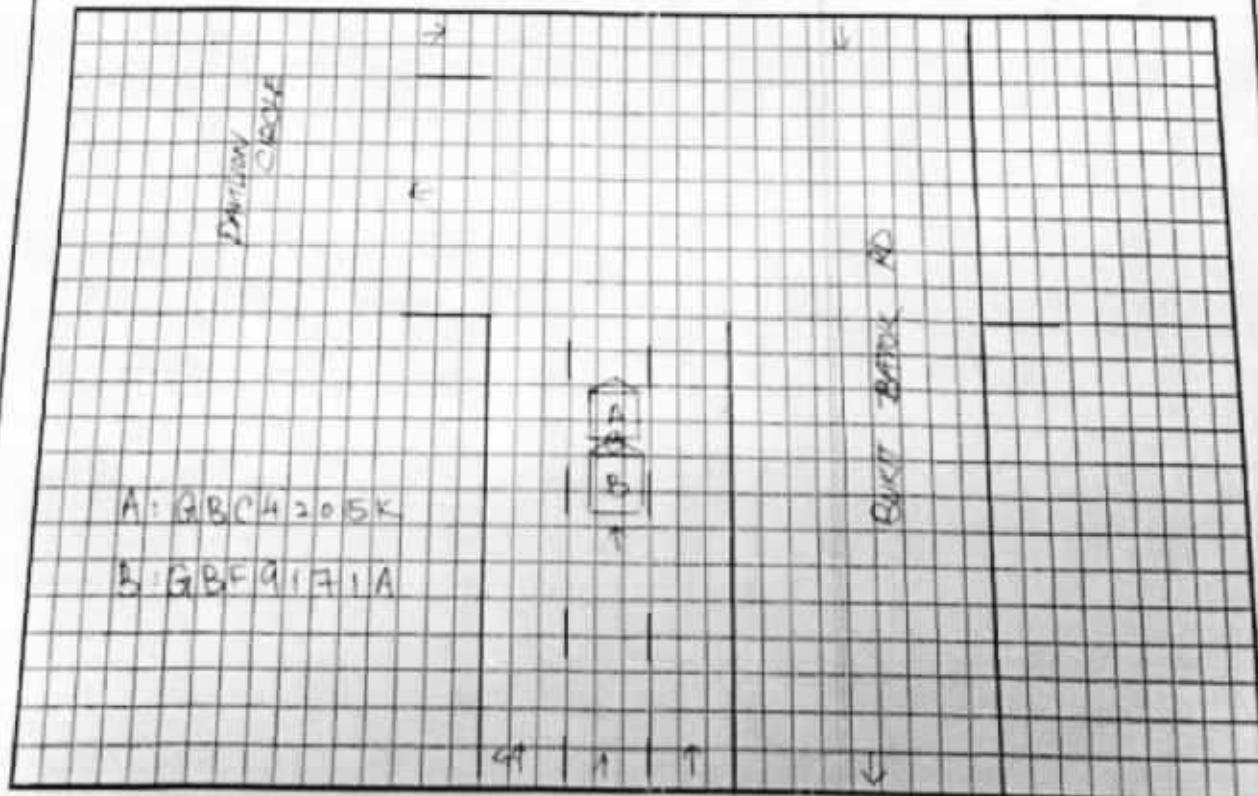
VERIFIED BY AJAX MARS
REPORTING OFFICER
JUN KEAT

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20190521/2123

1 of 3

Report No: T/20190521/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/05/2019 16:40

Video Report No.

Station Diary No:
94

Informant's Particulars

Name of Informant:
SABPRI BIN SEE-AS

Address:
APT BLK 402 CHOA CHU KANG AVENUE 3 #04-219
SINGAPORE 680402

ID Type / ID No.
NRIC NO / S1676149D

Contact No.
Home/Office Mobile 90353573

Nationality:
SINGAPORE CITIZEN

Email

Sex Age Date of Birth
Male 55 03/03/1964

Type of Informant:
Driver

Race:
Javanese

Language:
English

Institution / School Name:

Occupation:
Lorry driver

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

Date of Expiry:

General information of the Accident

General Information of the Accident					Type of Location
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/05/2019 17:45	Straight Road	
Location: Along Road 1 BUKIT BATOK ROAD					
Pavilion circle					
Weather Cloudy		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBC4205K	Lorry				Seriously Damaged	1
GBF9171A	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No 1800-7659999



T/20190521/2123

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Report No. T/20190521/2123

CONTINUATION OF REPORT

Driver		ID No.	S1676149D
Name	SABPRI BIN SEE-AS		Contact No. 90353573
Related Vehicle	GBC4205K (Lorry)		Class 2B,3,4 Date of Expiry: NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		
Date Treatment	19/05/2019	Date Discharge	20/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger		ID No.	S1724215F
Name	NORRIDAH BINTE OMAR		Contact No. 96362773
Related Vehicle	GBC4205K (Lorry)		Class: NIL Date of Expiry: NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		
Date Treatment	19/05/2019	Date Discharge	19/05/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 19/05/2019 at about 1730hrs, I was driving with my wife at the 2nd lane along Bukit Batok Road towards Jurong Town Hall Road. At the traffic light, I stopped my vehicle on red light. Suddenly, I felt an impact coming from the rear of my vehicle. Immediately, I called for the police without checking what had happened. Traffic Police and Ambulance came down to the scene, and I was subsequently conveyed to hospital. I had suffered a cut on my nose bridge and lips. My wife had suffered back injuries. I would like to state that I do not know any facts of the incident, and I am lodging this report under the instruction of Traffic Police. My in car camera was not working. That is all.



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Police Station Of Origin
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20190521/2123

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Report No: T/20190521/2123

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

Sgt JASON TAY MING HUI

Signature Of Interpreter

Not applicable

Officer In Charge Of Case

TP / GIT /

SI THABAGESH JEYATHESH

Contact No: 65476232

Authentication Stamp

Signature Of Informant

[Signature]

Date/Time

21/05/2019 16:40

Classification Of Case

ARF/COE Rebate Enquiry

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

1196N

Vehicle Details

Vehicle No.:

GBC4205K

Vehicle to be Exported:

No

Intended Deregistration Date:

28 May 2019

Vehicle Make:

NISSAN

Vehicle Model:

CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO

Primary Colour:

Silver

Manufacturing Year:

2011

Engine No.:

ZD30297425K

Chassis No.:

JN15C2F24Z0850314

Maximum Power Output:

-

Open Market Value:

\$34,386.00

Original Registration Date:

15 Mar 2012

First Registration Date:

15 Mar 2012

Transfer Count:

1

Actual ARF Paid:

\$1,720.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

14 Mar 2022

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$39,589.00

COE Rebate Amount:

\$11,035.00

Total Rebate Amount:

\$11,035.00

The information contained herein is correct as at 28 May 2019

OK



**GENERAL INSURANCE ASSOCIATION
OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-084189

Date of Request: 28/05/2019

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP

1 Kaki Bukit Ave 6 #01-01

Auto Bay@Kaki Bukit

Singapore 417883

Dear Sir/Madam,

Enquiry Date 28/05/2019

Enquiry By Susan Low Siew Yian

TP Vehicle No. GBF9171A

Accident Date 19/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF9171A	China Taiping Insurance (Singapore) Pte. Ltd.	11/04/2019-10/04/2020	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

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TAX INVOICE

Our Ref No: GR-19-084189

Date of Request: 28/05/2019

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP

1 Kaki Bukit Ave 6 #01-01

Auto Bay@Kaki Bukit

Singapore 417883

Dear Sir/Madam,

Enquiry Date 28/05/2019

Enquiry By Susan Low Siew Yian

TP Vehicle No. GBF9171A

Accident Date 19/05/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque