

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	10/06/2019 18:23
Date Of Accident	08/06/2019 10:30
Exact Location Of Accident	PIE TWDS TUASAFTER SYEVEN RD B4 ENG NEO AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5126L
Insured/Policyholder	
Name Of Registered Owner	ABWIN LEASING PTE. LTD.
Co Reg No	201223082Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88765271
Alternative Phone No	OFFICE-88765271

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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?	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	5091126381-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SUFIYAN BIN SAMSUDIN
NRIC No	S8805278A
Date Of Birth	14/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88765271
Fax Number	
Contact Number	OTHERS-88765271
Email Address	NOEMAIL

Address	BLK 7 KING GEORGE'S AVENUE #08-120
Postcode	201007
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	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190608/2106

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	SGV5567A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED SALLEH BIN MOHAMED SANI
NRIC/Passport Number	S0159576H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD SUFIYAN BIN SAMSUDIN
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	GBJ5126L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 compliance 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:

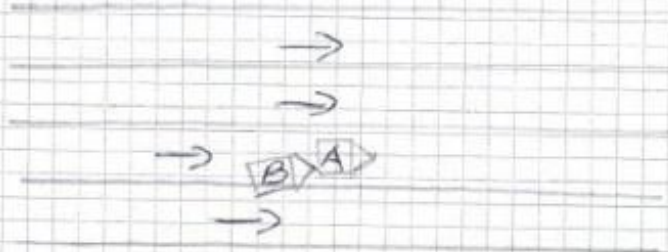
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

PIE towards Tuas, after Steven Road
before Eng Neo Ave

A = GBJ5126
B = SGV5567A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190608/2106

DECLARATION

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

Policyholder's Signature
Date & Time: 10/6/2019

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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190608/2106

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20190608/2106

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SUFIYAN BIN SAMSUDIN	ID No.	S8805278A
Related Vehicle	GBJ5126L (Van)	Contact No.	88765271
Hospital/Clinic	CENTRAL 24-HR CLINIC (TAMPINES)	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MOHAMED SALLEH BIN MOHAMED SANI	ID No.	S0159576H
Related Vehicle	SGV5567A (Car)	Contact No.	NIL
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 08.06.2019 at about 1030hs, I was driving my company van GBJ5126L along PIE towards Tuas after Steven Road before Eng Neo Ave on lane 2 of a 4 lane road. As the traffic is building up in front, the vehicle starts to apply their brake and I follow suit and my vehicle come to a complete stop. Out of a sudden, I felt an impact on the rear portion of my vehicle. As there are road works on lane 1, the driver of SGV5567A switched lane to lane 2 behind my vehicle, however the driver could not stop in time and hit onto my van's rear.

As nobody required Ambulance Service, we exchange particulars and left the scene. At about 1730hrs, I went to Central 24-HR Clinic (Tampines) to seek medical treatment for neck pain and was given 3 days of out patient leave. That is all.

S8805278A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



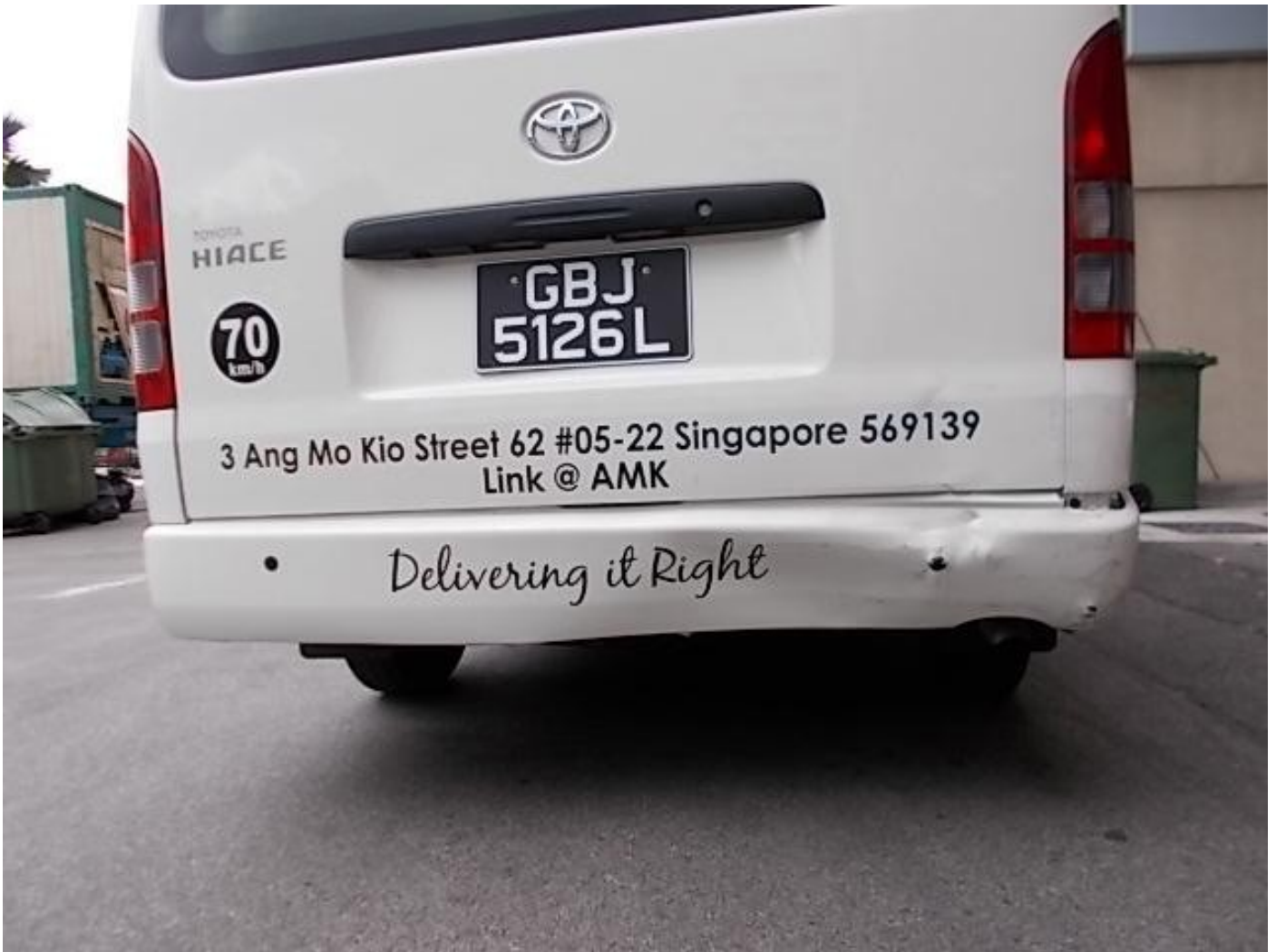
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20190608/2106

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190608/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2019 18:40	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: MUHAMMAD SUFIYAN BIN SAMSUDIN			Address: APT BLK 7 KING GEORGE'S AVENUE #08-120 SINGAPORE 201007	
ID Type / ID No.: NRIC NO / S8805278A			Contact No.: Home/Office: Mobile: 88765271	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 14/02/1988	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: COURIER SERVICE DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 10:30	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Tuas, after Steven Road before Eng Neo Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBJ5126L	Van	TOYOTA	HIACE	White	Slightly Damaged	0
SGV5567A	Car	TOYOTA	PICNIC	Silver	Seriously Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190608/2106

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20190608/2106

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SUFIYAN BIN SAMSUDIN	ID No.	S8805278A
Related Vehicle	GBJ5126L (Van)	Contact No.	88765271
Hospital/Clinic	CENTRAL 24-HR CLINIC (TAMPINES)	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MOHAMED SALLEH BIN MOHAMED SANI	ID No.	S0159576H
Related Vehicle	SGV5567A (Car)	Contact No.	NIL
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.

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S8805278A

Police Report



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T/20190608/2106

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461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20190608/2106

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:
G /
Staff Sgt TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/06/2019 18:40

Officer In Charge Of Case:
TP / AEIT /
Sgt 3 KOH CHEE SENG, KEVIN
Contact No.: 65472073

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE