

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	03/08/2019 11:44
Date Of Accident	02/08/2019 17:50
Exact Location Of Accident	AYE TWDS CITY NEAR L/P 600
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5736B
Insured/Policyholder	
Name Of Registered Owner	TRK AUTO RENTAL SERVICES
Co Reg No	53358468W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82255444
Alternative Phone No	OFFICE-82255444

Vehicle Particulars

Manufacturer	TOYOTA
Model	STREAM RSZ 1.8 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001124-R00
Cover Note Number	

Driver

Name of Driver	MOHAMED ROSLI BIN MOHAMED ZIN
NRIC No	S8318852I
Date Of Birth	15/06/1983
Occupation	INDOOR
Date Of Driving Pass	07/10/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562651
Fax Number	
Contact Number	OFFICE-98562651
Email Address	NOEMAIL

Address	BLK 250 YISHUN AVENUE 9 #04-227
Postcode	760250
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	CHAIN COLLISION
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	3
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)	5
Passenger 1	NAME: : RICH COLIN GENDER: : MALE
Passenger 2	NAME: : BRAD KALEY GENDER: : MALE
Passenger 3	NAME: : DARIN KUIDA GENDER: : MALE
Passenger 4	NAME: : ANDRE'S SANCHES GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190803/2010.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6935D
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC3882L
Vehicle Make/Model/Colour	TOYOTA HIACE
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	MOHAMED ROSLI BIN MOHAMED ZIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP5736B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

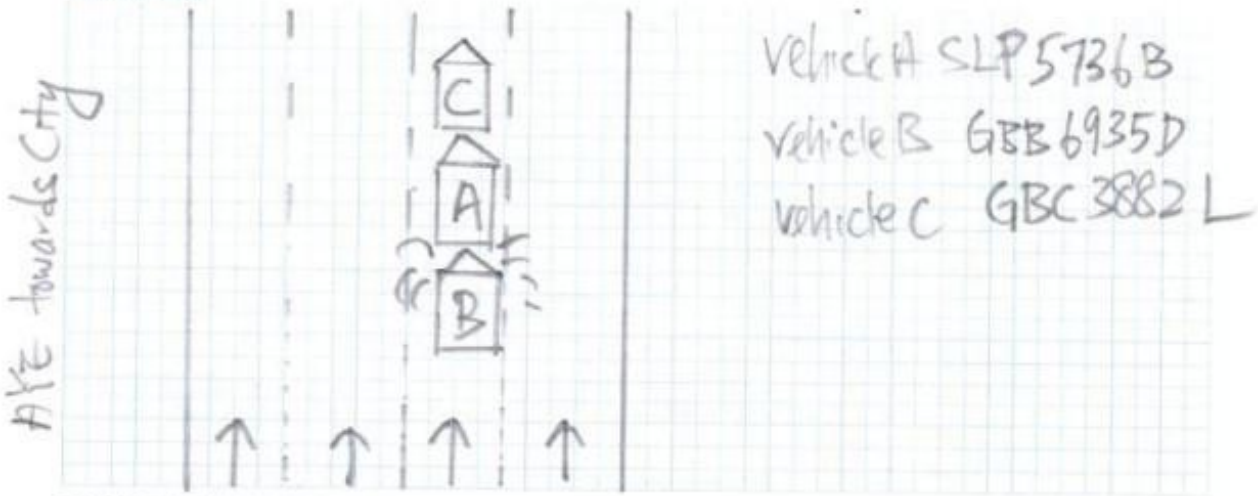


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190803/2010

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190803/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 02:05	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: MOHAMED ROSLI BIN MOHAMED ZIN			Address: APT BLK 250 YISHUN AVENUE 9 #04-227 SINGAPORE 760250		
ID Type / ID No.: NRIC NO / S8318852I			Contact No.: Home/Office: Mobile: 98562651		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 15/06/1983	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Service planner			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY On AYE towards City lane 2 Lamp Post Number: 600				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicle and Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6935D	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Grey	Slightly Damaged	3
GBC3882L	Van	TOYOTA	HIACE MANUAL	White	Slightly Damaged	0
SLP5736B	Car	HONDA	STREAM RSZ 1.8 A	White	Seriously Damaged	4

Police Report



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Report No. T/20190803/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SETHUPANDI AYYACHAMY	ID No.	G8395981P
Related Vehicle	GBB6935D (Lorry)	Contact No.	83634700
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	DIDI	ID No.	NIL
Related Vehicle	GBC3882L (Van)	Contact No.	97245087
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
Passenger			
Name	RICH COLIN	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+16109721682
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

Police Report



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T/20190803/2010

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Report No. T/20190803/2010

CONTINUATION OF REPORT

Passenger			
Name	BRAD KALEY	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+16108583087
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	MOHAMED ROSLI BIN MOHAMED ZIN	ID No.	S8318852I
Related Vehicle	SLP5736B (Car)	Contact No.	98562651
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	DARIN KUIDA	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+18055019964
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
Passenger			
Name	ANDRE'S SANCHES	ID No.	NIL
Related Vehicle	SLP5736B (Car)	Contact No.	+17899307984
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

Police Report



**SINGAPORE
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T/20190803/2010

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Report No. T/20190803/2010

CONTINUATION OF REPORT

Brief Details.

At 17:45:00hrs on 02/08/19, I was driving on the second lane of the AYE heading towards City with 4 passengers in my white Honda Stream, registration no.: SLP5736B. I had picked up the passengers from Tuas South Ave 10 via Grab and was sending them to Holiday Inn Express. I was driving about 3 car lengths behind a white van in front of me. At 17:45:36hrs, I saw that the van in front of me had begun to slow down and thus I also began to slow down gently. As I got nearer to the white van, I saw that it had emergency braked. Thus I applied hard brake at 17:45:37hrs and my car managed to stop in time behind the white van at 17:45:39 without colliding into the van.

At 17:45:41, I suddenly felt an hard impact to my vehicle from the rear. My airbag was not deployed. At that point, I did not feel any pain. My passengers also communicated with me that they were not injured. I asked my passengers to stay in the car for safety reasons and alighted my vehicle.

When I alighted, I observed the following damage to my vehicle: the rear boot door was dented, the rear bumper was damaged, the rear glass pane was completely shattered, the front bonnet was dented, the glass on the left front headlight was shattered, the radiator was damaged. There was a grey Toyota lorry, registration no.: GBB6935D behind me which had a slightly dented bumper. The white Toyota van GBC3882L that I had collided into from the back was slightly dented in the rear. The driver of white Toyota van GBC3882L, Didi, expressed that he was experiencing some back pain after the collision. I did not check if the driver or passengers of the grey Toyota lorry GBB6935D suffered any injuries. I exchanged particulars with the drivers of both vehicles.

No police or ambulance came to the scene. The white Toyota van GBC3882L and grey Toyota lorry GBB6935D both moved off. I managed to start my engine and move my vehicle to the left road shoulder. My passengers then alighted and I exchanged particulars with them. I sustained a very small cut on the knuckle on my left hand when assisting my passengers to unload their belongings from the boot of my vehicle. CISCO arrived at scene and called for EMAS. EMAS arrived and escorted my passengers out of the expressway. My company tow truck then came to scene and towed my vehicle to the company workshop at Synergy Kaki Bukit.

When I returned to home at around 1930hrs, I experienced some discomfort, pain and numbness in the right lower back as well as my left shoulder. I went to Khoo Teck Puat Hospital A&E where X-Ray scans of my Chest, Hip Joint, Scapula and Spine were taken. A scope was also performed as they had captured some abnormality in my throat during the X-Ray scans. The doctor informed me that my scans were normal. I was prescribed with painkillers and given 5 days of MC by Dr Lee, Ca Wen (62786J) from 03/08/19 to 07/08/19, MC no.: KHANE191642817. I was instructed to monitor the pain and return for further check-up if the pain persists beyond the 5 days of MC.

The entire accident has been captured by the front dashcam in my vehicle. However, the audio does not seem to have been captured.

Police Report



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Report No. T/20190803/2010

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 / ASP KOH JHAI LENG, SHAMMAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2019 02:05
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: SN 085
Authentication Stamp NP168  Signature:  Singapore Police Force	

Accident Photo



Accident Photo



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