

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	09/09/2019 15:20
Date Of Accident	06/09/2019 17:30
Exact Location Of Accident	UPPER CHANGI ROAD EAST BEFORE PIE CHANGI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5820R
Insured/Policyholder	
Name Of Registered Owner	VAN-GO PTE LTD
Co Reg No	201825823E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90063509
Alternative Phone No	OFFICE-90063509

Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1924361900
Cover Note Number	

Driver

Name of Driver	MOHAMED YASSIN BIN ABDUL HAGUE
NRIC No	S8515744B
Date Of Birth	04/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90063509
Fax Number	
Contact Number	OTHERS-90063509
EEmail Address	NOEMAIL

Address	BLK 221A SUMANG LANE #13-01
Postcode	821221
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	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	4
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)	3
Passenger 1	NAME: : MUHAMMAD YAFI SHARIQUE BIN MOHAMED YASSIN GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD YUSRAN SYAHIRAN BIN MOHAMED YASSIN GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	SLA4294U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TEO TECK LENG VINCENT
NRIC/Passport Number	S7115997C
Contact Number	98079015
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBH4385Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ABUBAKAR BIN ABDUL WAHAB
NRIC/Passport Number	S1169649Z
Contact Number	90889894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGK5793X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NILAS S/O SYNUL ABDEEN
NRIC/Passport Number	S7237670F
Contact Number	94598259
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED YASSIN BIN ABDUL HAGUE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBJ5820R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD YAFI SHARIQUE BIN MOHAMED YASSIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBJ5820R
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMAD YUSRAN SYAHIRAN BIN MOHAMED YASSIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBJ5820R

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

UPPER CHANGI ROAD EAST BEFORE PIK CHANGI EXIT



V.A) GBJ 5820R

V.B) SLA 4204H

V.C) FBH 4385Y

V.D) SGK 5703X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling along my designated lane along upper changi Road before PIE (Changi Airport Exit). The vehicle in front of me slowed down to a stop as such, I followed suit. As I came to a stop, I suddenly felt a huge impact hitting me on the rear causing me to pop! forward hence hitting the vehicle in front of me. I got down from my vehicle to realised that I was involved in a 4 car chain collision.

POLICE REPORT T/20190908/7101

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/20190908/2101

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

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Report No. T/20190908/2

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	ABUBAKAR BIN ABUL WAHAB	ID No.	S1169649Z
Related Vehicle	FBH4385Y (Motorcycle)	Contact No.	90889894
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

Name	MUHAMMAD YAFI SHARIQUE BIN MOHAMED YASSIN	ID No.	T1406538A
Related Vehicle	GBJ5820R (Van)	Contact No.	NIL
Hospital/Clinic	CALROSE MEDICAL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/09/2019	Date Discharge	06/09/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Name	MOHAMED YASSIN BIN ABDOUL HAGUE	ID No.	S8515744B
Related Vehicle	GBJ5820R (Van)	Contact No.	90063509
Hospital/Clinic	CALROSE MEDICAL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/09/2019	Date Discharge	06/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190908/2101

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-58 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20190908/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2019 22:57	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: MOHAMED YASSIN BIN ABDUL HAGUE	Address: APT BLK 221A SUMANG LANE #13-01 SINGAPORE 821221		
ID Type / ID No.: NRIC NO / S85157448	Contact No.:	Mobile: 90063509	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 34	Date of Birth: 04/06/1985	Type of Informant: Driver
Race: Malay	Language: English	Institution / School Name:	
Occupation: Van 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: 06/09/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD before PIE exit Changi Airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
FBH4385Y	Motorcycle				Slightly Damaged	0
GBJ5820R	Van				Slightly Damaged	2
SGK5793X	Car				Slightly Damaged	0
SLA4294U	Car				Slightly Damaged	0

POLICE REPORT

SINGAPORE
POLICE FORCE



T/20190908/2101

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Report No. T/20190908/2101

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

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD YUSRAN SYAHIRAN BIN MOHAMED YASSIN	ID No.	T1607241E
Related Vehicle	GBJ5820R (Van)	Contact No.	NIL
Hospital/Clinic	CALROSE MEDICAL FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/09/2019	Date Discharge	06/09/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NILAS S/O SYNUL ABDEEN	ID No.	S7237670F
Related Vehicle	SGK5793X (Car)	Contact No.	94598259
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	TEO TECK LENG VINCENT	ID No.	S7115997C
Related Vehicle	SLA4294U (Car)	Contact No.	98079015
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 06.09.2019 at about 1730hrs, I was driving my vehicle GBJ5820R along Upper Changi Road towards PIE Changi Airport on lane 3 or a 4 lane road. As the traffic is piling up, the front vehicle start to slow down and I followed suit. Out of a sudden, I felt an impact on my rear left portion of my vehicle, the impact forced my vehicle to surge forward and hit onto the motorcycle FBH4385Y, the rider fell down the ground and my vehicle continue to surge forward and hit onto the 1st vehicle SGK5793X.

As nobody required any Ambulance Service, we exchange particulars and left the scene. Sometime in the evening, my 2 kids and I went to Calrose Medical Family Clinic to seek medical treatment and I was given 3 days of out patient leave, whereby my elder son was placed under observation for head contusion and bruise on the lower lips, my 2nd son is fine at the moment.

POLICE REPORT



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T/20190908/2101

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

Report No. T/20190908/2101

CONTINUATION OF REPORT

I like to state that my vehicle is installed with front built in camera. That is all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190908/2101

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520451
Tel No. 1800-7818999

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Report No. T/20190908/2101

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:

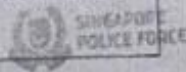
Signature Of Interpreter:
Not applicable

Date/Time
08/09/2019 22:57

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No. : 65476172

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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