

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	14/10/2019 15:46
Date Of Accident	12/10/2019 14:45
Exact Location Of Accident	YISHUN RING RD BUS STOP BESIDE YISHUN PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3938J
Insured/Policyholder	
Name Of Registered Owner	RELIABLE TRANSPORT & LOGISTIC SERVICES (PTE LTD)
Co Reg No	201540943H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98188940

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1921701900
Cover Note Number	

Driver

Name of Driver	MOHAMMAD HAIKAL BIN RAIMI
NRIC No	S9105564C
Date Of Birth	01/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98188940
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 441D FERNVALE RD #02-343
Postcode	794441
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	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : SITI FAEIRUZ GENDER: : FEMALE
Passenger 2	NAME: : FATHEEN FAEISHA GENDER: : FEMALE

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/20191013/2052

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	FBH8401H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MOHAMMAD HAIKAL BIN RAIMI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH3938J
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
Date & Time:

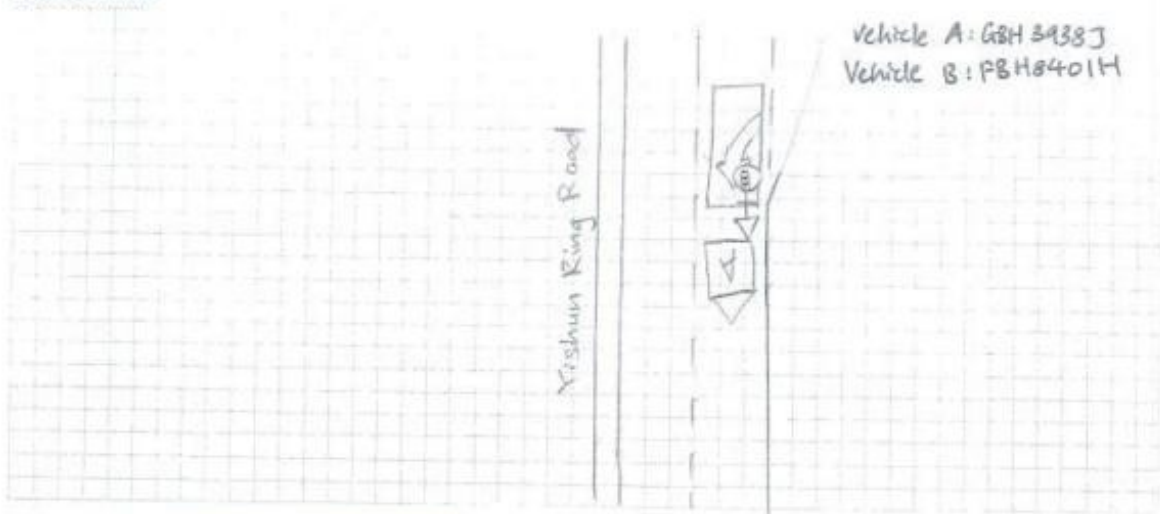


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report! T/2019/013/2052

DECLARATION

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

Policyholder's
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/20191013/2052

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/20191013/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2019 14:08		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: MOHAMMAD HAIKAL BIN RAIMI			Address: APT BLK 441D FERNVALE ROAD #02-343 SINGAPORE 794441		
ID Type / ID No.: NRIC NO / S9105564C			Contact No.: Home/Office: Mobile: 98188940		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 01/02/1991	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: LOGISTICS DRIVER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/10/2019 14:45	Type of Location: Straight Road
Location: YISHUN RING ROAD Bustop beside Yishun Park, along Yishun Ring Road				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Stationary Vehicle Against Moving Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH8401H	Motorcycle	BAJAJ CHETAK	PULSAR	Red	Slightly Damaged	1
GBH3938J	Van	TOYOTA	HIACE EURO 5	White	Totally Damaged	2

Details of Person Involved

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

POLICE REPORT



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T/20191013/2052

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191013/2052

CONTINUATION OF REPORT

Rider			
Name	REDUAN BIN ALIAS		ID No. S8114927E
Related Vehicle	FBH8401H (Motorcycle)		Contact No. 81011857
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	MOHAMMAD HAIKAL BIN RAIMI		ID No. S9105564C
Related Vehicle	GBH3938J (Van)		Contact No. 98188940
Hospital/Clinic	GUI YING TCM CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	13/10/2019	Date Discharge	13/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/10/19 yesterday at about 1445hrs, I was driving my van(GBH 3938J, TOYOTA HIACE EURO 5, WHITE IN COLOUR) along Yishun Ring Road, beside Yishun Park on the left lane, where I came across a fallen tree on the road. As such I came to a complete stop before changing to the right lane as it was not blocked by the tree. When my vehicle was at a complete stop, I heard a "bang" sound and that is when I discovered a motorcycle(FBH 8401H, BAJAJ PULSAR, RED IN COLOUR) hit the rear of my van. I stepped out of the vehicle and discovered my rear left light was damaged. We quickly exchanged particulars as it was raining and met again on the same day at about 2025hrs to further exchange particulars and we both agreed to lodge an accident report at our own time.

On 13/10/19 today at about 1200hrs I went to Gui Ying TCM Clinic as my back starts to hurt upon waking up from sleep this morning due to yesterday's incident. I am unfit to work for 3 days and my MC no. is 53174821-M. No Traffic Police or ambulance was at scene on the time of incident. I am lodging this report to claim from insurance.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191013/2052

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/20191013/2052

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 /

Sr Staff Sgt SZE WEIJIE, WILSON

511 Bishan Road

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/10/2019 14:08

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



