

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	25/11/2019 13:51
Date Of Accident	24/11/2019 12:00
Exact Location Of Accident	JUNCTION OF BT BATOK WEST AVE 8/BT BATOK WEST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9376R
Insured/Policyholder	
Name Of Registered Owner	RICH RESOURCES LOGISTICS PTE LTD
Co Reg No	201415853K
Email Address	HAZLI7077@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81131414
Alternative Phone No	OFFICE-68735227

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	DMCVSN1834111901
Cover Note Number	

Driver

Name of Driver	MUHAMAD HASLIN BIN OTHMAN
NRIC No	S7812953J
Date Of Birth	08/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81131414
Fax Number	
Contact Number	OFFICE-68735227
EEmail Address	HAZLI7077@GMAIL.COM

Address	BLK 438A BUKIT BATOK WEST AVENUE 8 #08-1021
Postcode	651438
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	COLLISION - CROSS JUNCTION
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191124/2059

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	SJQ8989L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEE CHUE HIONG
NRIC/Passport Number	S2013506I
Contact Number	90278989
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMAD HASLIN BIN OTHMAN
Approximate Age	
Injuries Sustain	NECK AND CHEST PAIN
Injured person in which vehicle?	GBH9376R
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.

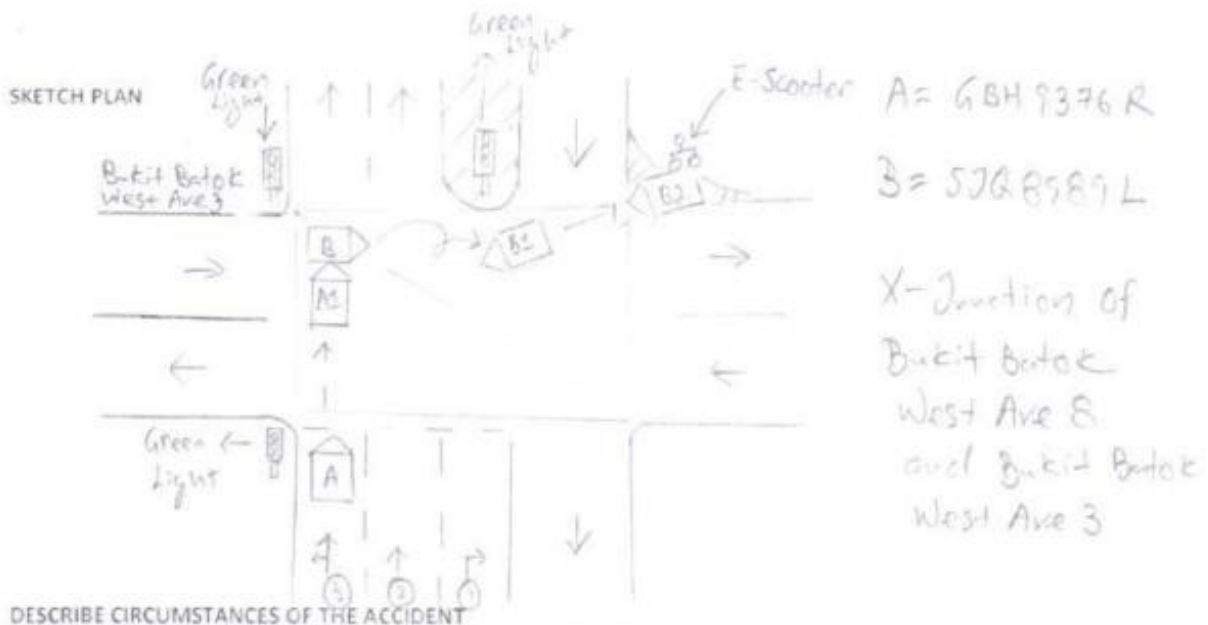


Policyholder's Signature
Date & Time:

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

Accident Centre Personnel's Signature
Name: *Reshwan*
NRIC/IN No.:

Accident Sketch Plan



Refer to Police Report

Report No. T/20191124/2059

DECLARATION

(We declare the 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: Resh
NRIC/FIN No: 1101101101

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191124/2059

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No: T/20191124/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2019 15:17	Vide Report No.: J/20191124/0095	Station Diary No.: 69
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Informant's Particulars

Name of Informant: MUHAMAD HASLIN BIN OTHMAN			Address: APT BLK 438A BUKIT BATOK WEST AVENUE 8 #08-1021 SINGAPORE 651438	
ID Type / ID No.: NRIC NO / S7812953J			Contact No.: Home/Office: Mobile: 81131414	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 08/05/1978	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/11/2019 12:00	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK WEST AVENUE 8				
X-junction of Bukit Batok West Ave 8 and Bukit Batok West Ave 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9376R	Lorry	TOYOTA		White	Seriously Damaged	0
SJQ8989L	Car	TOYOTA		Grey	Seriously Damaged	0

Details of Person Involved

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

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T/20191124/2059

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659840
Tel No: 1800-6659999

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Report No. T/20191124/2059

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD HASLIN BIN OTHMAN	ID No.	S7812953J
Related Vehicle	GBH9376R (Lorry)	Contact No.	81131414
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	Tee Chue Hiong	ID No.	S2013506I
Related Vehicle	SJQ8989L (Car)	Contact No.	90278989
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 24/11/2019 at about 1200hrs I was travelling with my vehicle bearing registration number: V1) GBH9376R, along Bukit Batok West Ave 8 towards Bt Batok West Ave 6. While coming to the X-Junction of Bukit Batok West Ave 8 and Bukit Batok West Ave 3, the traffic light shows green and I proceeded to drive pass the junction. In the midst passing the junction there was a vehicle bearing registration number: V2) SJQ8989L, dark grey color Toyota from Bukit Batok West Ave 3 towards PIE drove through the junction. I couldn't stop my vehicle in time and hit onto the rear right portion of the V2. The impact caused V2 lost control and hit onto a E-scooter, the E-scooter rider turned over and subsequently conveyed by the ambulance.

I wish to state that I had the way of traffic, V2 had beaten the red light and caused the accident. V2's driver mentioned to me that she was stressed.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191124/2059

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20191124/2059

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:

J /

Sr Staff Sgt SUN SIJIA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2019 15:17

Officer In Charge Of Case:

TP / GIT /

Staff Sgt QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187

Classification Of Case:



**SINGAPORE
POLICE FORCE**
T/20191124/2059

Authentication Stamp

NP188

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

