

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	14/01/2020 08:52
Date Of Accident	13/01/2020 05:45
Exact Location Of Accident	WOODLANDS ST 13 JUNC TWDS WOODLANDS CENTRE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6729L
Insured/Policyholder	
Name Of Registered Owner	CHALK FARM PTE LTD
Co Reg No	2XXXXX043M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98288574

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSNA00002232003
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM MOHD YUSOFF
NRIC No	SXXXX933H
Date Of Birth	31/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91782102
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 113 WOODLANDS ST 13 #06-112
Postcode	730113
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	SIDE SWIPE
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?	YES
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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200113/2018

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX982T
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	RIDER
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	FX982T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.:

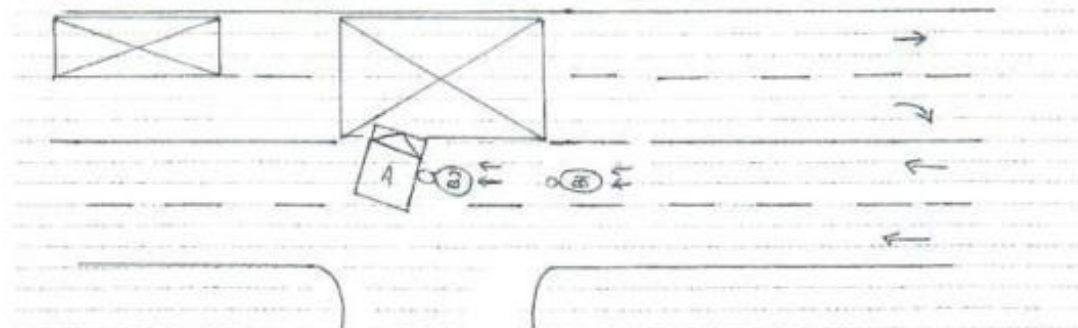
Accident Sketch Plan

SKETCH PLAN

Woodlands Street 13 June TWDs Woodlands Centre Rd.

Vehicle A = GBF6729L

Vehicle B = FX982T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No. T/20200113/2018.

DECLARATION

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



Policyholder
Date & Time

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200113/2018

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20200113/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2020 07:41		Vide Report No.: L/20200113/0048		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: ABDUL RAHIM BIN MOHD YUSOFF			Address: APT BLK 113 WOODLANDS STREET 13 #06-112 SINGAPORE 730113		
ID Type / ID No.: NRIC NO / S1711933H			Contact No.: Home/Office: Mobile: 91782102		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 31/03/1965	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2020 05:45	Type of Location: T-Junction
Location: Along Road 1 WOODLANDS STREET 13 WOODLANDS CENTRE ROAD Woodlands Street 13 Junction towards Woodlands Centre Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FX982T	Motorcycle	HONDA		Red	Slightly Damaged	0
GBF6729L	Van	TOYOTA	HIACE DX 3.0 AUTO	Silver	Slightly Damaged	0

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/20200113/2018

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No: T/20200113/2018

CONTINUATION OF REPORT

Driver			
Name	ABDUL RAHIM BIN MOHD YUSOFF	ID No.	S1711933H
Related Vehicle	GBF6729L (Van)	Contact No.	91782102
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/01/2020 at about 0545hrs, I was driving my company van (GBF6729L) along Woodlands Street 13, it is a 1 lane road preparing to turn right along Woodlands Centre Road towards Woodlands Checkpoint direction. I checked both right and left to be clear therefore proceeded to slowly turn out and halfway through while turning, I saw a motorcycle coming from my right at quite a fast speed therefore stopping at the left lane of a 2 lane road. Shortly later, the motorcycle failed to brake in time and collided onto the right side of my vehicle when my vehicle is in stationary. After collision, I proceeded down to make a check to discover that a rider with pillion had collided onto the right side of my vehicle. Shortly after the accident, while I was on the phone to engage the police, the police arrived as I believed that the police had came across while patrolling.

The officers then assisted to engage the paramedic to scene and the rider was subsequently being conveyed to the hospital in his conscious state. Traffic police arrived shortly and the in-car camera SD card was seized for investigation purpose. As such, a case card and NP323 were issued to me. No government property was involved. Traffic police then advised me to lodge a report at any police station about the accident.

IO in-charge: Esmond, 65472077.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200113/2018

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20200113/2018

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 /
Sgt 3 LEE JIAN HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/01/2020 07:41

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Classification Of Case:

Authentication Stamp
NP158



Signature:
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

