

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	09/06/2020 16:59
Date Of Accident	04/06/2020 19:40
Exact Location Of Accident	PIE (CORPORATION RD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3470Z
Insured/Policyholder	
Name Of Registered Owner	ABDUL SALAM HAJA NAJIMUDEEN
NRIC No	SXXXX399C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90379747
Alternative Phone No	OFFICE-90379747

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 8
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000651900
Cover Note Number	

Driver

Name of Driver	ABDUL SALAM HAJA NAJIMUDEEN
NRIC No	SXXXX399C
Date Of Birth	30/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1996
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90379747
Fax Number	
Contact Number	OFFICE-90379747
Email Address	NOEMAIL

Address	BLK 113 LORONG 3 GEYLANG #11-77
Postcode	381113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200609/2044

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	GBH7141P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KRISHNAN JAGANKUMAR
NRIC/Passport Number	GXXXX679X
Contact Number	81097444
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ABDUL SALAM HAJA NAJIMUDEEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKJ3470Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)**

(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.

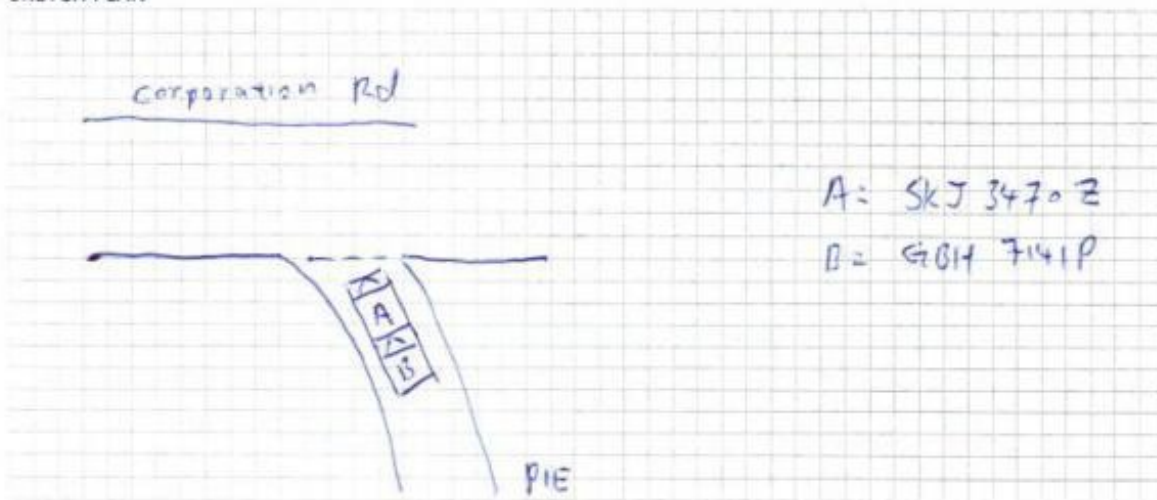
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20200609/2044

DECLARATION

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

Atty. Warden

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/20200609/2044

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No: T/20200609/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2020 16:17 Vide Report No.: Station Diary No.: 21

Informant's Particulars

Name of Informant: ABDUL SALAM HAJA NAJIMUDEEN Address: APT BLK 113 LORONG 3 GEYLANG #11-77 SINGAPORE 381113
ID Type / ID No.: NRIC NO / S7277399C Contact No.: Home/Office: Mobile: 90379747
Nationality: SINGAPORE CITIZEN Email:
Sex: Male Age: 47 Date of Birth: 30/06/1972 Type of Informant: Driver
Race: Indian Language: English Institution / School Name:
Occupation: FOOD DELIVERY Driving Licence Information: Class: 2B Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2020 19:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY exit to corporation road				
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit: 80 Km/h		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
GBH7141P	Lorry				Slightly Damaged	0
SKJ3470Z	Car	MAZDA	MAZDA6 2.3L AT ABS D/AB 2WD 5DR GAS/D	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effect	ND	Date

Police Report



SINGAPORE
POLICE FORCE



T/20200609/2044

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No: T/20200609/2044

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 /
Sr Staff Sgt TIONG YEE SENG

Signature Of Informant:

Attiga Rajan

Signature Of Interpreter:
Not applicable

Date/Time:
09/06/2020 16:17

Officer in Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No: 65476219

Classification Of Case:

Authentication Stamp
N/158

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Police Report



**SINGAPORE
POLICE FORCE**



T/20200609/2044

2 of 3

Report No: T/20200609/2044

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKJ3470Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00000651900	26/12/2019	25/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRISHNAN JAGANKUMAR	ID No.	G2547679X
Related Vehicle	GBH7141P (Lorry)	Contact No.	81097444
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	ABDUL SALAM HAJA NAJIMUDEEN	ID No.	S7277399C
Related Vehicle	SKJ3470Z (Car)	Contact No.	90379747
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 04/06/2020 at about 7.30pm, I was driving my vehicle bearing registration number SKJ3470Z along PIE toward Corporation road. I was on the most left lane waiting to turn in to Corporation Road suddenly I felt an impact at the rear of my vehicle. I went out of my vehicle to make a check and saw the lorry bearing registration number GBH7141P had collided at the rear of my vehicle. No traffic police or ambulance needed. We then exchange particular and left. After that accident, I felt that my neck area was pain. On 09/06/2020, I went to Bok Family Clinic Pte Ltd and was given 3 days Medical Certificate.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

