#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/06/2020 11:35
Date Of Accident	23/06/2020 12:20
Exact Location Of Accident	CTE TOWARDS AYE BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5878R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ELDRIN.ALKHATTAB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81816923
Alternative Phone No	OFFICE-81816923
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-ML000245-R00
Cover Note Number	
Driver	

Name of Driver MUHAMMAD ELDRIN BIN RAHMAT

NRIC No SXXXX171H

Date Of Birth 02/10/1992

Occupation OUTDOOR

Date Of Driving Pass 14/03/2013

Driving Experience 7 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81816923

Fax Number

Contact Number OTHERS-81816923

EMail Address ELDRIN.ALKHATTAB@GMAIL.COM

Address BLK 134 BEDOK RESERVOIR ROAD

#08-1229

Postcode 470134

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 Registration Number of Briver's Own Vehicle

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
Road Surface WET

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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 BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200623/2129 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: NOT CAPTURED

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GY3682Y

Vehicle Make/Model/Colour NISSAN CABSTAR

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TAN KUM HAN NRIC/Passport Number SXXXX402I

**Contact Number** 

Address Postcode

Page 2 of 40

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

1

Vehicle Registration Number SKZ6171H Vehicle Make/Model/Colour VOLVO

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver HO BIN JOO SXXXX962C NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

MUHAMMAD ELDRIN BIN RAHMAT Name

Approximate Age

Injuries Sustain SLIGHT INJURY Injured person in which vehicle? **GBG5878R** 

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the socident to speed up the claims process.
- 2. Yells Form must be porsolated by the Followholder andler the Anthonised Crivic
- Information provided must be as togethe and occurate as consiste. Any wifet misrepresentation or withhelping of material facts may almost accompanies to requisite policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 1. Any false constion may be referred to the Traitic Police Generatored for Investigation
- This report will be formulated by the insurers to the GIA Records Mangement Captre established by the General Insurance Association of Stripping (GRA) for archiving and that copies of this report will fur a fee be made available upon application by interested parties.
- By the ladgement of this report to the instance, you harely consent to the archiving of this report at the centre and to copies of the report being made available aforecald.
- E. Consent lander the Porsonal Data Protection Act (PDPA)

I Understand, advicemental, agree and consent that

(a) My insurer, my investing and the General buttaince Association of Singapore ("GIA") mayber permitted to collect, one, disclose and/or process my personal data/personal information set out in sits (form) and disclose and transfer such Personal information pended by site or processed by my incorer (collectively the "Personal Information") and disclose and transfer such Personal Information to oil insurers; who have insured vehicle(s) involved in this accident shall be unforcitively reflected to as the "maurices". The Insurers' time years from the Modelary Authority of Gingapore and any relevant government agencyfuelbody (such as the police), for the gogiose(s) of :

(i) processing, handling another dealing with my claims including the self-terment of the claims and any necessary invitaligations relating to like claims;

(ii) investigating the applient ansion my claims;

611 carrying aux and/or dealing with my bistrections or responding to any enquiries by me;

(iv) administering my claims (lockeling the mailing of correspondence, statements, invoices, reports or natives to me, which could involve electronic of certain personal data about me to bring about delivery of the same on visit as on the external cover of involvessimal persugges); and/or

(x) xmretying with applicable taw in administrating, processing, heading and/or dealing with any claims, (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this sections and the insurers' lawyers/law frata, awaylare parented to collect, use, declare and/or process my Personal Information for one or more of the above Purposes; and

(a) my Personal information may/but be disclosed by any of the insurerador...for GIA to their third party sarvice providers or agencie. [bolicating their is veyer-hard forms), infact, may be after detailed of Singapore, for one or more of the above Purposes.

EN

Briefe's Signature (& driver is not the policyholder) i Date & Time everd by Reporting Centre Personnel

Sketch Plan +

BAX

# **Accident Sketch Plan**

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TOURS COCUMEN	nce of the Applicant X				7 1
n the t	hird bye when vehicle registre on the 4th I p turning right and a blue view onto it as it	to block off in the block off in the bearing uch was unable to	exit a Toyoto exit a Toyoto exited and my lane. As	cabstar which was the vehicle such, it ar skz61714	
ventual top. At Ve mano valy. I way. S ma righ ma T idd tha	had collided by colliding wi that point of your to exchang which to state abscorrently. I at toe As stuh	the reax left 5 th the cabstar time, no one no ge particulars of that may vehicle felt pain at mo I went to sing the 5 days MCY nad an i car of	eguired me and made e had to be right wri- apore Gener 23/6-27/6	e tower at right knee at Hospital ). I wish to	-1 8
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eclaration Ve declare the fore	egolog particulars are true in every ne	speet.		7	
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Ryhuldu'a Signature	A Time				
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Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 4 Report No. T/20200623/2129

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2020 23:53			Made:	Vide Report No.:	Station Diary No.:		
Informa	ant's	Partic	ulars				
Name o MUHAN			RIN BIN RAHMAT	Address APT BLK 134 BEDOK RESERVOIR ROAD #08-1229 SINGAPORE 470134			
ID Type / ID No.: NRIC NO / S9235171H			71H	Contact No.: . Home/Office: .	Mobile: 81816923		
Nationality: SINGAPORE CITIZEN			EN	Email: 4.			
Sex: Age: Date of Birth: 02/10/1992			Control of the contro	Type of !r.formant:			
Race: Malay				Language: English	Institution / School Name:		
Occupation: Driver				Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2020 12:20	Type of Location Straight Road
	KPRESSWAY YE BEFORE BUKIT	TIMAH EXIT		
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head 1	o Side		Anyone conveyed by ambulance: No

Details of V	enicie invo	Ivea				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG58,78R	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	
GY3682Y	Lorry	NISSAN	CABSTAR	Silver	Slightly Damaged	0
SKZ6171H	Car	VOLVO	*	Blue	Seriously Damaged	0





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

2014 Report No. T/20200623/2129

CONTINUATION OF REPORT

Details of Perso	n Involved					WATER SELECTION OF	
Ahy Pedestrian Ir	volved: No						
No. of Pedestrian			Use of Pedestrian Crossing: NA				
Driver	A STATE OF THE PARTY OF THE PAR	SAME	ALCOHOL:		MESS.	福田田の田田の	
Name -	MUHAMMAD ELDR	TAME	ID No.		S9235171H		
Related Vehicle	GBG5878R (Lorry)			Conta	ct No.	81816923	
Hospital/Clinic	SINGAPORE GENERAL HOSP		iTAL Class of Driving Licence & Expiry Date		g ce &	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	23/06/2020		, Date D	ischarge	23/06	3/2020	
	ted Medical Leave	05		of Injury			
Driver							
Name .	TAN KUM HAN			ID No		S0735402I	
Related Vehicle	GY3682Y (Lorry)			Conta	ct No.	NIL .	
Hospital/Clinic	NIL .			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL .	-	Date D	ischarge	NIL		
	ted Medical Leave	NIL	Degree of Injury NIL				
Driver				E-MS MENS		BE EVEN EVEN L	
Name	HO BIN JOO	4		ID No		S7007962C	
Related Vehicle	SKZ6171H (Car)		* *	Conta	ct No.	NIL	
Hospital/Clinic	spital/Clinic , NIL			Class Drivin Licend Expiry	g ce &	Class: NIL: Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge   NIL					
	ted Medical Leave	NIL		of Injury	NIL		

#### Brief Details.

On 23/06/2020 at about 1220 hours, I was driving my Toyota Dyna bearing vehicle registration number GBG5878R along CTE towards AYE before Bukit Timah Exit. I was driving on the third lane when I observed that a Toyota Cabstar bearing vehicle registration number GY3682Y which was driving on the 4th lane had lost control and the vehicle ended up turning right to block off my tane. As such, it had caused a blue Volvo bearing vehicle registration number.SKZ6171H to collide onto it as it was unable to stop in time. As I wanted to avoid collision, I tried to filter left but my vehicle had collided the rear left side of the Volvo and eventually colliding with the Cabstar before coming to a stop.





Police Station Of Origin; Bedok North N.P.C 30 Bedok North Road SING 3 of 4 Report No. T/20200623/2129

30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

49999 CONTINUATION OF REPORT

At that point of time, no one required immediate medical attention. We managed to exchange particulars and made our own way. I wish to state that my vehicle had to be towed away. Subsequently, I felt pain at my right wrist, right knee and right toe. As such, I went to Singapore General Hospital and I was issued with 5 days MC (23/6 - 27/6)

I wish to add that my vehicle had an in-car camera but the workshop was unable to retrieve the footage.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No. 1800-2449999 4 of 4 Report No. T/20200623/2129

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.

The same of the first and the same of the		
Signature Of informant:	a ·	
Date/Time: 23/06/2020 23:53		
Classification Of Case		
*		
	Date/Time: 23/06/2020 23:53	Date/Time: 23/06/2020 23:53



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gur 25/06/2000



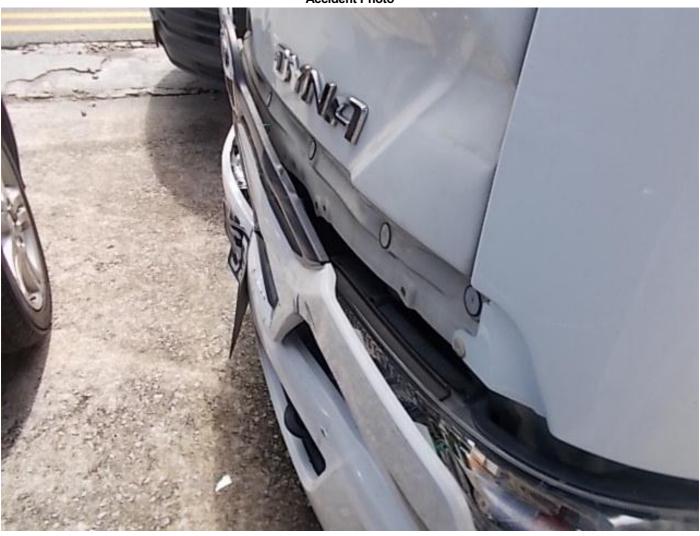
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# Accident Photo BEUMERGROUP



























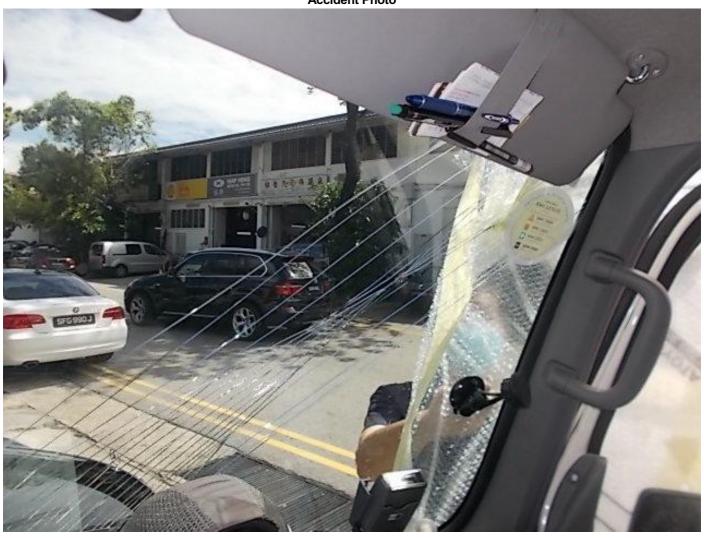


















#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6. Raffies Quay #16-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
u6n: \$465500306 / 65T Reg. No : M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		AD	DEND	MU		
(A)		ERSONMAKINGTHEAMEN MUAIDOOS(31)		'S: Vehicle Registi	ention No.	GBG 5872R
		MUHAMMAD ELDRIN		RtH MAT NRIC/FIN/Pass		5xxxx17111
	E	ehicle Owner) (*) Please de			portivo :_	7
	Address			to De attendadas		Singapore( )
	Contact (Tel)			Mobile No.:_	818169	The state of the s
	Email Address					
	Date of Accident	28/06/2020		Time of Accide	]	2:20
	Place of Accident	CTE TOWARDS				THE RESERVE OF THE PARTY OF THE
		-1.		DIOKE BUN	(Imutat	PTI
	Insurance Company	TAMO MATINE				
(B)	ADDITIONALINFOR	MATION / AMENDMENTS	S:			
	I have made a repor	t on the above mentioned	acciden	t and would like to	include ad	ditional information or
	make the following	The state of the s	1 .	DOM: NO.		
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	(* ) (C	1				1 1
	2	enem	i.	/ /		07/07/2020
	Policyholder / Drive	r's Signature		Reporting (	entre Pen	onnel' Signature
	Date:	The state of the s		Name: NRIC/FINNO	0 01.	Worthors
				Date	1	