

## 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	21/07/2020 14:21
Date Of Accident	20/07/2020 10:10
Exact Location Of Accident	JALAN BUKIT MERAH TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4557H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	-
Email Address	AMINURCHIN@GAIL.COM
Mobile Phone No	(LOCAL) +65-90069109
Alternative Phone No	OFFICE-90069109

### Vehicle Particulars

Manufacturer	KIA
Model	K2500
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNA00029462000
Cover Note Number	

### Driver

Name of Driver	MUHAIMIN BIN SULDAR
NRIC No	SXXXX964B
Date Of Birth	04/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90069109
Fax Number	
Contact Number	OTHERS-90069109
Email Address	AMINURCHIN@GAIL.COM

Address	BLK 919 JURONG WEST STREET 91 #12-134
Postcode	640919
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	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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200720/7022

#### 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	SGH8523E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MUHAIMIN BIN SULDAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBJ4557H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

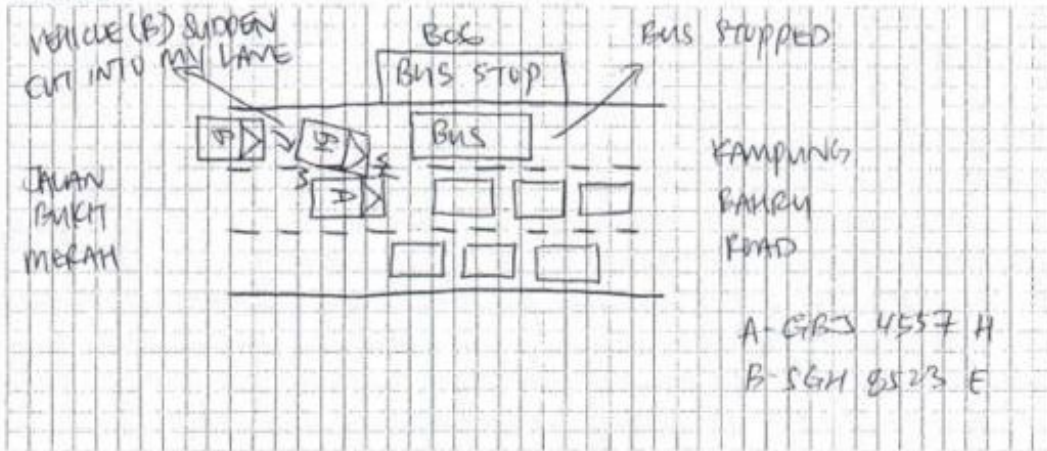
  
Policyholder's Signature  
Date & Time: 

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG JALAN BUKIT MERAH TOWARD KAMPUNG BAKRU ROAD ON THE 2ND LANE OF A 3 LANE ROAD. SOMEWHERE NEAR BUS STOP BOB, I APPLIED BRAKE AND SLOWED DOWN DUE TO THE HEAVY TRAFFIC FLOW. OUT OF A SUDEN, I FELT A STRONG IMPACT FROM THE LEFT SIDE OF MY VEHICLE. AFTER THE ACCIDENT, I AWAKENED AND REALISE THAT VEHICLE (B) DROVE FROM THE 3RD LANE CUT INTO MY LANE BECAUSE VEHICLE (B) TRIED TO WEAR TAKE THE BUS THAT WAS STOPPED AT THE BUS STOP. AS RESULTED RIGHT SIDE PORTION OF VEHICLE (B) COLLIDED INTO LEFT SIDE PORTION OF MY VEHICLE.

A-GB3 4557 H

B-SGH 8523 E

POLICE REPORT 7/20200720/2022

## DECLARATION

I/We declare the foregoing 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:  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200720/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20200720/7022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2020 20:28	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUHAIMIN BIN SULDAR			Address: 919 JURONG WEST STREET 91 #12-134 SINGAPORE 640919	
ID Type / ID No.: NRIC NO / S8418964B			Contact No.: Home/Office: Mobile: 90069109	
Nationality: SINGAPORE CITIZEN			Email: aminurchin@gmail.com	
Sex: Male	Age: 36	Date of Birth: 04/07/1984	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: delivery driver			Driving Licence Information: Class: 2B,3	Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2020 10:10	Type of Location: Straight Road
Location:  jalan bukit merah				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4557H	Lorry	KIA		Purple	Slightly Damaged	0
SGH8523E	Car	KIA	picanto	Silver	Seriously Damaged	1

### Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200720/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200720/7022

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MUHAIMIN BIN SULDAR	ID No.	S8418964B
Related Vehicle	GBJ4557H (Lorry)	Contact No.	90069109
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LEE YUET PENG	ID No.	S0790112G
Related Vehicle	SGH8523E (Car)	Contact No.	97583320
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.

I was driving along Jalan Bukit Merah toward kampung bahru rd on the 2nd lane of a 3 lanes road. Somewhere near bus stop (b06), I applied brake and slowed down due to heavy traffic flow. Out of sudden, I felt a strong impact from the left side of my vehicle. After the accident, I alighted and realised that vehicle SGH8523E drive from 3rd lane cut into my lane because vehicle SGH8523E tried to overtake the bus that was stopped at the bus stop. As result, right side portion of vehicle SGH8523E collided into left side portion of my vehicle.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200720/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200720/7022

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/07/2020 20:28

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: SG65500206 / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAU20061479 Vehicle Registration No : GBJ 4557 H  
Name (as shown in NRIC) : MUHAMMAD BIN SULHAR NRIC/FIN/Passport No : S8418964 B  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 919 JURONG WEST STREET 91 #12 - 134 Singapore (640919)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90069109  
Email Address : aminurchin@gmail.com  
Date of Accident : 20/07/2020 Time of Accident : 1010 HRS  
Place of Accident : JALAN BUKIT MERAH TOWARDS KAMPONG BAHARU ROAD  
Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Police report T120200720/7022  
Insured Party MUHAMMAD BIN SULHAR  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name: Paul Woods  
NRIC/FIN No.: \_\_\_\_\_  
Date: 22/7/2020