

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	07/08/2020 17:53
Date Of Accident	07/08/2020 12:50
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8242A
Insured/Policyholder	
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Co Reg No	2XXXXX755G
Email Address	WORKSHOP@SKYLINKAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-83210988
Alternative Phone No	OFFICE-69081928

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	DMCVSNA00057092000
Cover Note Number	

Driver

Name of Driver	ABDUL MALIK BIN HAJI SAYUTHI
NRIC No	SXXXX490Z
Date Of Birth	30/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1983
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81834614
Fax Number	
Contact Number	OTHERS-81834614
Email Address	WORKSHOP@SKYLINKAUTO.COM.SG

Address	BLK 21 JALAN TENTERAM #02-435
Postcode	320021
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : ASAMAH BINTE MOHD TAHIR (WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200807/2117

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDH114J
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATHUR RANJANA SANJAY
NRIC/Passport Number	SXXXX232C
Contact Number	97540259

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL MALIK BIN HAJI SAYUTHI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBH8242A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ASAMAH BINTE MOHD TAHIR
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBH8242A
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:

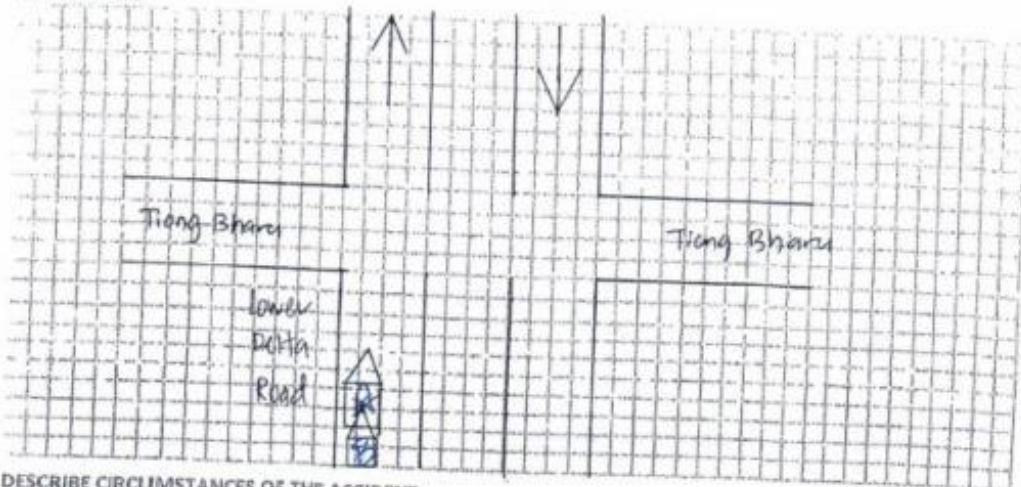

Reporting Centre Personnel's Signature
Name:
NRIC/PIH No.:

Accident Sketch Plan

A: GBH8242A

B: SDH 1114 J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The 07-08-20 around 12.50pm
 I Abdul Malik Bin Hj Sayuth IC NO: 1283490/Z
 Driving Vehicle A GBH8242A & Long Lower Delta Rd
 To Tiong Bharu Rd. Suddenly Vehicle B SDH 1114J
 Mathur Ramping Sanjay IC NO: 2696232C HIT INTO
 My Vehicle Rear ~~Part~~ ~~Portion~~ portion.
 And my whole Body pain after the accident

Police Report 7/2020807/2117

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/PIN No.:

GRAC SketchPlanForm_V3

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200807/2117

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

1 of 3

Report No: T/20200807/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2020 20:31	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: ABDUL MALIK BIN HAJI SAYUTHI			Address: APT BLK 21 JALAN TENTERAM #02-435 SINGAPORE 320021	
ID Type / ID No.: NRIC NO / S1283490Z			Contact No. Home/Office: Mobile, 81834614	
Nationality: SINGAPORE CITIZEN			Email	
Sex: Male	Age: 63	Date of Birth: 30/01/1957	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: FOOD DELIVERYMAN			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2020 12:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LOWER DELTA ROAD TIONG BAHRU ROAD along Lower Delta Rd at the junction of Tiong Bahru rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

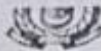
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH8242A	Van				Seriously Damaged	1
SDH1114J	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No. 1800-2507899



122020007/2117

2 of 3

Report No. 122020007/2117

CONTINUATION OF REPORT

Driver			
Name	ABDUL MALIK BIN HAJI SAYUTHI		ID No. S1283490Z
Related Vehicle	GBH8242A (Van)		Contact No. 81834614
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	Slight
Driver			
Name	MATHUR RANJANA SANJAY		ID No. S2606232C
Related Vehicle	SDH1114J (Car)		Contact No. 57540259
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 07/08/2020 at about 1250hrs, at along lower delta rd towards tiong bahru rd, I was driving my van GBH8242A with my wife on board. I had stopped prior to the junction of tiong bahru road and lower delta road as the traffic light was red.

A short while later, the light turned green and I slowly accelerated my vehicle. While moving off, I felt a collision from the back of my van. I stopped my vehicle and both my wife and I went to make a check. We discovered a dark blue colored lexus SDH1114J had collided in the rear of my van.

The driver also came down and we exchanged particulars. After which she then drove off.

I would like to add that the rear door and bumper was dented and as a result the rear door could not be opened. Both my wife and I have been feeling some soreness at our backs however we have been unable to seek medical attention as we were busy.

I am lodging the report for insurance and company records.

POLICE REPORT

SINGAPORE POLICE FORCE

Police Station Of Origin:
Wahneppa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Continuation of Report

Report No: 5200000019112

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: E/ Sgt 3 KENDRICK NEO ZHE HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 20:31
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
SN 167
SIGNATURE

338 Family Clinic Pte Ltd
Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

MEDICAL CERTIFICATE

Certificate No : MC/69911

Date Of Visit : 08/08/2020

Patient Ref No : 26274

This is to certify that :

ABDUL MALIK BIN HAJI SAYUTHI

NRIC : S1283490Z

is unfit for work for 3 days
from 08/08/2020 to 10/08/2020.

DR YEONG MUN HOH
06575G
M.B.B.S.(S'PORE)
CERT.FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

INVOICE

ABDUL MALIK BIN HAJI SAYUTHI
Nric : S1283490Z

Invoice No : PI/300167

Date : 08/08/2020

Attended By : YEONG MUN HOH

Items :			Amount
CELEBREX 400MG	5	caps	\$14.00
FAMOTIN 20MG	5	tabs	\$3.00
BEGESIC CR	1	tube	\$6.00
PANAMOL 500MG	20	tabs	\$4.00
CONSULTATION	1		\$30.00

Paid : \$33.50 Cash
 \$23.50 MERDEKA

Grand Total : \$57.00
Amount paid : \$57.00
Amount outstanding : \$0.00

338 Family Clinic Pte Ltd

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

MEDICAL CERTIFICATE

Certificate No : MC/69912

Date Of Visit : 08/08/2020

Patient Ref No : 28117

This is to certify that :

ASAMAH BINTE MOHD TAHIR

NRIC : S1414937F

is unfit for work for 3 days
from 08/08/2020 to 10/08/2020.

DR YEONG MUN HOH
06375G
M.B.B.S.(S'PORE)
CERT.FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

INVOICE

ASAMAH BINTE MOHD TAHIR

Invoice No : PI/300169

Nric : S1414937F

Date : 08/08/2020

Attended By : YEONG MUN HOH

Items :			Amount
CELEBREX 400MG	5	caps	\$14.00
FAMOTIN 20MG	5	tabs	\$3.00
ANAREX	20	tabs	\$6.00
BEGESIC CR	1	tube	\$6.00
CONSULTATION	1		\$30.00

Paid : \$40.50 Nets
\$18.50 CHAS

Grand Total : \$59.00
Amount paid : \$59.00
Amount outstanding : \$0.00

338 Family Clinic Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

