

## 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	01/08/2020 10:23
Date Of Accident	30/07/2020 13:00
Exact Location Of Accident	LORNIE HIGHWAY TOWARDS PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6896H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WILLIAM LEE CAR AIR CON ENGINEERING
Co Reg No	5XXXX264C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94557994

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115336827-000001 TPFT
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD FAUZI BIN MOHAMAD AMBOKACHE
NRIC No	SXXXX257E
Date Of Birth	07/12/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/05/2005
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84819176
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 801A KEAT HONG CLOSE #02-11
Postcode	681801
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	4
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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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	SLP2348H
Vehicle Make/Model/Colour	MITSUBISHI/OUTLANDER 2.4 CVT 4WD
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC9791X
Vehicle Make/Model/Colour	VOLKSWAGEN /SCIROCCO 1.4L AT TSI 1372Q5
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJV7022G
Vehicle Make/Model/Colour	MAZDA3 1.6L SDN
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	MOHAMMAD FAUZI BIN MOHAMAD AMBOKACHE
Approximate Age	35
Injuries Sustain	LEFT ELBOW
Injured person in which vehicle?	GBB6896H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 801A KEAT HONG CLOSE #02-11
Postcode	681801

## Sketch Plan

### SKETCH PLAN



#### IMPORTANT NOTICE

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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:

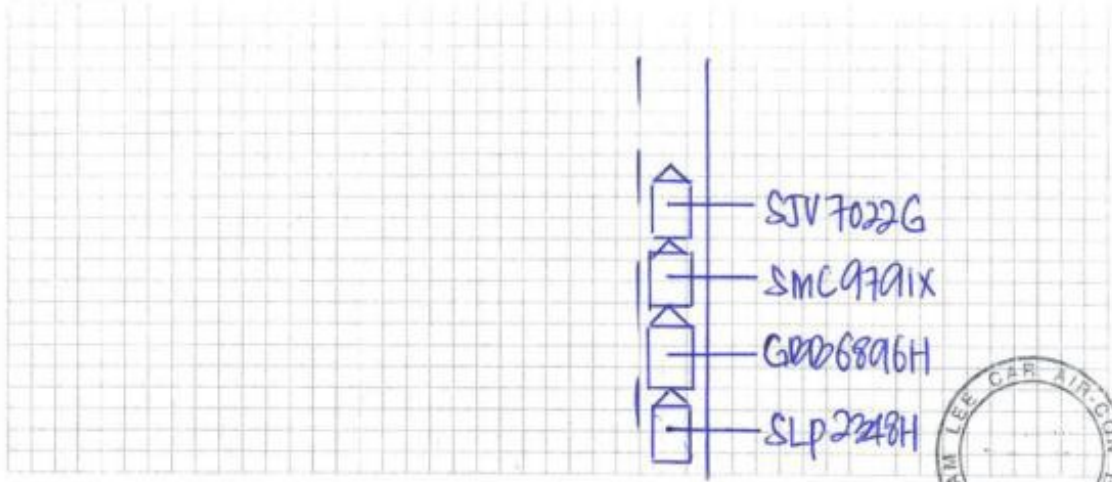
- 1 AUG 2020

**IDAC KAKI BUKIT (VAC)**

Reporting Centre for Insurance Claims  
23 Kaki Bukit Ave 4  
Singapore 415933  
Name:  
NRIC/ID No: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To  
police Report.

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:

- 1 AUG 2020

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Singapore 415933

Name:  
Tel: 67416697 Fax: 67492305

NRIC:  
Email: yackb@singnet.com.sg

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200730/2143

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200730/2143

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 22:09	Vide Report No.:	Station Diary No.: 147
--------------------------------------------	------------------	---------------------------

## Informant's Particulars

Name of Informant: MOHAMMAD FAUZI BIN MOHAMAD AMBOKACHE			Address: APT BLK 801A KEAT HONG CLOSE #02-11 SINGAPORE 681801		
ID Type / ID No.: NRIC NO / S8440257E			Contact No.: Home/Office: Mobile: 84819176		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 07/12/1984	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY DRIVE R			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2020 13:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORNIE ROAD				
Driving along Lornie Highway towards PIE Tuas Lamp Post Number: 998				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One 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
GBB6896H	Lorry				Slightly Damaged	0
SJV7022G	Car				Slightly Damaged	0
SLP2348H	Car				Seriously Damaged	0
SMC9791X	Car				Slightly Damaged	0

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200730/2143

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200730/2143

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YEO CHERN YE	ID No.	S7100797I
Related Vehicle	NIL	Contact No.	NIL
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	MOHAMMAD FAUZI BIN MOHAMAD AMBOKACHE	ID No.	S8440257E
Related Vehicle	NIL	Contact No.	84819176
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
Driver			
Name	LAI WEI QIAN	ID No.	S8367197A
Related Vehicle	NIL	Contact No.	NIL
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



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200730/2143

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200730/2143

## CONTINUATION OF REPORT

Name	CHIN QUAN ZHI	ID No.	S9943422H
Related Vehicle	NIL	Contact No.	NIL
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 30/07/2020, at about 1300hrs I was driving my lorry along Lornie Highway towards PIE Tuas, (Vehicle No. GBB6896H.) I was driving slowly in front of the following car (Vehicle No. SMC9791X) with one car distance apart, when the car suddenly jam brake. To avoid collision from the car in front, I applied hard brake.

A few seconds later, I heard a loud bang from the back and realized that the car behind me (Vehicle No. SLP2348H) had collided onto the rear of my lorry. This resulted into a chain of collision among the car at the back, my lorry and two cars at the front. I would like to inform that I fractured my left elbow due to the accident and subsequently went to the hospital by myself. There were damages done to the rear and front of my lorry.

I am unsure whether there were any passengers in the cars involved nor if anybody involved were injured. No ambulance nor Traffic Police was at scene. I would like to inform that my camera inside my lorry was not working and therefore, unable to capture the accident.

I am lodging this report for investigation purposes.



Individual Statement



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T/20200730/2143

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Report No. T/20200730/2143

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:

J /

SC2 RYAN BIN RAMLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2020 22:09

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



**SINGAPORE  
POLICE FORCE**  
SAFELY GUARDING EVERY DAY

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

## Individual Statement

MEDICAL CERTIFICATE (Ref:72846573)

ORIGINAL

NAME: MOHAMMAD FAUZI BIN MOHAMAD AMBOKACHE

NRIC: S8440257E

Type of Medical Leave granted: **Hospitalisation Leave**


The above named is unfit for duty from **30/07/2020** to **12/08/2020** inclusive.

The certificate is not valid for absence from court attendance.

The above named was in Emergency Department from **30/07/2020 17:28** to **30/07/2020 19:09**.

30/07/2020  
Date

Dr. Ye Qing Mervin TAN (63059D)  
Issued by

  
Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

