

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	201710755G
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	S1283490Z
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
EEmail 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	SDH1114J
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATHUR RANJANA SANJAY
NRIC/Passport Number	S2696232C
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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6. The 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 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: _____

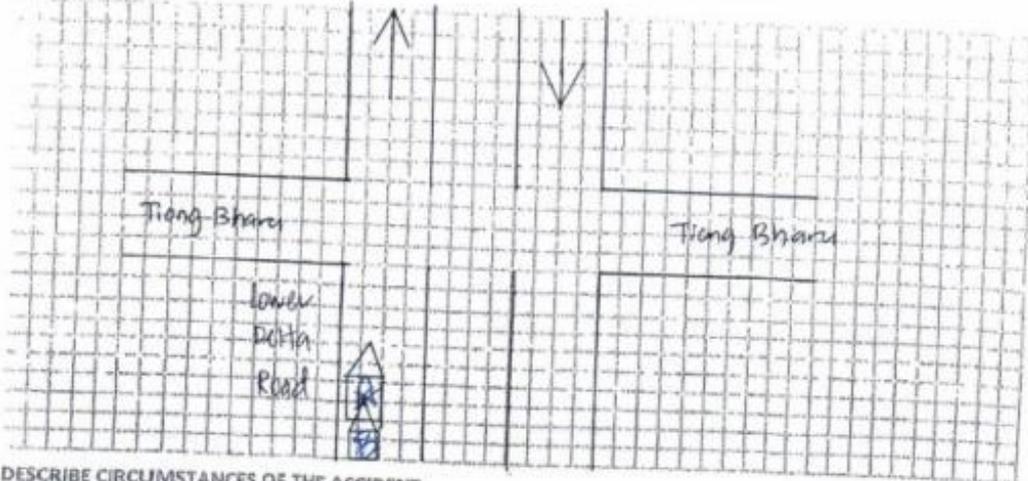

Reporting Centre Personnel's Signature
Name: _____
NRIC/PIH No.: _____

Accident Sketch Plan

A: GBH8242A

B: SDH1114J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The 07-08-20 around 12.50pm
 I Abdul Malik Bin Hj Saifulrah IC NO: 1283490/Z
 Driving Vehicle A GBH8242A on Long Lower Datta Rd
 To Tiong Bharu Rd. Suddenly Vehicle B SDH1114J
 Mathur Rangana Sanjay IC NO: 2696232C HIT INTO
 My Vehicle Rear ~~part~~ ~~portion~~ portion.
 And my whole Body pain after the accident

Police Report 7/20200807/2117

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.:

GERAC 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: Boyanesse		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

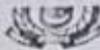
Details of Vehicle Involved

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: 1800-2507890



120200072117

2 of 3

Report No: 120200072117

CONTINUATION OF REPORT

Driver			
Name	ABDUL MALIK BIN HAJI SAYUTHI	ID No.	S1283490Z
Related Vehicle	GBH8242A (Van)	Contact No.	81834814
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.	S2605232C
Related Vehicle	SDH1114J (Car)	Contact No.	97540259
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 tong bahru rd, I was driving my van GBH8242A with my wife on board. I had stopped prior to the junction of tong 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.

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



Addendum Sheet

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

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: 66550020G / 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 : MNA420066911 Vehicle Registration No: GBH 8242A
Name (shown in NRIC) : ABDUL YOUSUF BIN HAZI SAIYUDDIN NRIC/FIN/Passport No : SXXXX490Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. : 83210988
Email Address :
Date of Accident : 07/08/2020 Time of Accident : 12:50
Place of Accident : LOWER MACRA ROAD TOWARDS TANG BATAU ROAD
Insurance Company : Citicorp Indus

(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:

Third Party Vehicle Number to SDH 1114J

Policyholder / Driver's Signature
Date:

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