

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	22/08/2020 16:01
Date Of Accident	21/08/2020 17:20
Exact Location Of Accident	JUNC OF JURONG WEST ST 52 & JURONG WEST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9885T
Insured/Policyholder	
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Co Reg No	2XXXXX521C
Email Address	JOEL@LAYAUTO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00001672000
Cover Note Number	

Driver

Name of Driver	MOHAMED FADDLI BIN AHMAD
NRIC No	SXXXX346H
Date Of Birth	19/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1998
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97480871
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 705 CHOA CHU KANG STREET 53 #04-90
Postcode	680705
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200822/2025

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC1387P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	V.NAGESWARARAO
NRIC/Passport Number	
Contact Number	97799954
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	MOHAMED FADDLI BIN AHMAD
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLM9885T
Were seat belts worn?	YES
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 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. 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:

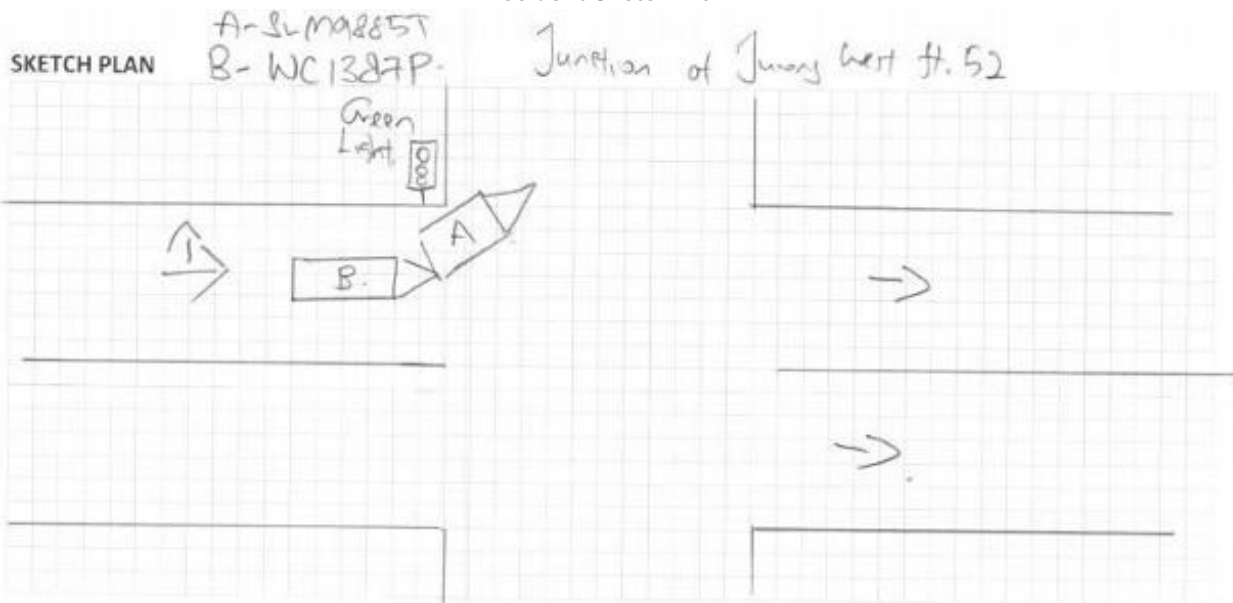
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20200822/2025

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

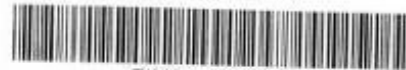
Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200822/2025

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 4

Report No. T/20200822/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED FADDLI BIN AHMAD	ID No.	S1677346H
Related Vehicle	SLM9885T (Car)	Contact No.	97480871
Hospital/Clinic	LIFELINE MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2020	Date Discharge	22/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	V.Nageswararao	ID No.	G762855T
Related Vehicle	WC1387P (Lorry)	Contact No.	97799954
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 21/08/2020 at about 1720hrs I was driving my car registration number: SLM9885T (Honda Vezel) along Jurong West Avenue 1 and was waiting for the cyclist to cross at the junction of Jurong Street 52 when suddenly I felt an impact from the rear. I alighted and discovered that a lorry registration number: WC1387P who was going straight had collided to the rear right of my car.

The driver alighted from his lorry and at that point just realised that he had hit onto my car. Driver is one namely, V.Nageswararao of FIN card no: G762855T (HP: 97799954) ask why I stop my car and did not move. I informed him that I had to give way and allow the cyclist to cross the traffic light junction.

My car has inbuilt car camera and the incident is recorded. Due to the collision, my car suffered dent and scratches on the rear right portion. The driver and his passenger did not complain of any pain or discomfort. After exchanging details we left the location.

On 22/08/2020, I went to seek medical treatment as I felt pain and achiness over the back of my neck area. I was issue with three (03) days MC from 22/08/2020 to 24/08/2020 by Lifeline Medical Group, reference: B No.59156.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T120200822/2025

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659540
Tel No: 1800-6659999

Report No. T120200822/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2020 10:36	Video Report No.:	Station Diary No.: 42
--	-------------------	--------------------------

Informant's Particulars			
Name of Informant: MOHAMED FADLI BIN AHMAD		Address: APT BLK 705 CHOA CHU KANG STREET 53 #04-90 SINGAPORE 660705	
ID Type / ID No.: NRIC NO / S1677346H		Contact No.: Home/Office: Mobile: 97480871	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 19/08/1964	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DRIVER.		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: 21/08/2020 17:20	Type of Location: X-Junction
Location: JURONG WEST AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SLM9885T	Car	HONDA	Vezel		Slightly Damaged	0
WC1387P	Lorry					1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLM9885T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000187200	16/03/2020	15/03/2021	

Police Report



**SINGAPORE
POLICE FORCE**



T/20200822/2025

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-8659899

2 of 4

Report No: T/20200822/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED FADLI BIN AHMAD	ID No.	S1677348H
Related Vehicle	SLM9885T (Car)	Contact No.	97480671
Hospital/Clinic	LIFELINE MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/08/2020	Date Discharge	22/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	V. Nageswararao	ID No.	G762855T
Related Vehicle	WC1387P (Lorry)	Contact No.	97798954
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 21/08/2020 at about 1720hrs I was driving my car registration number: SLM9885T (Honda Vezel) along Jurong West Avenue 1 and was waiting for the cyclist to cross at the junction of Jurong Street 52 when suddenly I felt an impact from the rear. I alighted and discovered that a lorry registration number: WC1387P who was going straight had collided to the rear right of my car.

The driver alighted from his lorry and at that point just realised that he had hit onto my car. Driver is one namely, V. Nageswararao of FIN card no: G762855T (HP: 97798954) ask why I stop my car and did not move. I informed him that I had to give way and allow the cyclist to cross the traffic light junction.

My car has inbuilt car camera and the incident is recorded. Due to the collision, my car suffered dent and scratches on the rear right portion. The driver and his passenger did not complain of any pain or discomfort. After exchanging details we left the location.

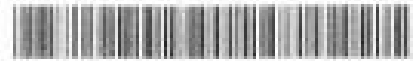
On 22/08/2020, I went to seek medical treatment as I felt pain and achiness over the back of my neck area. I was issue with three (03) days MC from 22/08/2020 to 24/08/2020 by Lifeline Medical Group, reference: B No. 59156.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C.
21 Bukit Batok East Avenue 4 SINGAPORE
658840
Tel No: 1800-6659999



T/20200822/2025

3 of 4

Report No. T/20200822/2025

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-8659989



T/20200822/2025

4 of 4

Report No: T/20200822/2025

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 /

SI SHANIZA BINTE SITAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2020 10:36

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476435

Classification Of Case:

Authentication Stamp
NP188

