

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	26/08/2020 14:11
Date Of Accident	25/08/2020 14:20
Exact Location Of Accident	TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3799C
Insured/Policyholder	
Name Of Registered Owner	CORRECTIVE THERAPY SINGAPORE
Co Reg No	5XXXX537M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83223196
Alternative Phone No	OFFICE-83223196

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER 1.5 BLUEHDI EAT8 LWB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSNW00050452000
Cover Note Number	

Driver

Name of Driver	JUMARI BIN AHMAD
NRIC No	SXXXX636J
Date Of Birth	12/01/1962
Occupation	INDOOR
Date Of Driving Pass	23/08/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91061759
Fax Number	
Contact Number	OFFICE-91061759
EEmail Address	NOEMAIL

Address	BLK 486B TAMPINES AVENUE 9 #07-70
Postcode	521486
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200826/2000.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM9189H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NUR RASIDIN BIN MANAPP
NRIC/Passport Number	SXXXX584H
Contact Number	83831915
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	JUMARI BIN AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBK3799C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.

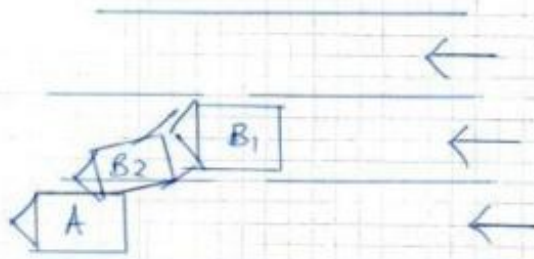
Policyholder's Signature
Date & Time:

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

My On 25-04-2020 at around 14:20hrs, I was
 travelling along Tampines Ave 4 towards Pasir Ris on lane
 3. The road condition was slow moving. Suddenly, I felt
 a collision impact from the rear right. Vehicle B bearing
 3mm 9189H collided onto the rear right while changing
 lane from lane 2. I felt double impact during the accident.
 I felt aching and pain after the impact on my neck
 and back.


Vehicle	A	GBK 3799C
Vehicle	B	3m 9189H

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/20200826/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200826/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2020 00:05			Vide Report No.:		Station Diary No.: 1
Informant's Particulars					
Name of Informant: JUMARI BIN AHMAD			Address: APT BLK 486B TAMPINES AVENUE 9 #07-70 SINGAPORE 521486		
ID Type / ID No.: NRIC NO / S1554636J			Contact No.: Home/Office: Mobile: 91061759		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 12/01/1962	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: ASSISTANT OPERATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2020 14:20	Type of Location: Straight Road
Location: TAMPINES AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
GBK3799C	Van					0
SMM9189H	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200826/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200826/2000

CONTINUATION OF REPORT

Driver:			
Name	JUMARI BIN AHMAD	ID No.	S1554636J
Related Vehicle	NIL	Contact No.	91061759
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 25/08/2020 at about 1420hrs, when I was driving along Tampines Ave 7 towards Pasir Ris on lane 3, I felt a collision impact from the rear right. Car vehicle SMM9189H collided onto the rear right of my van GBK3799C while the car SMM9189H was changing lane from lane 2 to lane 3. My rear right van with the light was damaged due to the collision.

I felt double impact during the accident. My neck and back suffered ache and pain. I went to the clinic and obtained a 3 days MC from 25/08/2020 till 27/08/2020, diagnosed with elevated blood pressure, headache and whiplash injury to neck. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200826/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200826/2000

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:

G/ Sgt 3 Rina Shariha
Sgt 3 MUHAMMAD DANİYAL BIN
BAHARUDDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/08/2020 00:05

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

