

## 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	31/08/2020 17:32
Date Of Accident	27/08/2020 10:00
Exact Location Of Accident	SENGKANG EAST DRIVE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6097B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HORME HARDWARE PTE LTD
Co Reg No	2XXXXX640D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98668318
Alternative Phone No	OFFICE-98668318

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100496728-03
Cover Note Number	

### Driver

Name of Driver	MOHAMMED SIFLI BIN SALIM
NRIC No	SXXXX631H
Date Of Birth	16/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98668318
Fax Number	
Contact Number	OTHERS-98668318
Email Address	NOEMAIL

Address	BLK 316B YISHUN AVENUE 9 #04-230
Postcode	762316
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 ON COLLISION
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200827/2110 (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG711P
Vehicle Make/Model/Colour	SKODA OCTAVIA
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	MOHAMMED SIFLI BIN SALIM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBF6097B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

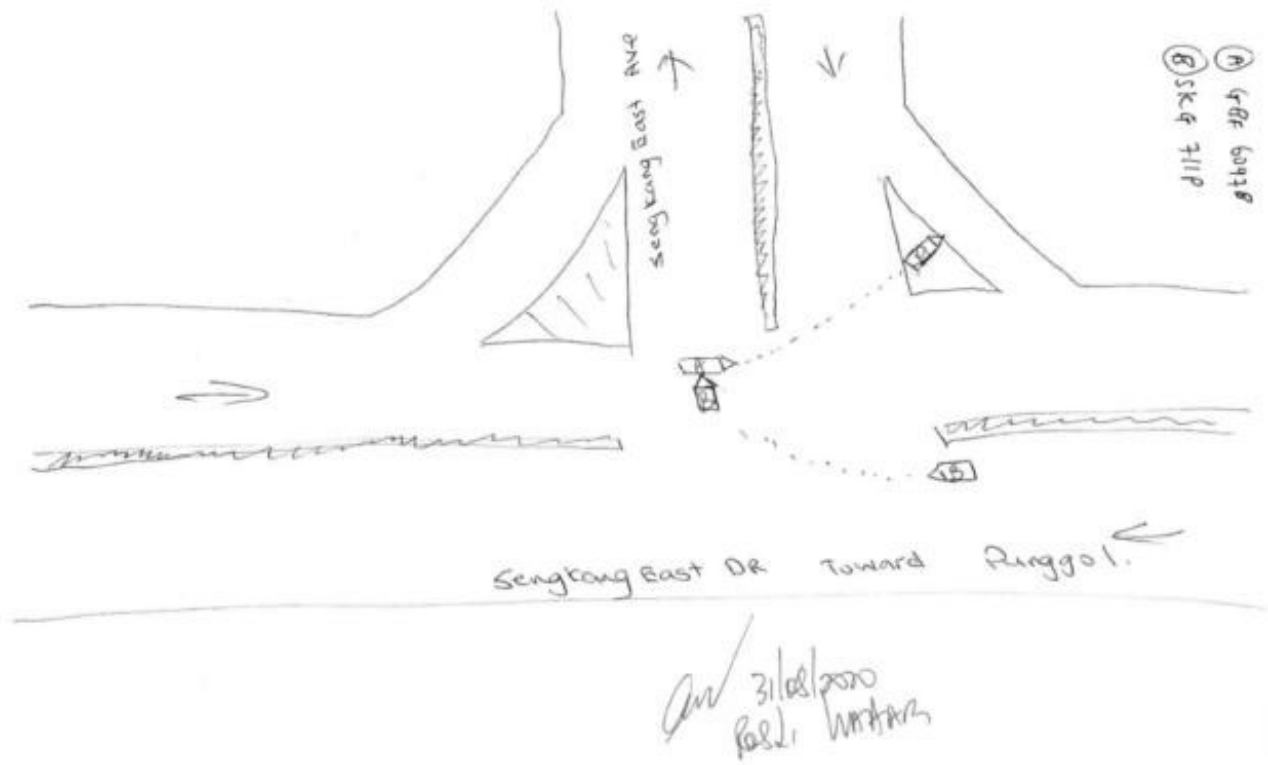


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan



Accident Sketch Plan

SKETCH PLAN

As per sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20200827/2110

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/IN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200827/2110

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20200827/2110

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 18:42		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MOHAMMED SIFLI BIN SALIM		Address: APT BLK 316B YISHUN AVENUE 9 #04-230 YISHUN GREENWALK SINGAPORE 762316	
ID Type / ID No.: NRIC NO / S7839631H		Contact No.:	Mobile: 98668318
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 16/12/1978	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class:	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: Yes	Date/Time of Accident: 27/08/2020 10:00	Type of Location: T-Junction
Location:  SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6097B	Lorry	TOYOTA	DYNA 150 5MT			0
	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/20200827/2110

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200827/2110

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMMED SIFLI BIN SALIM	ID No.	S7839631H
Related Vehicle	GBF6097B (Lorry)	Contact No.	98668318
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2020	Date Discharge	27/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Car)	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 27/08/2020 AT ABOUT 1000HRS, I WAS TRAVELLING ALONG SENGKANG EAST DRIVE. UPON APPROACHING THE JUNCTION OF SENGKANG EAST DRIVE AND SENGKANG EAST WAY, THE TRAFFIC LIGHT SHOWN GREEN. OUT OF A SUDDEN, THERE WAS A CAR TRAVELLING FROM OPPOSITE SIDE OF THE TRAFFIC FLOW TURN RIGHT INTO SENGKANG EAST WAY COLLIDED ONTO THE DRIVER SIDE OF MY LORRY WHEN I DROVE BY THE JUNCTION. MY LORRY THEN HIT THE SIGNBOARD LOCATED AT THE SIDE ROAD AFTER THE IMPACT.

AFTER THE COLLISION, SOME OF THE ROAD USERS GAVE ASSISTANCE TO ME. ONE OF THEM CALLED BOTH POLICE AND AMBULANCE. I, TOGETHER WITH THE OTHER PARTY, WAS CONVEYED TO SENGKANG GENERAL HOSPITAL. AFTER DIAGNOSED BY THE DOCTOR, I INJURED MY RIGHT HAND AND RIGHT SIDE OF MY BODY. I WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

THERE WAS NO MECHANICAL FAULTS IN MY LORRY BEFORE THE ACCIDENT HAPPENED. THERE WAS AN IN-CAR CAMERA INSTALLED IN MY LORRY. THAT'S ALL.

IO IN CHARGE: IO MD NOOR



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200827/2110

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200827/2110

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:  
TP /  
ONG PENG HUA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEEN  
Contact No.: 65476206

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/08/2020 18:42

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

POLICE REPORT



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

IO. Mithal Nasser

Ext: 6547 5291

Ref: Report No: F/20200827/0069

I, SGT Radin  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one M20 50 memory card (16GB, Sandisk Ultra, White Edition)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Kumaran Kuppusamy, 62294663W  
(Name, NRIC or Passport No. / Rank and No.)

of PN Logistics Pte Ltd / 194 Pandan Loop #05-15 S (R338)  
(Address / Police Station / NPC / NPP)

on 27/08/2020 at 1045 HRS  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

Kumaran Kuppusamy  
(Signature)

SGT Radin  
(Signature)

Kumaran Kuppusamy, 62294663W  
(Name, NRIC or Passport No. / Rank and No.)

SGT Radin  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: HP: 9065 6785

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION JAPAN

MODEL	KDY231R-TLMKY			
ENGINE	1KD-FEV			
FRAME No.	JTFAT35Y50K207359			
	COLOR	TRIM	PLANT	OPTION
	199	EA13	P11	
TRANS./AXLE	R451	A06B		637



Accident Photo



Accident Photo



Accident Photo



Accident Photo

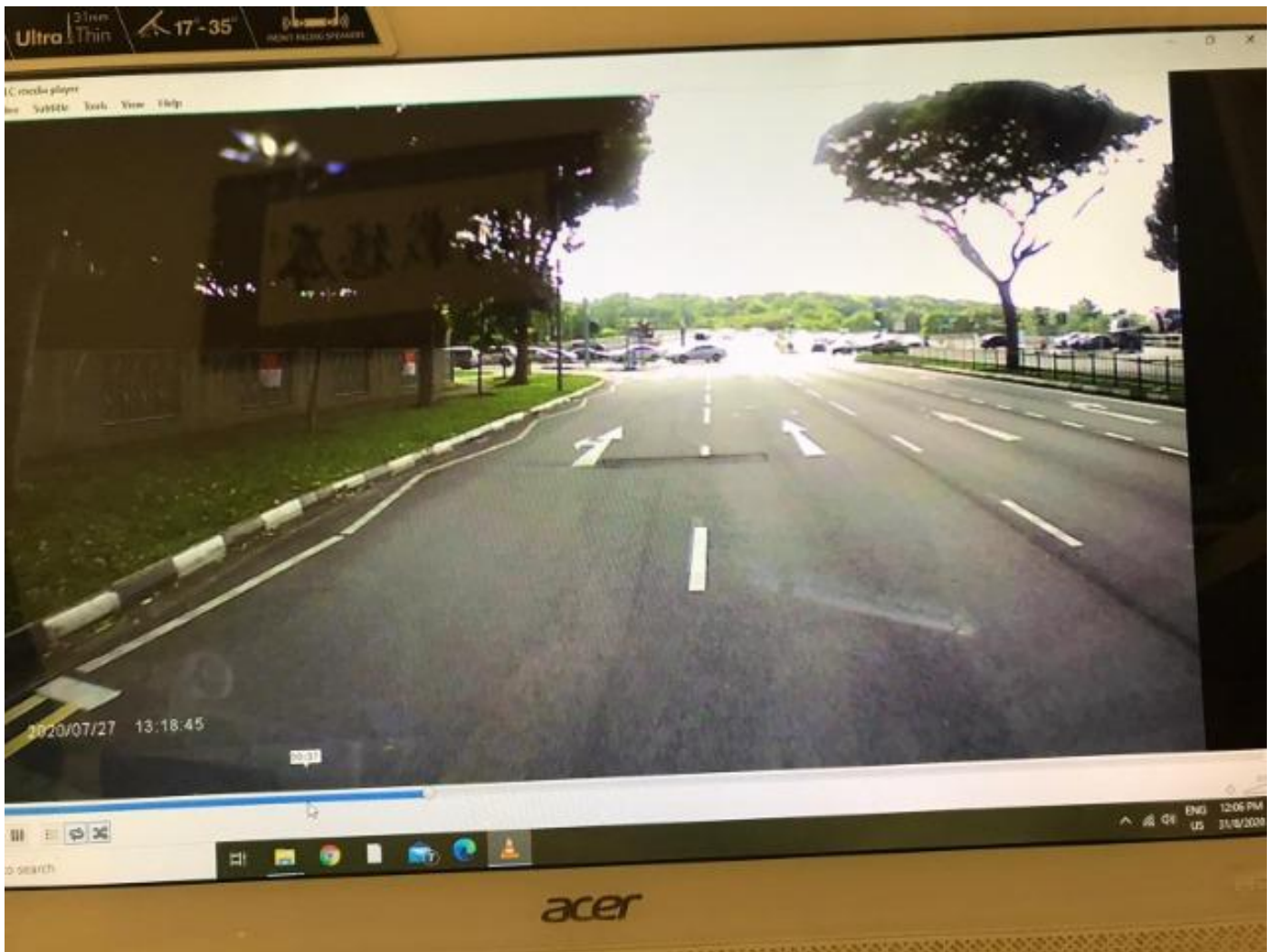




Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

