

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	02/09/2020 17:55
Date Of Accident	28/08/2020 09:25
Exact Location Of Accident	NICOLL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6793A
Insured/Policyholder	
Name Of Registered Owner	TRADEWIN LOGISTICS PTE LTD
Co Reg No	2XXXXX932M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86614142
Alternative Phone No	OFFICE-65478500
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21EA10314 (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091798163-03
Cover Note Number	
Driver	
Name of Driver	FAHIL ASHRAFF BIN MOHAMED
NRIC No	SXXXX302Z
Date Of Birth	30/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86614142
Fax Number	
Contact Number	OFFICE-65478500
Email Address	NOEMAIL

Address BLK 297B COMPASSVALE STREET #04-16
 Postcode S542297
 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 ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
 Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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 SMK1830C
 Vehicle Make/Model/Colour HONDA VEZEL
 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	FAHIL ASHRAFF BIN MOHAMED TAFEL
Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	YP6793A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 297B COMPASSVALE STREET #04-16
Postcode	542297

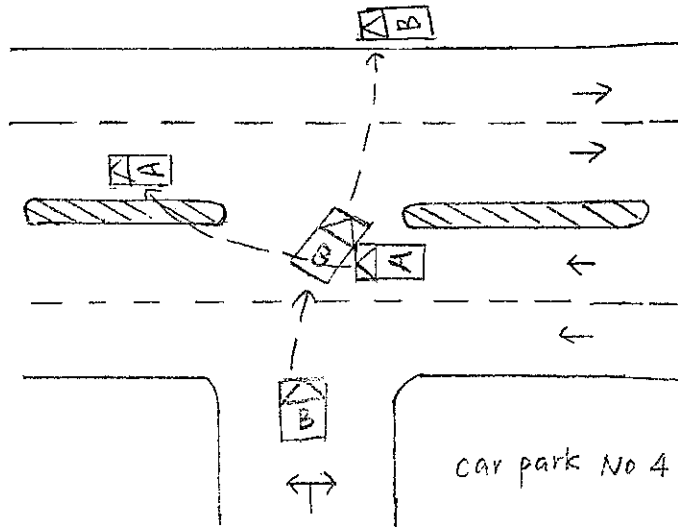
DETAILS OF INJURED PERSON 2

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMK1830C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

A: YP 6793 A

B-5mk 1830 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

No. 111A, Jalan Kuning
Singapore 419150
65478500

Policyholder's Signature **Tel: 63**

Date & Time:

Singapore 4
65478500

Tel: 65478511
Signature
Fax: 65478511

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



F/20200828/7057

1 of 2

POLICE REPORT (NP299)

Report No. F/20200828/7057

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 28/08/2020 21:17	Vide Report No.	Station Diary No.
Name Of Informant FAHIL ASHRAFF BIN MOHAMED TAFEL	Address 297B COMPASSVALE STREET #04-16 SINGAPORE 542297	
ID Type / ID No. NRIC NO / S8934302Z	Contact No. Home/Office: Mobile: 86614142	
Nationality SINGAPORE CITIZEN	Email Address zarynasumari@gmail.com	
Occupation Lorry driver	Sex Male	Age 30
Institution/School Name	Date of Birth 30/09/1989	Race Pakistani
Date/Time Of Incident 28/08/2020 09:25 - 28/08/2020 09:25	Location Of Incident 297B COMPASSVALE STREET #04-16 SINGAPORE 542297	

Brief details.

On 28th aug at 0925am,i was driving my company vehicle yp6793a along nicoll dr towards changi airfreight centre..i was travelling on 1st lane of a 2lane carriageway..a car bearing smk1830c came out from changi beach carpark 4 turning right from the carpark and hit my vehicle..i lost control of my vehicle and i went up and over the centre median and hit a signage..when i open my eyes i was on the opposite side of the road...traffic was light..weather was clear and dry..both vehicle were badly damaged...moments later scdf came and got me out from my vehicle as my driver door was stuck and

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2020 21:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200828/7057

jammed..both vehicle had no passenger at the point of accident...both drivers were conveyed to hospital changi general hospital in 2 seperate ambulance..i was given 5 days of mc from 28aug to 1sept...

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Female	Age	35-40

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2020 21:17
Officer In-Charge Of Case:	Classification Of Case:

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