

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	24/09/2020 15:03
Date Of Accident	23/09/2020 16:45
Exact Location Of Accident	SUNGAI KADUT LOOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5142B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ANWAS S/O MOHAMED HUSSAIN
NRIC No	S0097989I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94515731
Alternative Phone No	OFFICE-94515731

Vehicle Particulars

Manufacturer	SSANGYONG
Model	MUSSO 4X4 2.9L AUTO D/CAB ABS AIRBAG
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNA00015702005
Cover Note Number	

Driver

Name of Driver	MOHAMED ANWAS S/O MOHAMED HUSSAIN
NRIC No	S0097989I
Date Of Birth	24/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1995
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94515731
Fax Number	
Contact Number	OFFICE-94515731
EEmail Address	NOEMAIL

Address	BLK 872A TAMPINES STREET 86 #03-39
Postcode	521872
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT: T/20200924/2042.

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	XE1760Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMED ANWAS S/O MOHAMED HUSSAIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBC5142B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

24/09/2020
13:05 pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

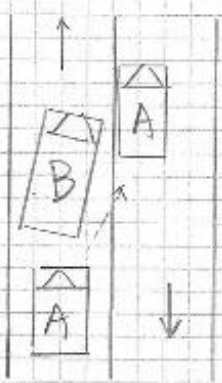
Name:

NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DOA: 23/09/2020
 Time: 16:45 pm
 A: GBC 5142 B
 B: YE 1760 Y

Sungai Kadut Loop

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the attached police report: T/2020 0924/2042.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/09/2020
 13:05 pm

DIAPYMC SR-4409/001000 V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



POLICE REPORT



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



T/20200924/2042
1 of 3
Report No: T/20200924/2042

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made:
24/09/2020 13:00

Vide Report No.:

Station Diary No.:
9

Informant's Particulars

Name of Informant:
MOHAMED ANWAS S/O MOHAMED
HUSSAIN
ID Type / ID No.:
NRIC NO / S0097989I

Address:
APT BLK 872A TAMPINES STREET 86 #03-39 SINGAPORE
521872

Contact No.:
Home/Office: Mobile: 94515731

Email:

Nationality:
SINGAPORE CITIZEN

Sex: Male
Age: 65
Date of Birth: 24/10/1954

Type of Informant:
Driver

Race:
Pakistani

Language: Institution / School Name:

Occupation:
PERSONAL DRIVER

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2020 16:45	Type of Location: Straight Road
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Location:

SUNGEI KADUT LOOP

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic
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Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
GBC5142B	pick up sport	SSANGYONG	MUSO 4X4 2.9L AUTO D/CAB ABS AIRBAG	Black	Slightly Damaged	0
XE1760Y	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
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POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



T/2020092A/2042

Report No: T/2020092A/2042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBC5142B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNA0001570 2005	14/03/2020	13/03/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	MOHAMED ANWAS S/O MOHAMED HUSSAIN	ID No.	S00979891
Related Vehicle	GBC5142B (pick up sport)	Contact No.	94515731
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2020		
No. of Days granted Medical Leave	04	Date Discharge	23/09/2020
		Degree of Injury	Slight

Brief Details.

On the 23/09/2020, at about 4.45pm, I was along Sungai Kadut loop. Subsequently, there was a vehicle, XE1760Y, who stopped his truck along the road. I then stopped behind the vehicle. He did not switch on his hazard lights so I did not know what he was intending to do. I then made a check to my rear to see whether the road was clear and after which I then over took the truck on the right side. As I had already passed the truck, suddenly, the truck made a right turn forward. This caused the truck to hit my left rear side of my vehicle. The rear of my left front door as well as the whole of my left rear door was damaged, together with the carrier of my vehicle as well, damaged. The driver refused to give me his particulars, saying that I had his truck plate number. I then drove off and when I wanted to alight my vehicle, I felt pain on my back as well as pain on my testicles and some numbness on my left leg. I then went to Sengkang hospital and received 4 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



T/20200924/2042

3 of 3

Report No. T/20200924/2042

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 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Signature Of Informant:

Date/Time:
24/09/2020 13:00

Classification Of Case:

Authentication Stamp
NP168





SINGAPORE
POLICE FORCE

SIGNATURE

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD No. [REDACTED]





Name: MOHAMED ANWAS S/O
MOHAMED HUSSAIN

Race: PAKISTANI
Date of Birth: 24-10-1954 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: [REDACTED]
Name: MOHAMED ANWAS S/O
MOHAMED HUSSAIN

Birth Date: 24 Oct 1954
Issue Date: 06 Dec 2003

001039053H

Identification Card

254094

NRIC No. [REDACTED]

Blood Group: A+ Date of issue: 01-12-1994

APT BLK 872A TAMPINES STREET 86 #03-39
SINGAPORE 521872

NRIC No: [REDACTED] Date: 26/12/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Mar 1991
Class 2A	Motorcycles between 201 cc and 400 cc	19 Mar 1991
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jul 1995

NP 428A

Licence No. [REDACTED]

SCENE PHOTO



SCENE PHOTO



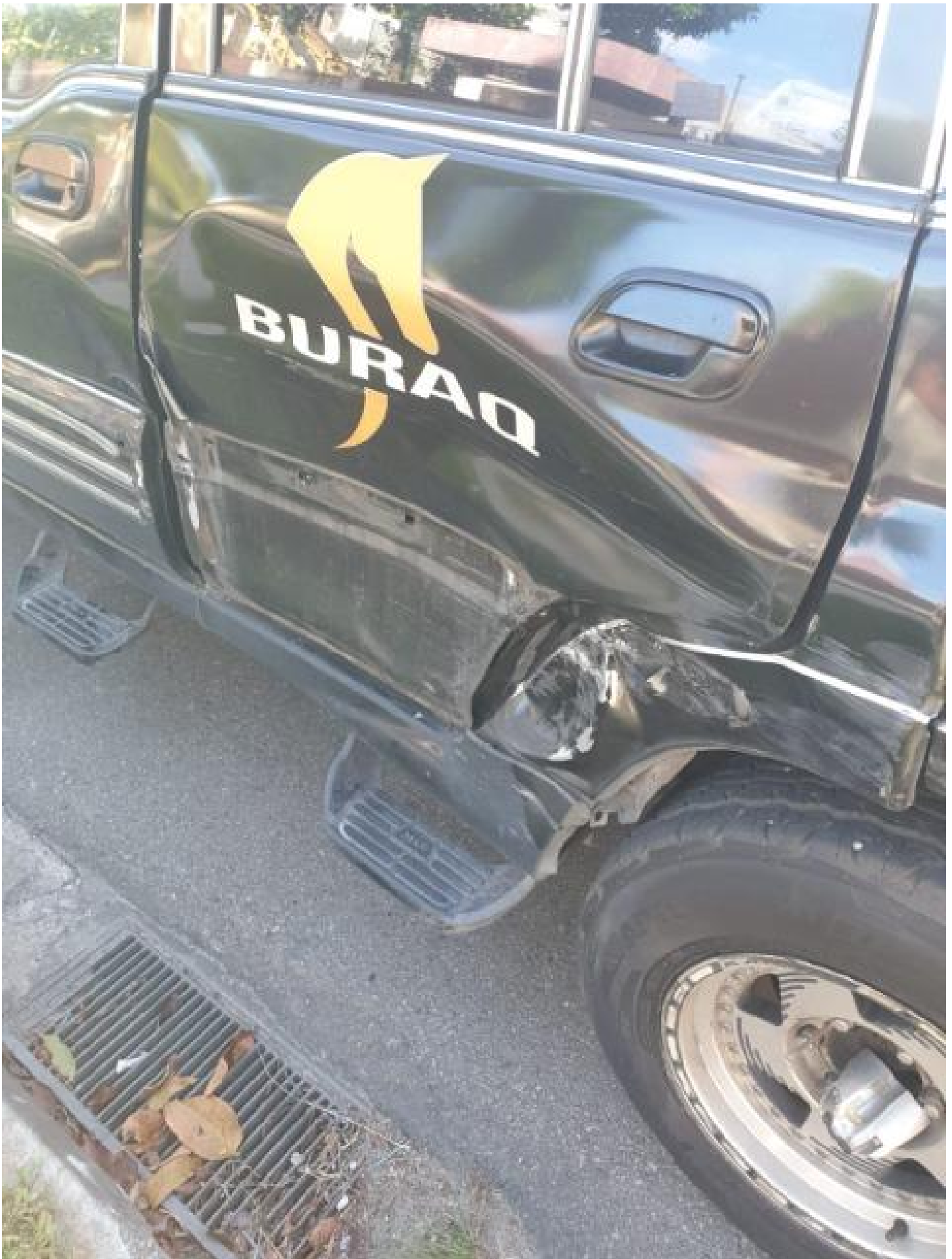
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



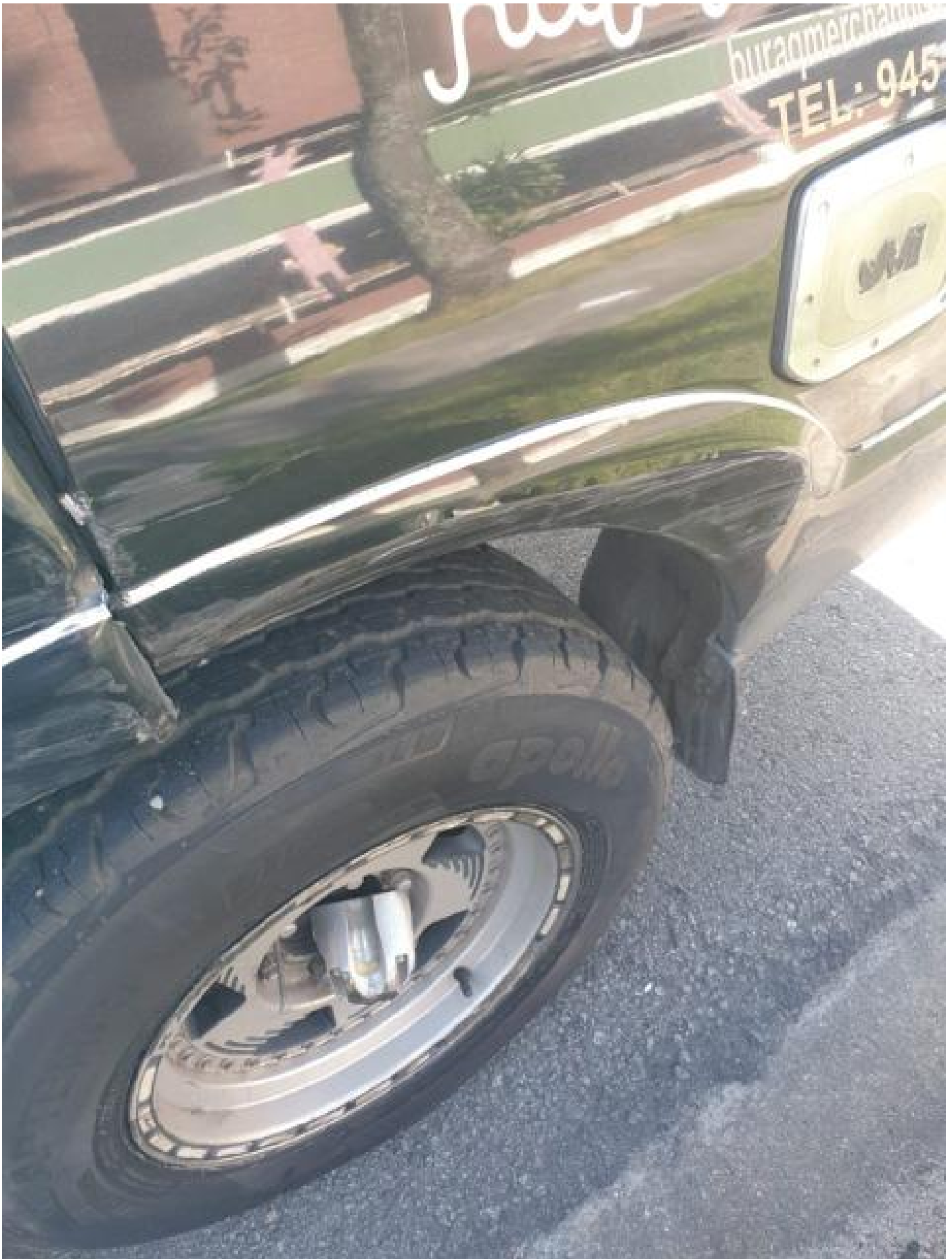
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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