

# 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 Submission ..... 02/11/2020 14:55 (SGT)  
Date of Accident ..... 17/10/2020 17:35 (SGT)  
Exact Location of Accident ..... CROSS STREET LAMP POST NO24  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK1924X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABWIN LEASING PTE LTD  
Company Reg No ..... 201223082Z  
Email Address ..... NOEMAIL  
Mobile Phone No ..... -  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... HIACE 3.0 D X (M)  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... DMCVSNA00048312000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JUNAIDI BIN MOHAMED SALI  
NRIC No ..... S8423354D  
Date Of Birth ..... 14/08/1984  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/01/2010
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Office) +65-81492100
Alt. Phone Number .....	-
Email Address .....	NOEMAIL
Address .....	BLK 222 TAMPINES ST 24 #08-104
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver 1 .....	-
Insurance Company of Other Vehicle Owned by Driver 1 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2 .....	-
Insurance Company of Other Vehicle Owned by Driver 2 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3 .....	-
Insurance Company of Other Vehicle Owned by Driver 3 .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ELLIANI ZAINALI YAHYA
Gender .....	Female

#### PASSENGER 2

Name .....	HARIS BIN JUNAIDI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201019/2094

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	-
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH9709M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

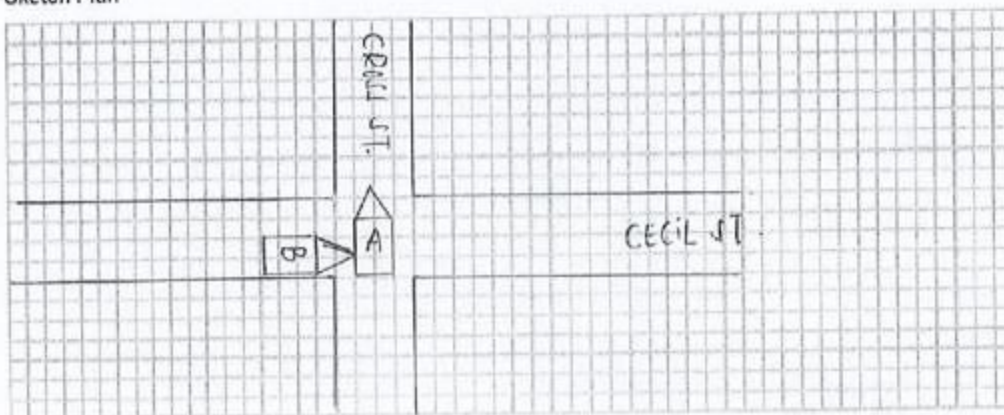
1. Please report correctly the details of the accident to speed up the claims process.
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  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
  5. Any false reporting may be referred to the Police for investigation.
  6. The report will be forwarded by the insurers to the (SIA) 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.
  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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not policyholder) / Date & Time

Witness by Reporting Centre Personnel

### Sketch Plan

















**SINGAPORE  
POLICE FORCE**



T/20201019/2094

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 758827  
Tel No: 1800-8529999

1 of 4

Report No: T/20201019/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2020 17:04		Vide Report No.:	Station Diary No.: 78
<b>Informant's Particulars</b>			
Name of Informant: JUNAIDI BIN MOHAMED SALI		Address: APT BLK 222 TAMPINES STREET 24 #08-104 SINGAPORE 521222	
ID Type / ID No.: NRIC NO / S8423354D		Contact No.: Home/Office:	Mobile: 81492100
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 14/08/1994	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No.	Date/Time of Accident: 17/10/2020 17:35	Type of Location: X-Junction
Location: CROSS STREET				
Lamp Post Number: 24				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK1924X	Van				Totally Damaged	2
SH9709M	Taxi				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No: T/20201019/2094

**CONTINUATION OF REPORT**

Passenger			
Name	ELLIANI ZAINALI YAHYA	ID No.	S8330054Z
Related Vehicle	GBK1924X (Van)	Contact No.	92774839
Hospital/Clinic	GOOD DOCTORS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/10/2020	Date Discharge	18/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	JUNAIDI BIN MOHAMED SALI	ID No.	S8423354D
Related Vehicle	GBK1924X (Van)	Contact No.	81492100
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/10/2020	Date Discharge	18/10/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	HARIS BIN JUNAIDI	ID No.	T1924776C
Related Vehicle	GBK1924X (Van)	Contact No.	81492100
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/10/2020	Date Discharge	17/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 19/10/2020 at about 1739hrs, I was driving in my company's van GBK1924X with my wife and son as the front passengers along Cross St. I missed the traffic light and drove pass the red light. When I realized that it was a red light I was already in the middle of the junction of Cecil St and Cross St. And suddenly a taxi which was travelling straight along Cecil St hit against my van's rear left side. My van capelized and my family fell to the floor. We were all wearing seat belts. My son and I were conveyed to the hospitals. My van was badly damaged and was towed away by the traffic police. On the subsequent day, my wife also saw the doctor as she felt pain on her neck and shoulder. She was given 2 days of mc whilst I was given 7 days of mc and my son 5 days. We had minor injuries.



**SINGAPORE  
POLICE FORCE**



T/20201019/2094

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Report No: T/20201019/2094

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20201019/2094

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20201019/2094

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: L / Sr Staff Sgt DHANALETCHMI D/O KUPPUSAMY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2020 17:04
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP166	 SR 625


Singapore Police Force

Describe Circumstance of Accident  
REFER TO POLICE REPORT T/20201019/2094

Declaration

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

   
Police Officer's Signature /  
Date & Time

  
Driver's Signature (If driver is not  
policeholder) / Date & Time

Witness by Projecting  
Centre Personnel