

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	22/10/2020 09:52
Date Of Accident	21/10/2020 10:55
Exact Location Of Accident	AYE TOWARDS CHANGI(BEFORE PORTSDOWN AVENUE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ817J
Insured/Policyholder	
Name Of Registered Owner	IHUB SOLUTIONS PTE LTD
Co Reg No	2XXXXX937C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81116425
Alternative Phone No	OFFICE-62648289

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1916121900
Cover Note Number	

Driver

Name of Driver	RAHMAT BIN ISMAIL
NRIC No	SXXXX964A
Date Of Birth	16/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2011
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81116425
Fax Number	
Contact Number	OFFICE-62648289
EEmail Address	NOEMAIL

Address	BLK 706 CLEMENTI WEST STREET 2 #12-367
Postcode	120706
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	CHAIN 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	3
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201021/2074

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG8947E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM TIANG HUAT
NRIC/Passport Number	SXXXX215H
Contact Number	97423401
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBH4839E
Vehicle Make/Model/Colour NISSAN NV200
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver CAI HAIXIANG
NRIC/Passport Number GXXXX467R
Contact Number 96679766

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name RAHMAT BIN ISMAIL

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? GBJ817J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. 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.

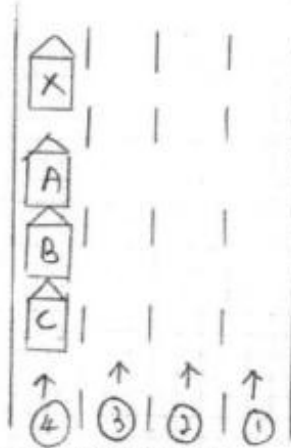
IHUB SOLUTIONS PTE LTD	
NAME: <u>STEVEN SUPRAMANIAM</u>	
NRIC: <u>S1224300E</u>	
Goods Received Content Uncheck	

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



A = GBJ817J

B = GBG 8947E

C = GBH4839E

AYE towards Changi
(Before Postdown Avenue Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20201021/2074

DECLARATION

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

IHUB SOLUTIONS PTE LTD
NAME: STEVEN SUPRAMANIAM
NRIC: S122470E
Date & Time:
GOODS RECEIVED CONTENT UNCHECK

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/20201021/2074

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

1 of 4

Report No. T/20201021/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 14:50		Vide Report No.: D/20201021/0045	Station Diary No.:
Informant's Particulars			
Name of Informant: RAHMAT BIN ISMAIL		Address: APT BLK 706 CLEMENTI WEST STREET 2 #12-367 SINGAPORE 120706	
ID Type / ID No.: NRIC NO / S8850964A		Contact No.: Home/Office: Mobile: 81116425	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 16/12/1988	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/10/2020 10:55	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8947E	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
GBH4839E	Van	NISSAN	NV200 1.5 MT	White		1
GBJ817J	Van	TOYOTA	HIACE 2.8 DX 5DR AUTO	White		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201021/2074

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

2 of 4

Report No. T/20201021/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TIANG HUAT	ID No.	S1441215H
Related Vehicle	GBG8947E (Lorry)	Contact No.	97423401
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
Driver			
Name	CAI HAIXIANG	ID No.	G8073467R
Related Vehicle	GBH4839E (Van)	Contact No.	96679766
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
Driver			
Name	RAHMAT BIN ISMAIL	ID No.	S8850964A
Related Vehicle	GBJ817J (Van)	Contact No.	81116425
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

AT AYE TOWARDS CHANGI (BEFORE POSTDOWN AVENUE EXIT). I WAS TRAVELLING STRAIGHT ON LANE 4 AND WHEN THE FRONT VEHICLE SLOWED DOWN WITH DOUBLE SIGNAL AND STOPPED, HENCE I FOLLOWED SUIT. SUDDENLY I HEARD A LOUD BANG AND FELT AN IMPACT FROM BEHIND. WHEN I ALIGHTED, I REALISED IT WAS GBG8947E THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. WE ALL GOT OFF OUR VEHICLES AND CHECK IF ANYONE WAS INJURED. THERE IS A

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201021/2074

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

3 of 4

Report No. T/20201021/2074

CONTINUATION OF REPORT

PASSENGER IN GBH4839E THAT MENTIONED HE IS SUFFERING FROM CHEST PAIN DUE TO THE IMPACT, HENCE SOMEONE CALLED AMBULANCE FOR US. WE ALSO EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE SCENE. AMBULANCE ARRIVED FIRST FOLLOWED BY EMAS & TRAFFIC POLICE. TRAFFIC POLICE THEN ASKED WHAT HAPPENED AND THEN ADVISED ME TO LODGE A POLICE REPORT. THE INJURED PASSENGER WAS THEN CONVEYED TO THE HOSPITAL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201021/2074

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

4 of 4

Report No. T/20201021/2074

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 /
WINSTON KOH WEN ZHONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/10/2020 14:50

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

