

## 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	17/11/2020 14:48
Date Of Accident	16/11/2020 18:55
Exact Location Of Accident	YISHUN INDUSTRIAL ST.1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW1453R
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#### Insured/Policyholder

Name Of Registered Owner	EVER-SEAL WATERPROOFING & BUILDING PTE LTD
Co Reg No	2XXXXX149N
Email Address	SALES@PROOFTECH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67587448

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5 DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	20-MU010292-R03
Cover Note Number	24/09/20 - 31/08/21

#### Driver

Name of Driver	MOHAMED ISWAN BIN MOHAMED KHAIRI
NRIC No	SXXXXX921I
Date Of Birth	18/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81508455
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 641 ANG MO KIO AVE 4 #02-818
Postcode	560641
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 TO REAR
Weather Conditions	SHELTERED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

#### 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	GBH7542R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DEN DIRZUAN BIN DARMAWAN
NRIC/Passport Number	SXXXX221J
Contact Number	89225125
Address	92323341-MANAGER
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

1. VEHICLE NO.: GW 1453 R  
2. INSURER CO: Tokio Marine  
3. ACCIDENT  
DATE & TIME: 16/11/20 @ 18:55

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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.



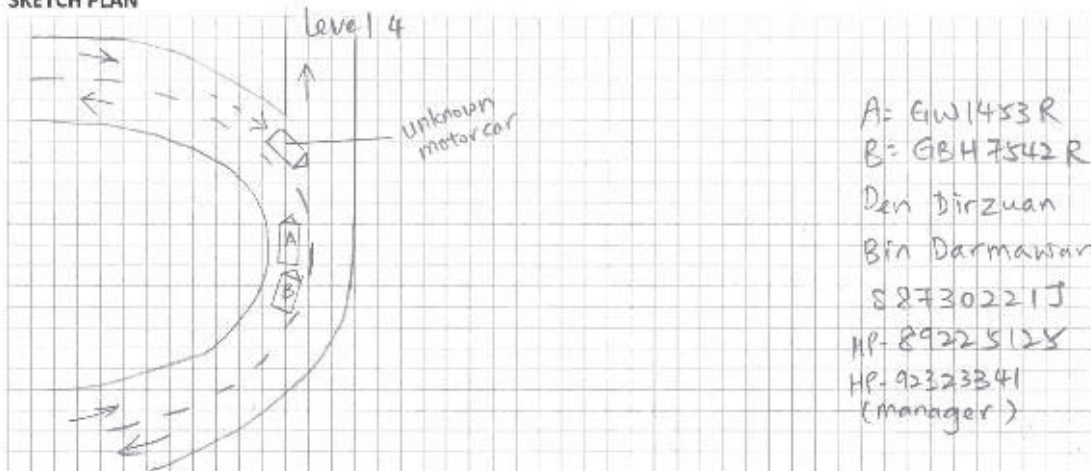
Policyholder's Signature  
Date & Time:

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

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

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20201117/2099

## DECLARATION

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

Policyholder:  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_ (45)

CLAIM TYPE: ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )




**SINGAPORE  
POLICE FORCE**


T/20201117/2099

1 of 3

Report No. T/20201117/2099

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2020 17:31	Vide Report No.:	Station Diary No.: 52
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**Informant's Particulars**

Name of Informant: MOHAMED ISWAN BIN MOHAMED KHAJRI		Address: APT BLK 641 ANG MO KIO AVENUE 4 #02-818 SINGAPORE 560641	
ID Type / ID No.: NRIC NO / S81209211		Contact No.: Home/Office: Mobile: 81508455	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 18/07/1981	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Safety Officer		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2020 18:55	Type of Location: Gradient
Location:  YISHUN INDUSTRIAL STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7542R	Van				Slightly Damaged	0
GW1453R	Van				Slightly Damaged	0

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999



T202011172099

2 of 3  
Report No. T202011172099**CONTINUATION OF REPORT****Brief Details.**

On 16/11/2020 at about 6.55 pm, I was driving my company van (GW1453R) along level 4 Ramp located at 6 Yishun Industrial Street 1, S768090. I stopped my van along the ramp as one car is coming down. One van (GBH7542R) hit onto the rear of my van. We exchanged particulars and I took photograph of the damages to the two vans using my phone. On 17/11/2020 at 8 am, I woke up and there is pain at my neck area. I sought treatment at Tan Medicare Clinic located at Blk 629 Ang Mo Kio Ave 4 and was given 4 days MC from 17/11/2020 to 20/11/2020. I wish to state that there is no rear camera installed in my van.





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999



T/20201117/2099

3 of 3

Report No: T/20201117/2099

## 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:

F /  
SI QUEK CHAW YUEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/11/2020 17:31

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force