

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	20/11/2020 12:22
Date Of Accident	14/11/2020 15:30
Exact Location Of Accident	ALONG BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8048U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MUHD.MIN.LATIP@RENTOKIL-INITIAL.COM
Mobile Phone No	(LOCAL) +65-93374291
Alternative Phone No	OFFICE-93374291

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20-ML000245-R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD MUHAJMIN BIN LATIP
NRIC No	SXXXX218E
Date Of Birth	14/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1988
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93374291
Fax Number	
Contact Number	OTHERS-93374291
Email Address	MUHD.MIN.LATIP@RENTOKIL-INITIAL.COM

Address	BLK 489B CHOA CHU KANG AVENUE 5 #06-211
Postcode	682489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	4
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)	2
Passenger 1	NAME: : NURASILA BINTE ABDUL LATIF GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201114/2068

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	SGS9613P
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF3909D
Vehicle Make/Model/Colour NISSAN
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ANDAR RAJESHWARKANNAN
NRIC/Passport Number GXXXX525L
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)




DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMP222M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WONG WAI LIN SHARON
NRIC/Passport Number SXXXX664J
Contact Number
Address BLK16 CHO A CHU KANG GROVE
#20-42
Postcode 688210
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2

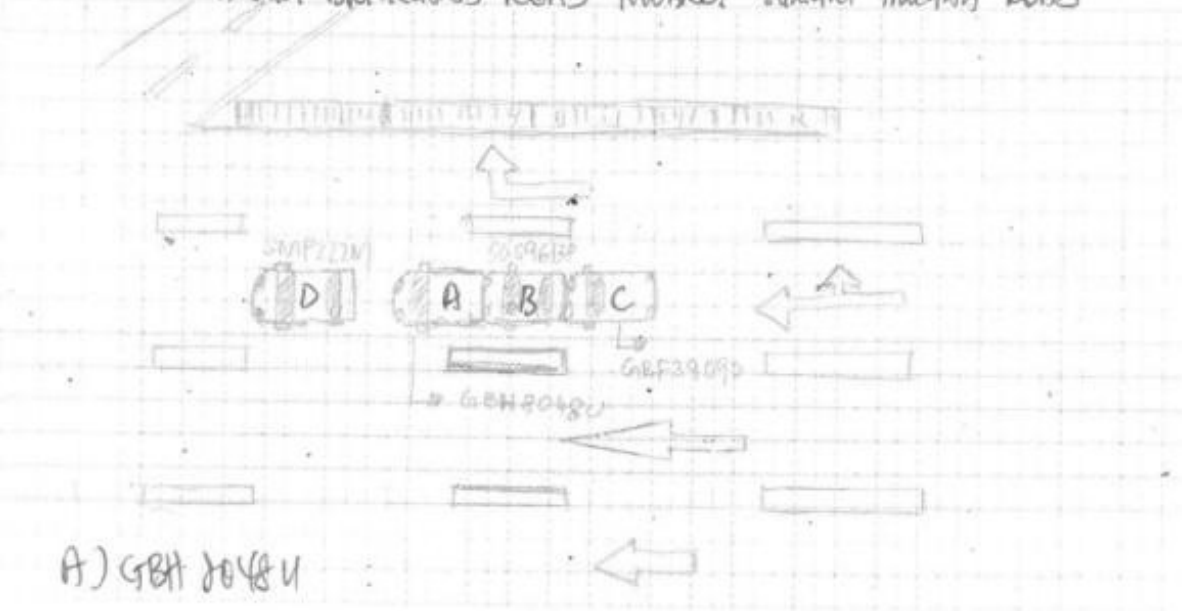
DETAILS OF INJURED PERSON 1

Name NURASILA BINTE ABDUL LATIF
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBH8048U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

- a. Police report **correctly** the details of the accident to speed up the claims process.
- b. The insurance company is **accounted for** the Police binder and/or the Authorized Driver.
- c. Insurance policy proceeds must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow a lawsuit to be brought to **eliminate police liability**.
- d. The police will **accept** this form by means of a computer is not an admission of police liability on the part of the insurance company.
- e. Any **late reporting** may be referred to the Traffic Police Department for investigation.
- f. This report will be **forwarded** to the resources in the CRA Records Management Center established by the General Assembly in 1997.
- g. Sequence: **Police** is on **Form 2** and the copies of this report will be also be made available upon availability of applications by telephone or by mail.
- h. The **only** issue of this report is the **insurance** liability cover as the **accident** of this report. The **contents** and the **signature** of the **reporting** party **will** be **approved**.
- i. **Consent** under the Personal Data Protection Act (PDPA)

Along BRICKLAND ROAD TOWARDS SUNGAI TINGGI ROAD



A) GBT 8048 U
B) SGS 9613 P
C) GBT 3909 D
D) SMP 222 M

Accident Sketch Plan

On 14 Nov 2020 at about 1530 hrs I was driving my van (GBH242U) along Brickland Road towards Singer Tengah Road. My wife was also inside my van. I stopped my van at the T-junction between Brickland Road and Singer Tengah Road as the traffic light was red. There was one car (CMP 233M) also stationary in front of my van. Suddenly the back of my van was hit by a car (SES 9613P). The impact resulted my van to move forward and hit onto the car (CMP 233M). I alighted from my van and realized that it was a chain accident whereby another van (GBF 39090) initially hit onto the car (SES 9613P). Traffic Police and ambulance arrived at the scene to render assistance shortly after. My wife was conveyed to National University Hospital. She was not given any medical leave as she was not working.

POLICE REPORT 7/2020/114/2068



Declaration
I hereby declare that the above information is true and correct to the best of my knowledge.



Signature of Driver
Name

20/11/2020
Rafiq Lim

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201114/2068

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3
Report No. T/20201114/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 20:34		Vide Report No.: J/20201114/0178		Station Diary No.: 90	
Informant's Particulars					
Name of Informant: MUHAMMAD MUHAIMIN BIN LATIP			Address: APT BLK 489B CHOA CHU KANG AVENUE 5 #06-211 SINGAPORE 682489		
ID Type / ID No.: NRIC NO / S8821218E			Contact No.: Home/Office: Mobile: 93374291		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 14/06/1988	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name: Technician
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2020 15:30	Type of Location: T-Junction
Location: BRICKLAND ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3909D C	Van				Seriously Damaged	0
GBH8048U A	Van				Seriously Damaged	2
SGS9613P B	Car				Seriously Damaged	0
SMP222M D	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
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T/20201114/2068

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20201114/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD MUHAIMIN BIN LATIP	ID No.	S8821218E
Related Vehicle	GBH8048U (Van)	Contact No.	93374291
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
Passenger			
Name	Nurasila Binte Abdul Latif	ID No.	NIL
Related Vehicle	GBH8048U (Van)	Contact No.	98582004
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2020	Date Discharge	14/11/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 14 November 2020 at about 1530hrs, I was driving my van (GBH8048U) along Brickland Road towards Sungei Tengah Road. My wife was also inside my van. I stopped my van at the T-junction between Brickland Road and Sungei Tengah Road as the traffic light was red. There was one car (SMP222M) also stationary in front of my van. Suddenly, the back of my van was hit by a car (SGS9613P). The impact resulted my van to move forward and hit onto the car (SMP222M). I alighted from my van and realized that it was a chain accident whereby another van (GBF3909D) initially hit onto the car (SGS9613P). Traffic Police and Ambulance arrived at the scene to render assistance shortly after. My wife was conveyed to National University Hospital. She was not given any medical leave as she was not working.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201114/2068

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No: T/20201114/2068

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: J/ Staff Sgt ZHU XI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No:
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 14/11/2020 20:34
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



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