

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 14/12/2020 18:51 (SGT)
Date of Accident 12/12/2020 18:15 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB5939E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HEALTHY WHEELZ PTE LTD
Company Reg No 2XXXXX744K
Email Address DEN.GOLDENCHARTER@GMAIL.COM
Mobile Phone No (Phone) +65-97736360
Alternative Phone No +65-97736360

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5116571231
Cover Note Number -

DRIVER

Name of Driver MOHAMED JASMANI BIN MOHAMED KAMSAH
NRIC No SXXXX180Z
Date Of Birth 19/02/1968
Occupation Outdoor

Date Of Driving Pass	06/02/1999
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90937349
Alt. Phone Number	-
Email Address	MAK.AUBURNAUTO@GMAIL.COM
Address	BLK 786C WOODLANDS DRIVE 60 #10-79
Address complement	-
Postcode	733786
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	-
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	GOJEK PASSENGER
Gender	Male

PASSENGER 2

Name	GOJEK PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

as per sketch plan and police report

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	GBJ8768P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP6468T
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**

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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:

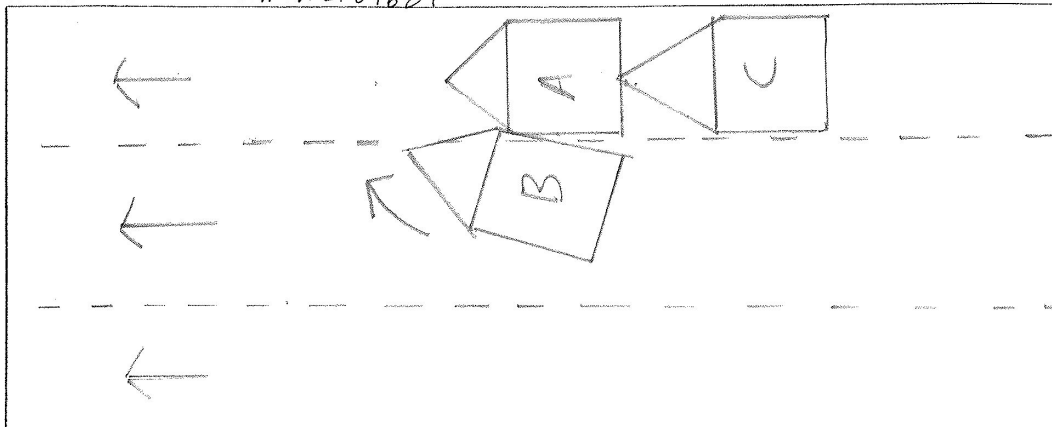


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Date of accident: 12/12/2020 Time: 18:15 Location: TPE 3.5km
 Veh A: SJB5939E Veh B: GBJ8768P No of pax: 3 Weather: Clear/dry Rain/Wet
 SKETCH PLAN Veh C: SLP6468T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

Go-Jek Passenger: 1 Male
1 Female.

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : den.goldencharter@gmail.com

Email address : +65 97736360

Email address : mak.auburnauto@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time:



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

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













**SINGAPORE
POLICE FORCE**



T/20201214/7014

1 of 4

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

Report No. T/20201214/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2020 11:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED JASMANI BIN MOHAMED KAMSAH			Address: 786C WOODLANDS DRIVE 60 #10-79 SINGAPORE 733786		
ID Type / ID No.: NRIC NO / S6803180Z			Contact No.: Home/Office: Mobile: 90937349		
Nationality: SINGAPORE CITIZEN			Email: jasskillmatten@gmail.com		
Sex: Male	Age: 52	Date of Birth: 19/02/1968	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: 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: 12/12/2020 18:15	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJB5939E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201214/7014

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

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Report No. T/20201214/7014

CONTINUATION OF REPORT

Driver			
Name	MOHAMED JASMANI BIN MOHAMED KAMSAH		ID No. S6803180Z
Related Vehicle	SJB5939E (Car)		Contact No. 90937349
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 12th December 2020, around 18:15 Hours, I was driving along TPE towards SLE in my rental car bearing SJB5939E with 2 passengers on board. Out of the sudden, a lorry bearing GBJ8768P swerve into my lane without any warning or signal. I tried to slow down but the right side of his lorry still hit the left of my car causing me to a sudden brake resulting in another car bearing SLP6468T hitting the rear of my vehicle. My vehicle sustained damages on the left and rear. We exchanged details and said will settle through insurance and left. My vehicle does not have a dashcam but the vehicle SLP6468T has.



**SINGAPORE
POLICE FORCE**



T/20201214/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20201214/7014

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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T/20201214/7014

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Report No. T/20201214/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/12/2020 11:47

Classification Of Case:



MY FAMILY CLINIC (WOODLANDS)
BLK 768 WOODLANDS AVE 6 #02-07 WOODLANDS MART 730768
Phone: 6884-0658
RegNo : 200313383N

**MEDICAL CERTIFICATE**

MC No: OD-DL0000163749

NAME: MOHAMED JASMANI BIN MD KAMSAH

NRIC: S6803180Z

This is to certify that the abovenamed patient is Unfit for Work / School for a period of 3 day/s from 12-12-2020 to 14-12-2020.

Note: This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

LOCUM

Issued by

Signature

12/12/2020

Date

MY FAMILY CLINIC (WOODLANDS)
Blk 768 Woodlands Avenue 6
#02-07 Woodlands Mart
Singapore 730768
Tel/Fax: 6884 0658