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 witholding 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.

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 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 07/01/2021 13:58 (SGT) Date of Accident 06/01/2021 11:50 (SGT) Exact Location of Accident Choa Chu Kang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLU7523J**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRAIN HUB FACILITIES PTE LTD Company Reg No 2XXXXX008C **Email Address** one_nizam@yahoo.com.sg Mobile Phone No (Phone) +65-84286663 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of Private hire accident 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 Policy Number 5115478400 Cover Note Number

DRIVER

Name of Driver MOHAMMAD NIZAM BIN JAFFAR NRIC No SXXXXX131I Date Of Birth 25/02/1972 Occupation Outdoor

Date Of Driving Pass 30/09/2010 Driving experience 10 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-94284679 Alt. Phone Number Email Address one_nizam@yahoo.com.sg Address BLK 188B BEDOK NORTH STREET 4 Address complement #03-84 Postcode 462188 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 REFER TO POLICE REPORT - T/20210106/7047. 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 GBC688B

 Vehicle Registration Number
 GBC688B

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 SIM WEE CHUNG

 NRIC No
 SXXXX384B

Contact Number	-
Address	<u>-</u>
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	YN4422U - - -
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD SYAKIR FIRDHAUS BIN ASNI
NRIC No	SXXXX930A
Contact Number	(Phone) +65-96727474
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	MOHAMMAD NIZAM BIN JAFFAR
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SLU7523J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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 yers/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, involces, 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SOUTHES OF THE SOUTH

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

A: SLU7523 J B: GBC 688 B

C: YN 44 22 U

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T/20210106/7047

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210106/7047

REPORT OF A TRAFFIC ACCIDENT

	e Report M 21 13:46	fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		· 图像是数型的外型和 1960 (2013) 斯克斯里	
Name of Informant: MOHAMMAD NIZAM BIN JAFFAR			Address: 188B BEDOK NORTH ST 462188	FREET 4 #03-84 SINGAPORE	
ID Type / ID No.: NRIC NO / S7205131I			Contact No.: Home/Office:	Mobile: 88266710	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: ONE_NIZAM@YAHOO.C	COM.SG	
Sex: Male	Age: 48	Date of Birth: 25/02/1972	Type of Informant: Driver		
Race: Malay		-/	Language: English	Institution / School Name:	
Occupation: PHV Driver			Driving Licence Information Class:	on: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2021 11:50	Type of Location Straight Road
Location: CHOA CHU F	(ANG ROAD			
		Road Surface:		Road Speed Limit:
Weather: Clear		Dry		road opeca Elinic
		Dry Traffic Control: Traffic Light - Wor		Traffic Volume:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC688B	Lorry				Slightly Damaged	0
SLU7523J	Car				Slightly Damaged	0





2 of 3

Report No. T/20210106/7047

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YN4422U	Lorry				Slightly Damaged	0

Details of Perso	n Involved		To prove the second		1/25	College College College (College College Colle
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	Pedestrian Crossing: NA		
Driver	A LEGISLAND STREET, LINE WAS A STREET, WAS	Hally to bure the same		all States	MESSE	
Name	MOHAMMAD NIZAM BIN JAFFAR		ID No.		S7205131I	
Related Vehicle	SLU7523J (Car)			Conta	ct No.	88266710
Hospital/Clinic	NIL			Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date	06/01/2021		Date		06/01	/2021
No. of Days gran	ted Medical Leave	03	Degree o	of	Slight	

I was traveling along Chua Chu Kang road towards Upper Bukit Timah Road after Jalan Teck Whye Avenue. The traffic light is red and the vehicle infront and myself all stop stationary, suddenly I feel an big impact from the rear, I come down from my car and found a lorry (GBC688B) collided onto my vehicle. I'm involve in a 3 car chain collision accident, the last vehicle was a lorry (YN4422U) which pushed the lorry (GBC688B) towards my Vehicle which is on the front.

I feel pain at my neck and body area, i consult a doctor at Royal Care Medical Family Clinic and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210106/7047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 13:46
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168

Authentication Stamp

