

# 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 ..... 01/02/2021 09:55 (SGT)  
Date of Accident ..... 30/01/2021 10:37 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... TOWARDS SLE NEAR LAMP POST 351  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR1677D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SHL MOTOR PTE. LTD.  
Company Reg No ..... 2XXXXX814M  
Email Address ..... kscgp8@gmail.com  
Mobile Phone No ..... (Phone) +65-92230326  
Alternative Phone No ..... +65-92230326

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... 5109792828-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAPIE BIN ANWAR  
NRIC No ..... SXXXX248J  
Date Of Birth ..... 07/08/1956  
Occupation ..... Outdoor

|  |                                     |
|--|-------------------------------------|
| Date Of Driving Pass .....   | 24/02/1978                          |
| Driving experience .....   | 42 YEARS AND 11 MONTHS              |
| Gender .....   | Male                                |
| Mobile Number .....  | (Phone) +65-92230626                |
| Alt. Phone Number .....  | -                                   |
| Email Address .....  | rinsanosaka@gmail.com               |
| Address .....  | BLK 165A TECK WHYE CRESCENT #11-329 |
| Address complement .....   | -                                   |
| Postcode .....   | 681165                              |
| 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 - Head to Rear |
| Weather Conditions ..... | Clear                    |
| Road Surface .....       | Dry                      |

#### 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes                                     |
| Police Station Name .....                       | Bedok North Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18002449999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-62447258                      |
| Police Station Address .....                    | 30 Bedok North Road Singapore 469676    |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210201/2030

#### 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 ..... | GBD9930L               |
| Vehicle Manufacturer .....        | Nissan                 |
| Vehicle Model .....               | -                      |
| Vehicle Variant .....             | -                      |
| Vehicle Colour .....              | -                      |
| Vehicle Category .....            | Commercial vehicle     |
| Name of Driver .....              | NATARAJAN THIYAGARAJAN |
| Contact Number .....              | -                      |

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 ..... RAPIE BIN ANWAR  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SLR1677D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No



**Describe Circumstances of the Accident**

on 31/01/2021 AT ABOUT 10:37 HRS I WAS TRAVELLING BLINDLY  
 BACK TOWARDS SLK ALHUR COMPANY 351. THE CAR IN FRONT OF  
 ME SLOW DOWN I FLOW SUDDENLY I FELT A GREAT IMPACT  
 FROM MY REAR A VAN GAO 930L BACK INTO THE REAR  
 OF MY CAR. SCRIBTTD. NO ONE WAS INJURED.

**Declaration**

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

Witnessed by Reporting Centre Personnel

*Raji* 30-1-21

*[Signature]* 01/02/2021































**SINGAPORE  
POLICE FORCE**



T/20210201/2030

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20210201/2030

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>01/02/2021 11:09 | Vide Report No.: | Station Diary No.:<br>41 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>RAPIE BIN ANWAR    |            | Address:<br>APT BLK 165A TECK WHYE CRESCENT #11-329<br>SINGAPORE 681165 |                              |
| ID Type / ID No.:<br>NRIC NO / S1205248J |            | Contact No.:<br>Home/Office:                      Mobile: 92230626      |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:  |                              |
| Sex:<br>Male                             | Age:<br>64 | Date of Birth:<br>07/08/1956  | Type of Informant:<br>Driver |
| Race:<br>Boyanesse                       |            | Language:<br>English  | Institution / School Name:   |
| Occupation:<br>GRAB DRIVER               |            | Driving Licence Information:<br>Class: 2B,2A,2,3                        | Date of Expiry:              |

**General Information of the Accident**

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>30/01/2021 10:40 | Type of Location:<br>EXPRESSWAY        |
| Location:<br><br>BUKIT TIMAH EXPRESSWAY                      |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model  | Color  | Condition            | No of Passenger |
|-------------|------|--------|--------|--------|----------------------|-----------------|
| GBD9930L    | Van  | NISSAN |        | Silver | Slightly<br>Damaged  | 1               |
| SLR1677D    | Car  | HONDA  | STREAM | Grey   | Seriously<br>Damaged | 0               |

**Details of Person Involved**

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



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Report No. T/20210201/2030

## CONTINUATION OF REPORT

| Driver                            |                             |                  |   |
|-----------------------------------|-----------------------------|------------------|---|
| Name                              | NATARAJAN THIYAGARAJAN      |                  | ID No. G5254319W  |
| Related Vehicle                   | GBD9930L (Van)              |                  | Contact No. NIL   |
| Hospital/Clinic                   | NIL                         |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL       |
| Date Treatment                    | NIL                         | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury | NIL   |
| Driver                            |                             |                  |   |
| Name                              | RAPIE BIN ANWAR             |                  | ID No. S1205248J  |
| Related Vehicle                   | SLR1677D (Car)              |                  | Contact No. 92230626  |
| Hospital/Clinic                   | UBI FAMILY CLINIC & SURGERY |                  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 30/01/2021                  | Date Discharge   | 30/01/2021  |
| No. of Days granted Medical Leave | 03                          | Degree of Injury | Slight  |

**Brief Details.**

On 30th January 2021 at about 1040hrs, I was driving my vehicle bearing registration plate number SLR1677D, Grey colored Honda Stream along Bukit Timah Expressway towards Woodlands. The traffic was moderate at that point of time and the road was dry.

Subsequently, while I was driving at lane 2 of the expressway, to be specific near lamppost 351, there was obstacles on the road ( metal ladder parts ) on the same lane. As such, the vehicles driving on the same lane had slowed down and switched to other lane and I did the same.

However, as I slowed down, there was a silver colored van bearing registration plate number GBD9930L coming fast from my rear collided into me. I released the brake upon impact, so as to let the vehicle move forward and lessen the damage.

No one was injured at that point of time. No traffic police or ambulance came to scene. There are towing crews who were managing the accident scene for a while. I exchanged particulars with the other party, took some photos before leaving the scene.

Due to the vehicle, the rear portion of my vehicle was badly dented. I then went to a workshop at Paya Ubi vicinity.

When I was at the workshop, I felt pain on my neck and back due to the impact, I went to Ubi Family clinic & Surgery on the same day and was given 3 days MC from 30/01/2021 to 01/02/2021.

I have no footages of the accident. That's all.



**SINGAPORE  
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T/20210201/2030

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Report No. T/20210201/2030

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210201/2030

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30 Bedok North Road SINGAPORE 469676  
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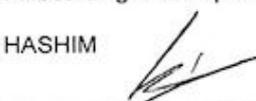
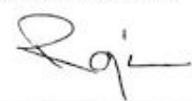
Report No. T/20210201/2030

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:<br>G /<br>Sgt 3 AHMAD BIN HASHIM<br> | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable<br>                                 | Date/Time:<br>01/02/2021 11:09  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI ANG YI TING, STEPHANIE<br>Contact No.: 65476414  | Classification Of Case:   |

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0821210001 Vehicle Registration No: SLR1677D
Name(as shown in NRIC) : ROBIN BN BANWAR NRIC/FIN/Passport No : SXXXX248J
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore( )
Contact (Tel) : Mobile No. :
Email Address :
Date of Accident : Time of Accident :
Place of Accident : BKK TOWARDS SJK ALMAR LOMAS 7 351
Insurance Company : MTRC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1 To Insure Insured Party
2 To Upload Police Report

Policyholder / Driver's Signature
Date:



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