

# 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 ..... 05/02/2021 17:25 (SGT)  
Date of Accident ..... 04/02/2021 18:30 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... SLIP RD TO TAMPINES AVE 12  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7525B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SUNNYBAY TRANSPORT PTE LTD  
Company Reg No ..... 2XXXXX358R  
Email Address ..... INFO@SUNNYBAY.SG  
Mobile Phone No ..... (Phone) +65-94716633  
Alternative Phone No ..... +65-94716633

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 ..... Bus

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116595955  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED HAMZAH BIN MOENG  
NRIC No ..... SXXXX897I  
Date Of Birth ..... 24/04/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/12/1990
Driving experience .....	30 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97845658
Alt. Phone Number .....	-
Email Address .....	HAMZAHMOENG@GMAIL.COM
Address .....	BLK 119 BEDOK RESERVOIR RD #04-184
Address complement .....	-
Postcode .....	470119
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	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 .....	-
Gender .....	Male

#### PASSENGER 2

Name .....	-
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210204/2104

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMC8216Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	GOH WEI JIN DENNIS
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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5. **Any false reporting may be referred to the Police for investigation**.
6. 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.
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.
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

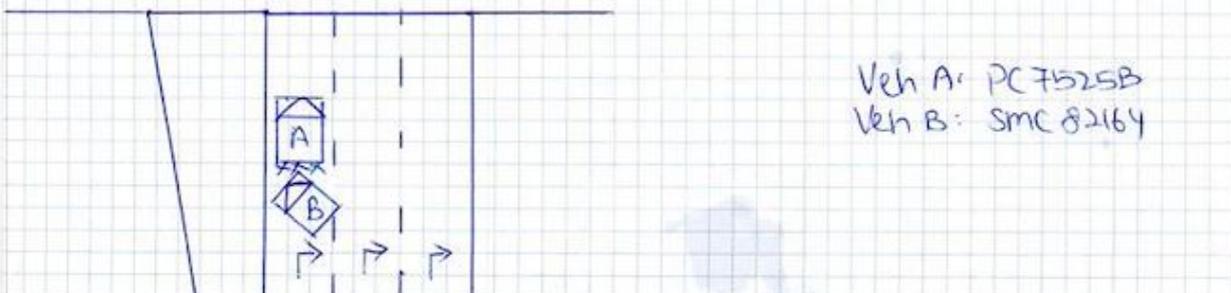
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	  Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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**Sketch Plan**

To pass R/S Dr 8

To Tampines Ave 12



**Describe Circumstances of the Accident**

Refer to police report  
Report No: T/20210209/2104

**Declaration**

We declare the foregoing particulars to be 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

























**SINGAPORE  
POLICE FORCE**



T/20210204/2104

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20210204/2104

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	MR LIM	ID No.	NIL
Related Vehicle	PC7525B (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMED HAMZAH BIN MOENG	ID No.	S1301897I
Related Vehicle	PC7525B (Bus/Coach/Minibus)	Contact No.	97845658
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	TAN KIM LUAN	ID No.	NIL
Related Vehicle	PC7525B (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


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Report No. T/20210204/2104

## CONTINUATION OF REPORT

Driver			
Name	GOH WEI JIN DENNIS		ID No. S8900993F
Related Vehicle	SMC8216Y (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON 04/02/2021 AT ABOUT 1830HRS, I HAD STOPPED MY VEHICLE AT THE TRAFFIC LIGHT AT THE SLIP ROAD OF TAMPINES AVE 12 BEFORE TURNING RIGHT INTO TAMPINES AVE 12. I HAD A WHEELCHAIR BOUND PASSENGER IN MY VEHICLE. THE LIGHT WAS RED. WHILE I WAS WAITING FOR THE LIGHT TO TURN GREEN, SUDDENLY MY REAR WAS HIT BY A SILVER IN COLOUR VEHICLE. I MADE A CHECK AND THE VEHICLE THAT HAD HIT ME WAS BADLY DAMAGED. MY WHEELCHAIR BOUND PASSENGER WAS NOT INJURED DURING THAT POINT OF TIME. I AM ALSO NOT INJURED.



**SINGAPORE  
POLICE FORCE**



T/20210204/2104

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20210204/2104

**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:  
G /  
Sgt 3 MUHAMMAD FARHAN BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/02/2021 20:17

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Classification Of Case:

Authentication Stamp  
NP168  
  
SIGNATURE