

# 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 ..... 08/02/2021 15:58 (SGT)  
Date of Accident ..... 06/02/2021 09:40 (SGT)  
Exact Location of Accident ..... 445 Fajar Rd, Singapore 670445  
Additional Location Information ..... LOADING BAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ6111Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NEBOSH  
Company Reg No ..... -  
Email Address ..... MOTORICARZGARAGE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83589969  
Alternative Phone No ..... +65-83589969

### VEHICLE PARTICULARS

Manufacturer ..... Peugeot  
Model ..... Partner  
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 ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V05551/VCV/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ALUKO OLANREWAJU JAMES  
NRIC No ..... SXXXX538I  
Date Of Birth ..... 08/07/1974  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/02/2006
Driving experience .....	15 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-83589969
Alt. Phone Number .....	-
Email Address .....	MOTORICARZGARAGE@GMAIL.COM
Address .....	BLK 450 BUKIT PANJANG RING ROAD #05-587
Address complement .....	-
Postcode .....	670450
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Collided into Parked Vehicle
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) .....	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 .....	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/20210206/7019

#### 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 .....	GBC2340R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	NG EARN HOW
NRIC No .....	SXXXX510C

Contact Number .....	(Phone) +65-93854118
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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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.

Address: Upper Serangoon Road P.O. Box 048

Singapore 915422

Phone: 24hrs Hotline 8358 9869 (Whatsapp)

Sign Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

REPORT NO. T/20210206/7019

Name : REAL TRANSPORT  
 Active : PEST CONTROL OPERATOR  
ENGINEERING & MAINTAINANCE  
WSH / ECO / FSM SERVICES  
SALES & MARKETING  
EDUCATION & TRAINING  
 Declaration : LANDSCAPE AND GARDENING  
MANPOWER AND CONSULTANCY SERVICES  
 Address : ...

## Declaration

Address : 8 Jurong Town Hall #01-01 S/G09963  
We declare the foregoing particulars are true in every respect.  
Address : Upper Serangoon Road P.O. Box 048  
Singapore 515422  
Phone : 24hrs Hotline 8358 9969 (Whatsapp)

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel





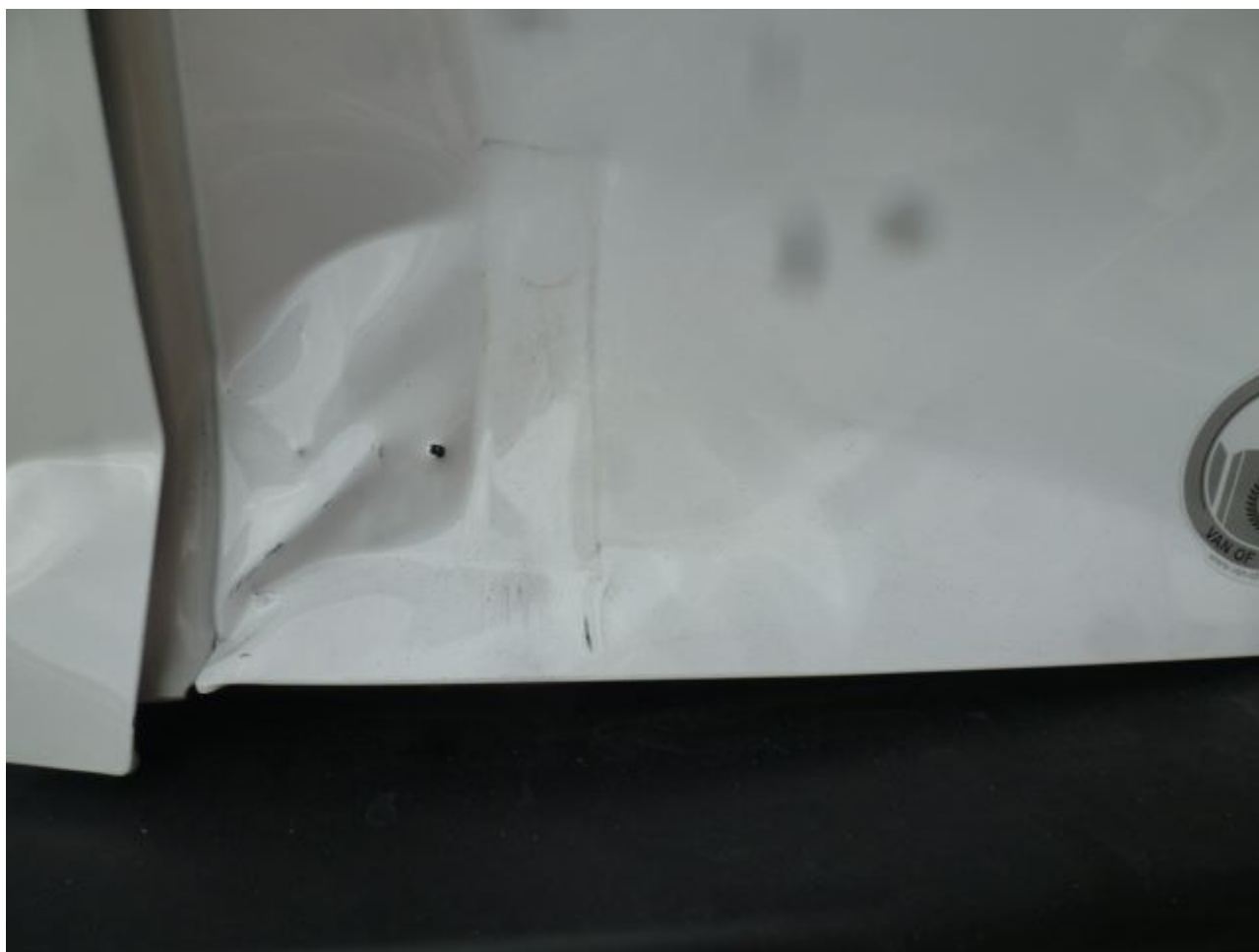






































**SINGAPORE  
POLICE FORCE**



T/20210206/7019

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

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Report No. T/20210206/7019

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2021 18:01		Vide Report No.: J/20210206/0097		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ALUKO OLANREWAJU JAMES			Address: 450 BUKIT PANJANG RING ROAD #05-587 SINGAPORE 670450		
ID Type / ID No.: NRIC NO / S74605381			Contact No.: Home/Office: Mobile: 83589969		
Nationality: NIGERIAN			Email: LANRESING@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 08/07/1974	Type of Informant: Vehicle Owner		
Race: African			Language: English		Institution / School Name:
Occupation: Environmental engineer			Driving Licence Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2021 09:40	Type of Location: Car Park
Location:  FAJAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC2340R	Lorry			Pink	Slightly Damaged	1
GBJ6111Y	Van	PEUGEOT	Partner	White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210206/7019

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

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Report No. T/20210206/7019

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NG EARN HOW	ID No.	S7919510C
Related Vehicle	GBC2340R (Lorry)	Contact No.	93854118
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
Vehicle Owner			
Name	ALUKO OLANREWAJU JAMES	ID No.	S7460538I
Related Vehicle	NIL	Contact No.	83589969
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 the stated date and time. I parked my car at the loading bay at Fajar Shopping Centre. While i was walking to my car i witness a truck reversing and hit my rear of the car. Its a moving vehicle against park vehicle. Rear to rear collision. There was police handle the accident and was given a case card :

J/20210206/0097 .

I had exchanged with the 3rd party owner and had agreed to resolved this issue via insurance claim.





**SINGAPORE  
POLICE FORCE**

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



T/20210206/7019

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Report No. T/20210206/7019

**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 / TPHQ /  
NUR ADELINA BINTE MOHAMMAD FUAT  
Contact No.: 65476066

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:  
06/02/2021 18:01

Classification Of Case: