

# 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 20:33 (SGT)
Date of Accident .....	06/02/2021 16:15 (SGT)
Exact Location of Accident .....	40 Beo Cres, Block 40, Singapore 160040
Additional Location Information .....	DECK 44A MSCP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBB8083Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FAZLINA TRADING
Company Reg No .....	5XXXX181C
Email Address .....	ashley9567@yahoo.com
Mobile Phone No .....	(Phone) +65-90509054
Alternative Phone No .....	+65-90509054

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Fb70bb1srdea
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 .....	China Taiping Insurance
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00044732000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SHAHUL HAMEED ISMATHULLAH
Passport No/FIN .....	GXXXX165M
Date Of Birth .....	25/09/1985
Occupation .....	Indoor

Date Of Driving Pass .....	02/11/2015
Driving experience .....	5 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90509054
Alt. Phone Number .....	-
Email Address .....	ashley9567@yahoo.com
Address .....	BLK 503 JELAPANG ROAD #01-368
Address complement .....	-
Postcode .....	670503
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? .....	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 .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210206/2160

#### 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 .....	SGX2152Y
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SHAHUL HAMEED ISMATHULLAH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBB8083Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

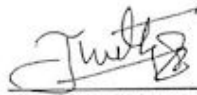
## SKETCH PLAN


## IMPORTANT NOTICE

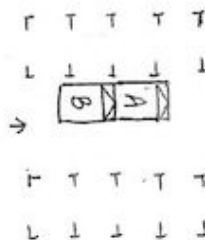
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

  
  
 Policyholder's Signature / Date & Time

Sketch Plan

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

 08/02/2021  
 Witnessed by Reporting Centre Personnel



Vehicle A: GBB 8083Z

Vehicle B: SGX 152Y

Blk 40 Beo Crescent Deck 4A multi-storey Carpark













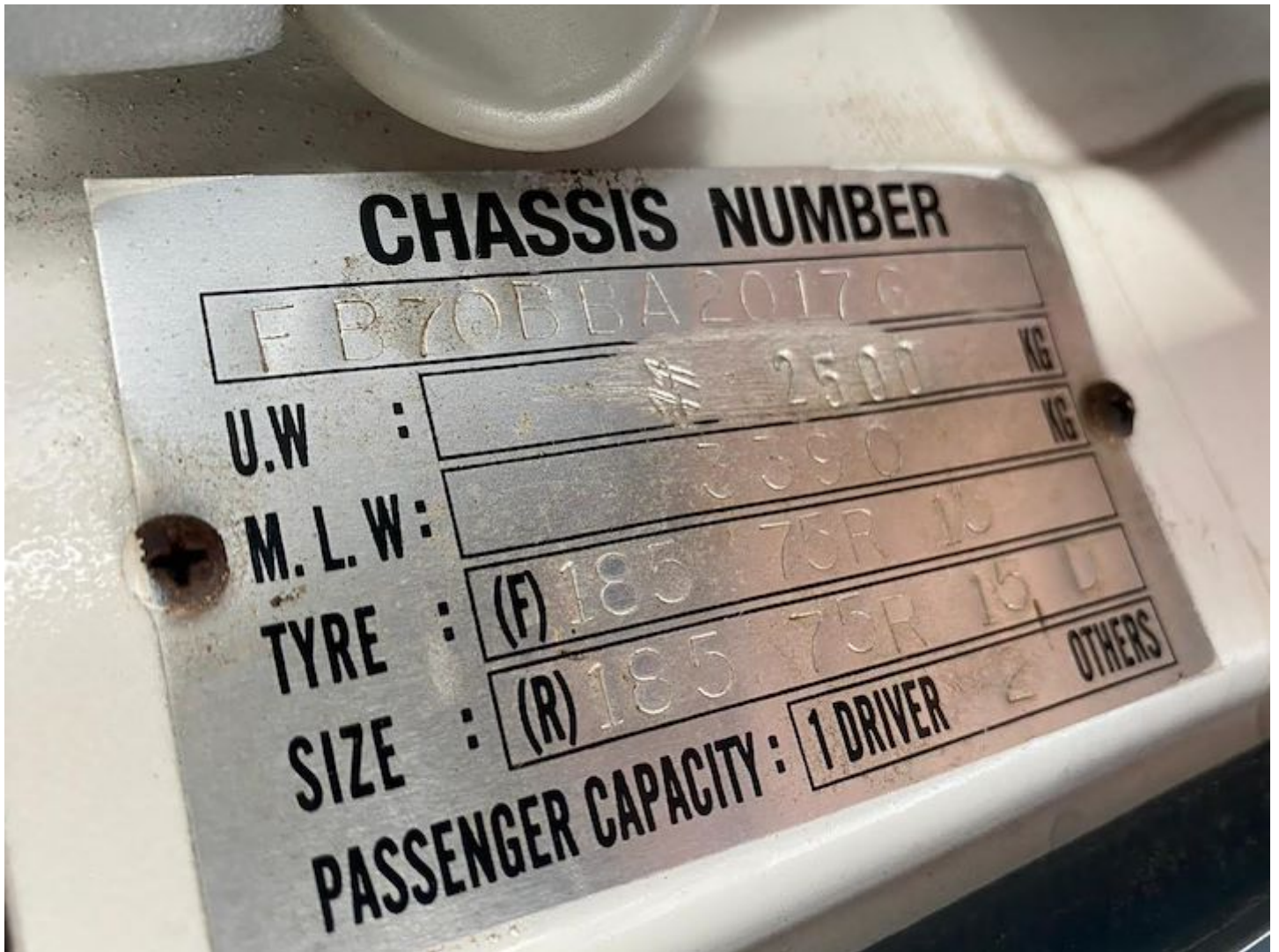


















**SINGAPORE  
POLICE FORCE**



T/20210206/2160

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3  
Report No. T/20210206/2160

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/02/2021 23:48		Vide Report No.: E/20210206/0140	Station Diary No.: 125
<b>Informant's Particulars</b>			
Name of Informant: SHAHUL HAMEED ISMATHULLAH		Address: APT BLK 503 JELAPANG ROAD #01-368 SINGAPORE 670503	
ID Type / ID No.: FIN NO / G0457165M		Contact No.: Home/Office: Mobile: 90509054	
Nationality: SRI LANKAN		Email:	
Sex: Male	Age: 35	Date of Birth: 25/09/1985	Type of Informant: Driver
Race: Sri Lankan		Language: English	Institution / School Name:
Occupation: Accountant		Driving Licence Information: Class: 2B,3C Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2021 16:15	Type of Location: Car Park
Location: BE CRESCENT				
Weather: Not Applicable		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8083Z	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Slightly Damaged	0
SGX2152Y	Car	HONDA	CIVIC 2.0L A	Black	Seriously Damaged	3

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210206/2160

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20210206/2160

CONTINUATION OF REPORT

Driver			
Name	SHAHUL HAMEED ISMATHULLAH	ID No.	G0457165M
Related Vehicle	GBB8083Z (Lorry)	Contact No.	90509054
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	06/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 06/02/2021 at about 4.15pm, while I was driving my lorry (GBB8083Z) inside the Multi-Storey Carpark located at Blk 40 Beo Crescent Deck 44A. While I was at the stop line waiting for the vehicles in front of me to pass, suddenly a car (SGX2152Y) hit my lorry from behind.

My lorry rear headlight area is damaged, as a result one side of the door is unable to close properly. I do not have the details of the other party, as he boarded the ambulance.

I am lodging this report for record purposes and insurance claims.





SINGAPORE  
POLICE FORCE



T/20210206/2160

Police Station Of Origin:

Toa Payoh N.P.C

98 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20210206/2160

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

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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:

E /

Sgt 2 JEANNETTE GOH CHUN HWEE

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2021 23:48

Off

Off

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD  
FUAT

Contact No.: 65476066

Authentication Stamp

NP168

Classification Of Case:

SN 168



SIGNATURE