

# 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 ..... 15/02/2021 15:07 (SGT)  
Date of Accident ..... 12/02/2021 11:30 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA9975T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ASIA EXPRESS CAR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX882D  
Email Address ..... PEIJIE@EXPRESSCAR.COM.SG  
Mobile Phone No ..... (Phone) +65-91998131  
Alternative Phone No ..... +65-91998131

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
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 ..... China Taiping Insurance  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00001942000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZULKIFLI BIN KAMSANI  
NRIC No ..... SXXXX930F  
Date Of Birth ..... 05/11/1973  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/02/1994
Driving experience .....	27 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97876682
Alt. Phone Number .....	-
Email Address .....	PEIJIE@EXPRESSCAR.COM.SG
Address .....	BLK 524 SERANGOON NORTH AVE 4 #03-46
Address complement .....	-
Postcode .....	550524
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### 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

REFER TO POLICE REPORT T/20210215/2048

#### 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 .....	SGS2847C
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 .....	ZULKIFLI BIN KAMSANI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMA9975T
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.**
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 15/02/21

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/02/21

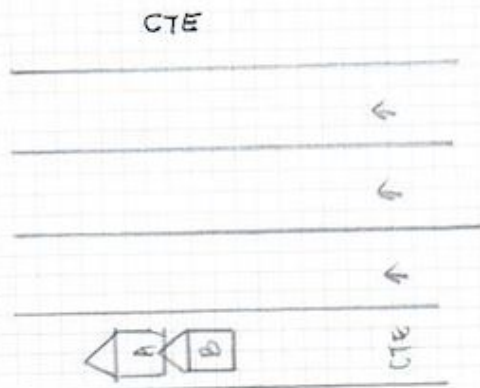
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A: SMA99NT  
B: SGS2847C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON CTE TOWARDS PIE ON EXIT 8B.  
WHILE WAS SLOWLY TRAVEL A VEHICLE IN FRONT OF ME STOP AND I STOP  
~~IN FRONT~~ BEHIND THE VEHICLE. SUDDENLY, I FEEL AN IMPACT AT THE  
BACK OF MY VEHICLE. SO, I ALIGHT MY CAR AND CHECK THAT A CAR  
SGS 2847C HIT BACK OF MY CAR.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 15/02/21

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/02/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

























**SINGAPORE  
POLICE FORCE**



T/20210215/2048

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

1 of 3

Report No. T/20210215/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/02/2021 13:06		Vide Report No.:		Station Diary No.: 42
<b>Informant's Particulars</b>				
Name of Informant: ZULKIFLI BIN KAMSANI		Address: APT BLK 524 SERANGOON NORTH AVENUE 4 #03-46 SINGAPORE 550524		
ID Type / ID No.: NRIC NO / S7340930F		Contact No.: Home/Office: Mobile: 97876682		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 05/11/1973	Type of Informant: Driver	
Race: Javanese		Language: English	Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2021 11:30	Type of Location: Flyover
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS2847C	Car	HONDA	STREAM 1.8 A	Grey	Slightly Damaged	2
SMA9975T	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Black	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210215/2048

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/20210215/2048

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LO BING CHENG, JOHNSON	ID No.	S8903023D
Related Vehicle	SGS2847C (Car)	Contact No.	91193957
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	ZULKIFLI BIN KAMSANI	ID No.	S7340930F
Related Vehicle	SMA9975T (Car)	Contact No.	97876682
Hospital/Clinic	Unihealth Clinic (Bedok)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/02/2021	Date Discharge	15/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was driving along Central Expressway (CTE) from Ang Mo Kio Ave 3, heading towards Pan-Island Expressway (PIE) to go towards Changi. I was with a passenger and was sending him to his destination. I was filtering into the slip road to enter PIE (Changi) at the point of time. The traffic was quite slow moving at the time, so I had to drive slowly. However, suddenly there was a car that bumped into the rear of my vehicle. I made a check with my passenger who informed me that he was okay. I then went out of my vehicle to make a check and noticed that my rear door of my car and the front bumper of the car that bumped onto mine was damaged. We then exchanged our particulars and left the scene. After sending my passenger, I went over to my workshop at 25 Kaki Bukit Road 4 for inspection on my vehicle and to retrieve video footage. After which, I went home. Upon reaching home, I felt a slight discomfort on my back through my neck and decided to make a check at a clinic in Bedok. The doctor then issued me 5 days' MC.



**SINGAPORE  
POLICE FORCE**



T/20210215/2048

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Tel No: 1800-2449999

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Report No. T/20210215/2048

**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 2 ARI HAIKAL BIN SUBTU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

15/02/2021 13:06

Classification Of Case:

Authentication Stamp

NP168 SINGAPORE POLICE FORCE



SIGNATURE



