

# 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 16:22 (SGT)  
Date of Accident ..... 11/02/2021 12:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE TOWARDS CITY NEAR AMK AVE 1 EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW2487R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LUMENS AUTO PTE LTD  
Company Reg No ..... 2XXXXX961K  
Email Address ..... bruce@lumens.sg  
Mobile Phone No ..... (Phone) +65-87781765  
Alternative Phone No ..... (Office) +65-87781765

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... Tokio Marine  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 20-ML000510-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED YUSOFF BIN MOHD HITAM  
NRIC No ..... SXXXX749D  
Date Of Birth ..... 24/11/1961  
Occupation ..... Outdoor

Date Of Driving Pass .....	04/07/1983
Driving experience .....	37 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-8778765
Alt. Phone Number .....	-
Email Address .....	bruce@lumens.sg
Address .....	BLK 207 BOON LAY PLACE #02-223
Address complement .....	-
Postcode .....	640207
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 3

Name .....	PASSENGER
Gender .....	Male

#### 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

PLEASE REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

Was there any audio recorded? ..... No

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMQ2592B  
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) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SGW8103E  
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) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SJK8652P  
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) ..... -

**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 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.



*[Handwritten Signature]*

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

























**SINGAPORE  
POLICE FORCE**



T/20210211/7034

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

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Report No. T/20210211/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2021 16:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MOHAMED YUSOFF BIN MOHD HITAM		Address: 207 BOON LAY PLACE #02-223 SINGAPORE 640207	
ID Type / ID No.: NRIC NO / S1485749D		Contact No.: Home/Office:                      Mobile: 97782167	
Nationality: SINGAPORE CITIZEN		Email: mohdyus2411@gmail.com	
Sex: Male	Age: 59	Date of Birth: 24/11/1961	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2021 00:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
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	Conditio	No of
SGW8103E	Car	TOYOTA	Vios	Black	Seriously Damaged	0
SJK8652P	Car	HONDA	Stream	Black	Seriously Damaged	0



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Report No. T/20210211/7034

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ2592B	Car	MERCEDES BENZ	C180	Blue	Slightly Damaged	0
SMW2487R	Car	TOYOTA	Altis	White	Seriously Damaged	3

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LIM TECK MENG			ID No.	S7235937B
Related Vehicle	SGW8103E (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL			Degree of	NIL
Driver					
Name	TAMBOU YVONNE SHANTI			ID No.	S7047837D
Related Vehicle	SJK8652P (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL			Degree of	NIL
Passenger					
Name	Unknown Passenger			ID No.	NIL
Related Vehicle	SMW2487R (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	NIL			Date	NIL
No. of Days granted Medical Leave	NIL			Degree of	NIL



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Report No. T/20210211/7034

## CONTINUATION OF REPORT

Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SMW2487R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SMW2487R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	MOHAMED YUSOFF BIN MOHD HITAM		ID No.	S1485749D
Related Vehicle	SMW2487R (Car)		Contact No.	97782167
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/02/2021		Date	11/02/2021
No. of Days granted Medical Leave	05		Degree of	Slight

## Brief Details.

On 11/02/2021 at around 1225pm, i was driving my vehicle bearing SMW2487R along CTE near exit 11 when i noticed the vehicle infront SGW8103E coming to a stop, i applied my brakes gradually to a complete stop. Just when my vehicle stopped, i felt a huge bang from the rear and my vehicle surged forward, colliding into the rear of SGW8103E. I alighted my vehicle and saw a vehicle bearing SJK8652P has collided into the rear of my vehicle. I also realized that due to the force from SJK8652P, SGW8103E was pushed forward and collided into another vehicle bearing SMQ2592B. We alighted and exchanged particulars. The TP came and dismiss us soon after. Just when i was about to go home, i felt discomfort and proceeded to Mount Alvernia for medical consultation. I was given 5 days MC by the doctors to rest at home.



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T/20210211/7034

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Report No. T/20210211/7034

CONTINUATION OF REPORT



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T/20210211/7034

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Report No. T/20210211/7034

**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 / TPIB / SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200

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: 11/02/2021 16:33
Classification Of Case:

