

# 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 ..... 20/02/2021 14:10 (SGT)  
Date of Accident ..... 19/02/2021 19:00 (SGT)  
Exact Location of Accident ..... Tampines Ave 12, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD6229Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... T.A.G CONSTRUCTION PTE LTD  
Company Reg No ..... 2XXXXX399H  
Email Address ..... TAGCONSTN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-62955800  
Alternative Phone No ..... +65-62955800

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5097373179-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUIED  
Work Permit No ..... GXXXX619U  
Date Of Birth ..... 12/11/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	16/01/2018
Driving experience .....	3 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90773811
Alt. Phone Number .....	-
Email Address .....	TAGCONSTN@GMAIL.COM
Address .....	12 SUNGEI KADUT ST 6
Address complement .....	-
Postcode .....	728858
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

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

#### PASSENGER 2

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

#### PASSENGER 3

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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210220/2019

#### 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 .....	FBN6236A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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**

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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.

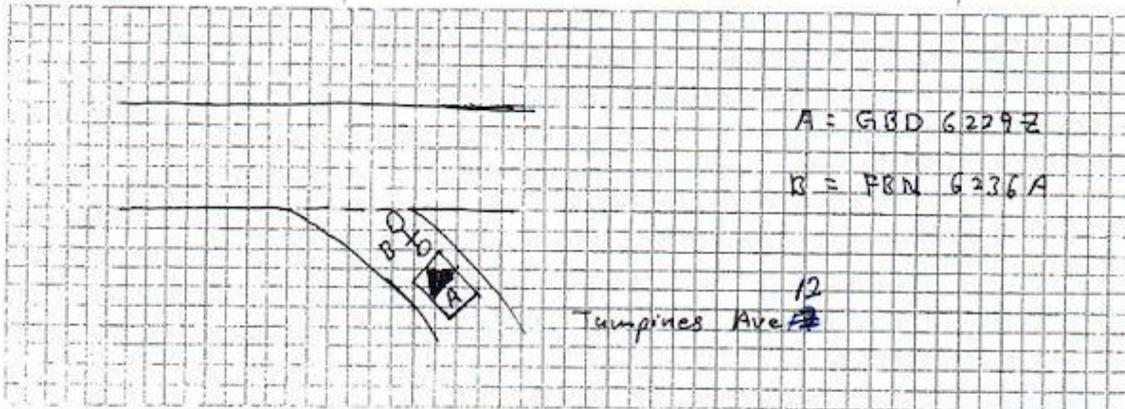


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

I stop behind a motorcycle (FBN 6236A) at the Slip Rd twds TPE, when I saw the motorcycle started to move, I follow to move. All of a sudden, the motorcycle stop, I manage to brake but cannot stop in time and collided onto the motorcycle.

**Declaration**

We declare the foregoing particulars are 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











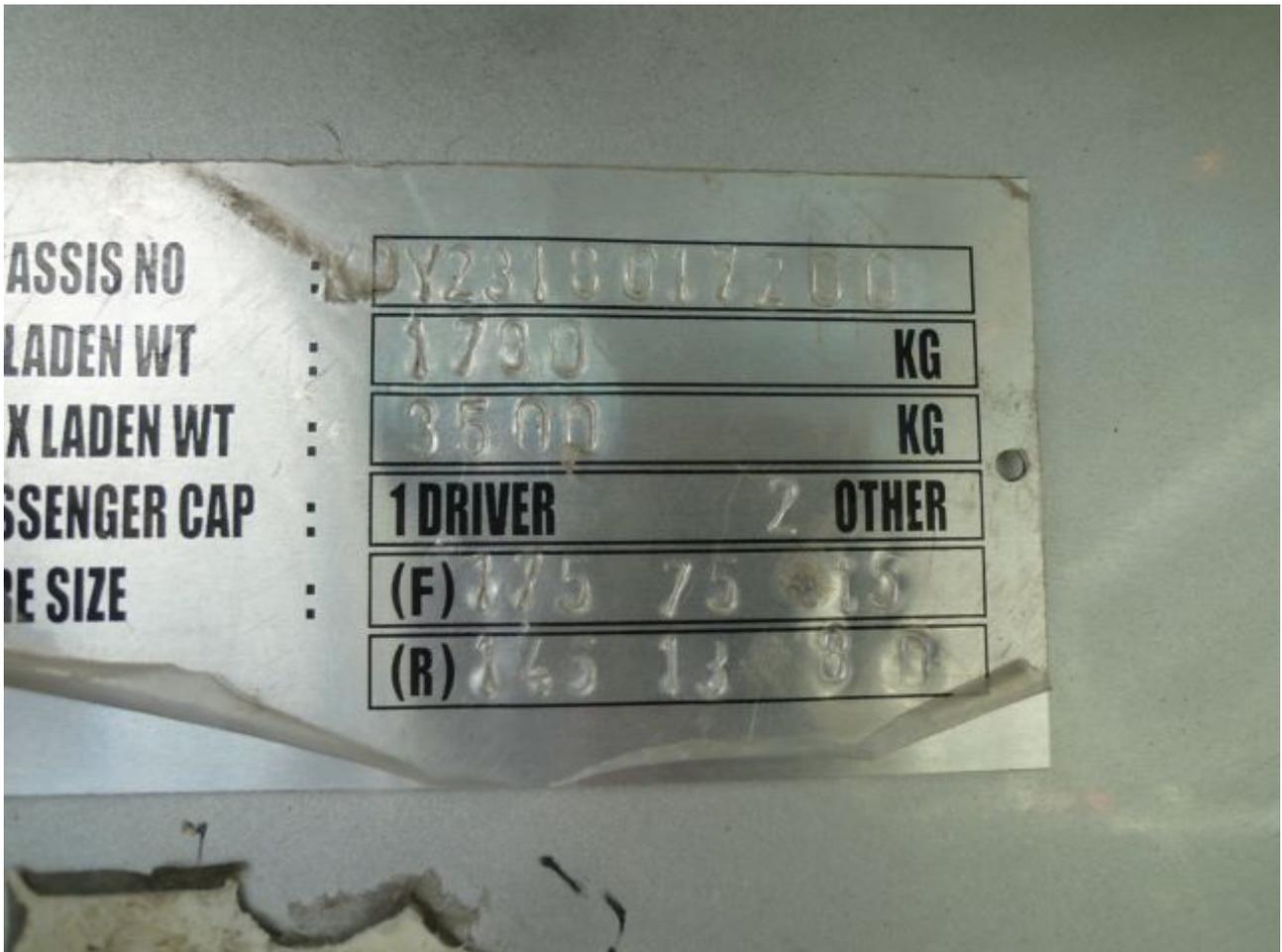













**SINGAPORE  
POLICE FORCE**


T/20210220/2019

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20210220/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/02/2021 11:53	Vide Report No.:	Station Diary No.: 60
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**Informant's Particulars**

Name of Informant: MUIED		Address: APT BLK 12 Sungei Kadut Street 6 #04 SINGAPORE 728858	
ID Type / ID No.: FIN NO / G2481619U		Contact No.: Home/Office:                      Mobile: 90773811	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 26	Date of Birth: 12/11/1994	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: Civil engineering/Building construction labourer		Driving Licence Information: Class: 3	Date of Expiry: 15/01/2023

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2021 19:00	Type of Location: Bend
Location:  TAMPINES AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBN6236A	Motorcycle				Slightly Damaged	0
GBD6229Z	Lorry				Slightly Damaged	3

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20210220/2019

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Report No. T/20210220/2019

**CONTINUATION OF REPORT**

Driver			
Name	MUIED	ID No.	G2481619U
Related Vehicle	NIL	Contact No.	90773811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 15/01/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 19 Feb 2021, at around 7 pm, I was travelling along Tampines Avenue 12 and I was turning left onto TPE towards Tuas. I stopped behind a motorcycle with vehicle plate FBN6236A as there were oncoming vehicles travelling on the side road. Once I saw that the traffic is clear and I saw that the motorbike has also started moving, I started moving my vehicle preparing to move onto TPE. However, an oncoming vehicle suddenly came and the motorbike stopped. I could not stop my vehicle in time and therefore I collided with the motorbike from the back. The motorcycle toppled and the rider fell off the bike.

I came out of my vehicle and checked if the rider was ok. I saw that he had some scratches on his left elbow. I asked the rider if he needed ambulance, which he declined. The rider then informed me that he will lodge a report with the police. I confirmed with him if he needed any more assistance and he declined. He also said that I could leave first while he waited for his towing vehicle. I then left the incident location with the rider still waiting there.

The vehicle I was driving suffered slight damage to the right windscreen and dent below windscreen.

There was no damage to government property. No traffic police or ambulance was involved.

I am lodging this report for record purposes on instructions from my boss.



**SINGAPORE  
POLICE FORCE**



T/20210220/2019

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210220/2019

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 /

Insp JUSTIN CHUA NING XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/02/2021 11:53

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168



