

# 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 ..... 01/03/2021 12:04 (SGT)  
Date of Accident ..... 29/01/2021 14:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN6174Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRINITY ASSETS PTE LTD  
Company Reg No ..... 2XXXXX907C  
Email Address ..... ADYJULE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81187581  
Alternative Phone No ..... +65-81187581

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... -  
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 ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118513460  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD HADI BIN MD TAHIR  
NRIC No ..... SXXXX245D  
Date Of Birth ..... 02/03/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/04/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87572753
Alt. Phone Number .....	-
Email Address .....	ADYJULE@GMAIL.COM
Address .....	BLK 1 EUNOS CRESCENT #04-2535
Address complement .....	-
Postcode .....	400001
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 .....	Side Swipe
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JULEANA BINTE MOHD AZIS
Gender .....	Female

#### PASSENGER 2

Name .....	MOHAMMAD FAIRUZ BIN MOHD AZIS
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changkat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007819999
Alt. Police Station Phone No .....	(Fax) +65-67832722
Police Station Address .....	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210129/2136

#### 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 .....	SJU5945L
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 .....	MUHAMMAD HADI BIN MD TAHIR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	YN6174Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	JULEANA BINTE MOHD AZIS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	YN6174Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	MOHAMMAD FAIRUZ BIN MOHD AZIS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	YN6174Y
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:

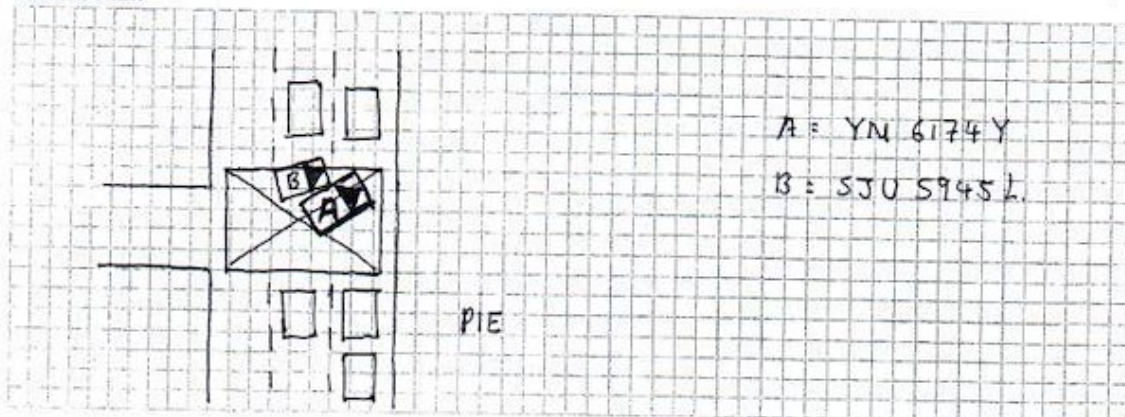
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Declaration

Policyholder's Signature / Date &  
Time



Witnessed by Reporting Centre  
Personnel



















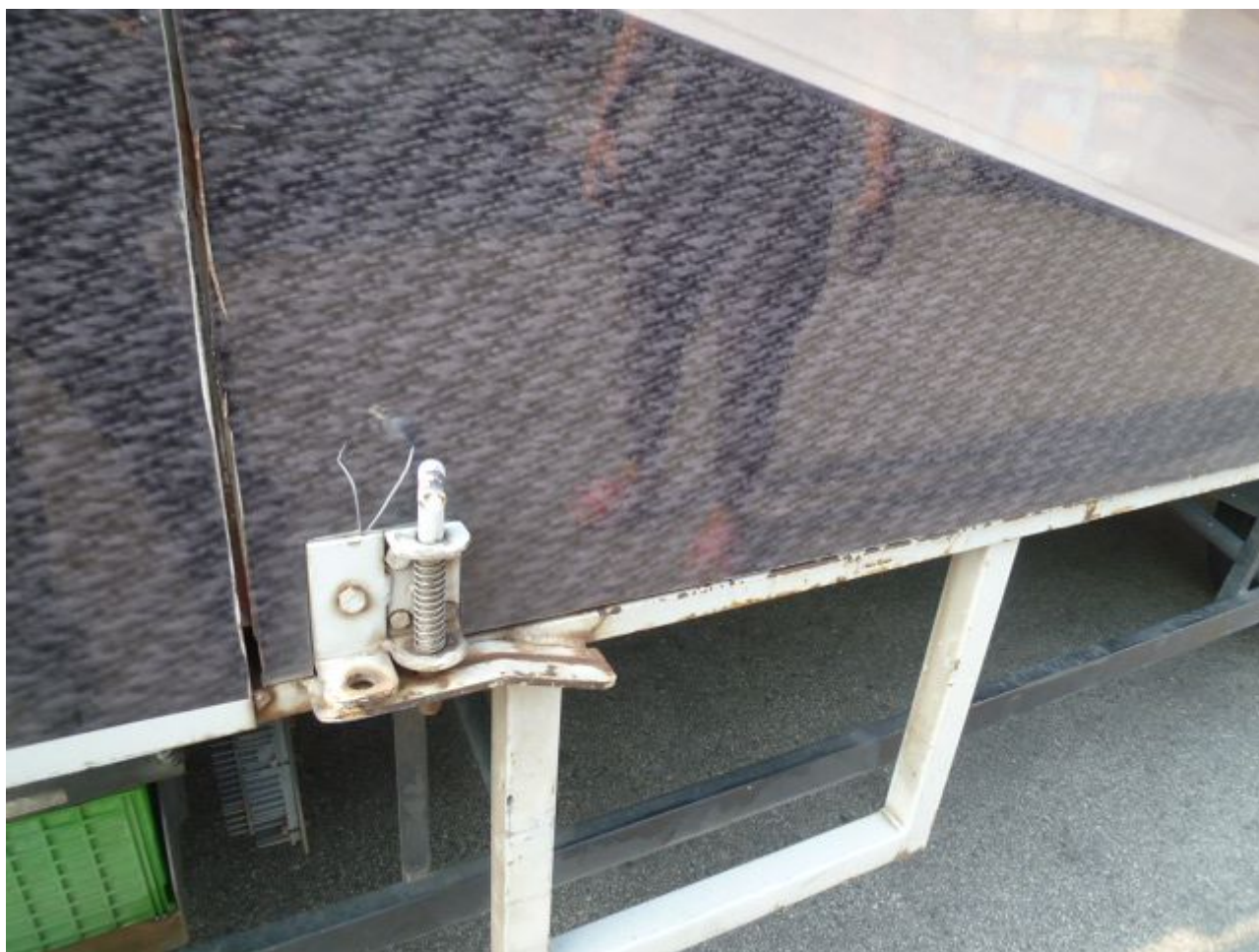































**SINGAPORE  
POLICE FORCE**


T/20210129/2136

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20210129/2136

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2021 21:43	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: MUHAMMAD HADI BIN MD TAHIR			Address: APT BLK 1 EUNOS CRESCENT #04-2535 SINGAPORE 400001		
ID Type / ID No.: NRIC NO / S8207245D			Contact No.: Home/Office: Mobile: 87572753		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 02/03/1982	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: IKEA DELIVERY DRIVER			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2021 14:30	Type of Location: T-Junction
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU5945L	Car					0
YN6174Y	Lorry				Slightly Damaged	2

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



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Report No. T/20210129/2136

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHAI MUI LING	ID No.	S7511496F
Related Vehicle	SJU5945L (Car)	Contact No.	94882345
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	MUHAMMAD HADI BIN MD TAHIR	ID No.	S8207245D
Related Vehicle	YN6174Y (Lorry)	Contact No.	87572753
Hospital/Clinic	TAMPINES CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/01/2021	Date Discharge	29/01/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 29/01/2021 at about 1430hrs, I was driving in my lorry (YN 6174Y) exiting Circuit Road onto PIE (Changi) going into Paya Lebar. I have exited Circuit Road and merged into the traffic exiting PIE (Changi) going into Paya Lebar, I was in on the yellow box at the furthest right lane waiting for the traffic to move off. When the traffic started to move off, I wanted to drive off as well but suddenly I felt an impact coming from the left side of my lorry, just at the left passenger side. I then went down to make a check and discovered that another vehicle (SJU 5945L) had collided onto the side of my lorry.

The other driver started to argue with me, however I did not retaliate and we exchanged particulars before she left scene in a hurry. I have two passengers with me, my wife (Juleana Binte Mohd Azis, S8507614J, H/P: 87518416) and my brother in-law (Mohammad Fairuz Bin Mohd Azis, S8313251E, H/P: 88400571) during the point of accident. We all went to see a doctor at Tampines Clinic & Surgery Pte Ltd as we felt discomfort on our bodies, my wife and I was given 4 days of MC while my brother in-law was given 7 days of MC. The lorry belongs to my company, and it was my boss who had told me to proceed with the accident report.





SINGAPORE  
POLICE FORCE



T/20210129/2136

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Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20210129/2136

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 3 LIM TING RUI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
29/01/2021 21:43

Classification Of Case: