

# 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 ..... 22/03/2021 16:29 (SGT)  
Date of Accident ..... 20/03/2021 15:00 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ351K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABS LEASING SERVICES PTE LTD  
Company Reg No ..... -  
Email Address ..... JOHN.PYJ@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-92966056  
Alternative Phone No ..... +65-92966056

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Urvan  
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  
Transmission ..... Manual  
CC ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00024572000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMAD AZHAR BIN SUPENGI  
NRIC No ..... S7430774D

Date Of Birth .....	08/10/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	25/08/1997
Driving experience .....	23 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97263740
Alt. Phone Number .....	-
Email Address .....	JOHN.PYJ@HOTMAIL.COM
Address .....	BLK 815 TAMPINES AVE 4 #12-233
Address complement .....	-
Postcode .....	520815
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	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 .....	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

REFER TO POLICE REPORT T/20210322/7016

#### 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 .....	SFT718L
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 .....	SHD3601E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	SMT9993R
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 .....	MOHAMAD AZHAR BIN SUPENGI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBJ351K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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.
- (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

*[Signature]*

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

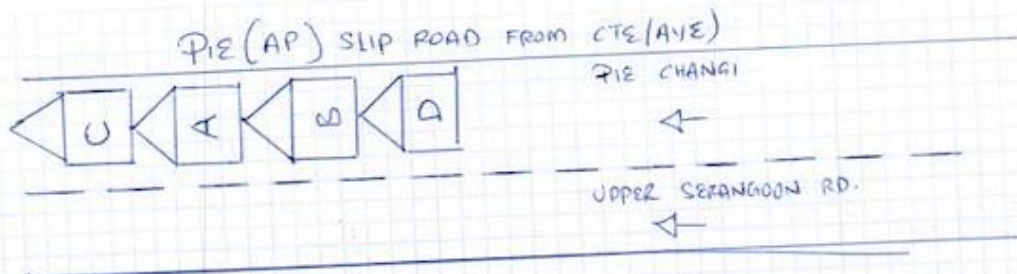
*[Signature]*

Witnessed by Reporting Centre Personnel

Sketch Plan

VEHICLE

- A: GSJ351K
- B: SFT718L
- C: SHD3601E
- D: SMT9993R



## Describe Circumstances of the Accident

MENTION DATE, TIME AND LOCATION. I VEHICLE "A" WAS CRUISING ON THE MOST RIGHT LANE ENTERING AE CHANGI EXIT. IN FRONT OF MY VEHICLE SLOW DOWN AND CAME TO A STOP, I FOLLOW SUIT. WHILE WAITING TO MOVE OFF. OUT OF A SUDDEN THERE WAS A HUGE IMPACT CAME FROM MY REAR. AND FORCE MY VEHICLE TO PUSH TO THE FRONT AND COLLIDED ONTO VEHICLE "C". AFTER AWHILE I CAME DOWN FROM MY VEHICLE AND REALISE I WAS INVOLVED IN A FOUR CAR CHAIN COLLISION. AMBULANCE AND TRAFFIC POLICE CAME AFTER 20MINS.

## 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















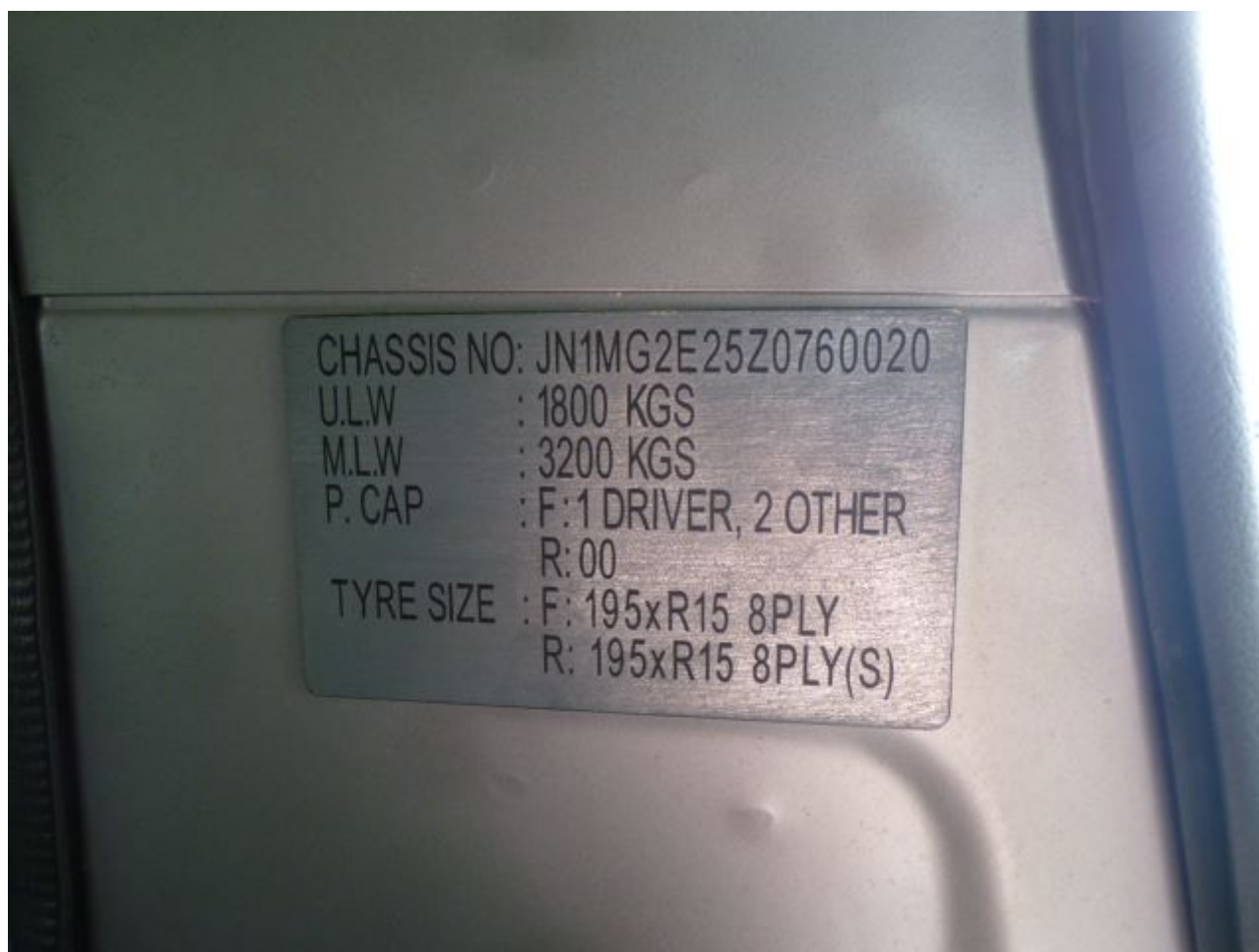














**SINGAPORE  
POLICE FORCE**



T/20210322/7016

1 of 3

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

Report No. T/20210322/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/03/2021 12:36	Vide Report No.: F/20210320/0173	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMAD AZHAR BIN SUPENGI	Address: 815 TAMPINES AVENUE 4 #12-233 SINGAPORE 520815		
ID Type / ID No.: NRIC NO / S7430774D	Contact No.:	Mobile: 97263740	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: billi25azr@gmail.com	
Sex: Male	Age: 46	Date of Birth: 08/10/1974	Type of Informant: Driver
Race: Javanese	Language: English	Institution / School Name:	
Occupation: Self employed	Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2021 15:00	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ351K	Van	NISSAN	URVAN	Silver	Seriously Damaged	1
SFT718L	Car	NISSAN	QASHQAI		Seriously Damaged	1
SHD3601E	Car				Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210322/7016

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

Report No. T/20210322/7016

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT9993R	Car	RANGE ROVER			Seriously Damaged	1

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMAD AZHAR BIN SUPENGI		ID No.	S7430774D
Related Vehicle	GBJ351K (Van)		Contact No.	97263740
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	22/03/2021		Date	22/03/2021
No. of Days granted Medical Leave		04	Degree of	Serious

**Brief Details.**

ON THE MENTION DATE, TIME AND LOCATION. I MOHAMAD AZHAR BIN SUPENGI DRIVER OF VEHICLE " GBJ351K " WAS TRAVELING ON THE MOST RIGHT LANE OF CTE TOWARDS CITY SLIP ROAD TO PIE CHANGI EXIT. WHILE I WAS CRUISING, IN FRONT OF MY VEHICLE SLOWED DOWN AND CAME TO A STOP AND I FOLLOW SUIT. WHILE WAITING TO MOVE OFF. OUT OF ALL SUDDEN THERE WAS A HUGE IMPACT CAME FROM MY REAR VEHICLE AND FORCE MY VEHICLE GBJ351K TO MOVE FORWARD AND COLLIDED ONTO THE FRONT VEHICLE OF " SHD3601E ". AFTER AWHILE I CAME DOWN FROM MY VEHICLE AND REALIZE I WAS INVOLVED IN A FOUR CAR CHAIN COLLISION. AMBULANCE AND TRAFFIC POLICE CAME AFTER. SHD3601E TAXI DRIVER CONVEY TO THE HOSPITAL, I WAS BEING CHECK BY THE MEDIC. AFTER THE NEXT DAY I FELT PAIN ON MY BACK BODY AND WENT TO CONSULT INTEMEDICAL KOVAN CLINIC, MY FAMILY DOCTOR AND WAS GIVEN 4 DAYS MC.

**VEHICLE INVOLVED**

GBJ351K  
SFT718L  
SHD3601E  
SMT9993R



SINGAPORE  
POLICE FORCE

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



T/20210322/7016

3 of 3

Report No. T/20210322/7016

## 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 / TPHQ /  
MOHAMMED FERROZ BIN HUSSEIN  
Contact No.: 65476206

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:  
22/03/2021 12:36

Classification Of Case: