

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 21/04/2021 16:27 (SGT)
Date of Accident 19/04/2021 09:20 (SGT)
Exact Location of Accident Tampines Street 93, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8791S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PARADISE LIMOUSINE
Company Reg No -
Email Address TAJUDDIN.SAFETY@GMAIL.COM
Mobile Phone No (Phone) +65-87422695
Alternative Phone No +65-87422695

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Bus
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNA00014222001
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD TAJUDDIN BIN ISMAIL
NRIC No SXXXX913I

Date Of Birth	23/03/1987
Occupation	Outdoor
Date Of Driving Pass	05/08/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87422695
Alt. Phone Number	-
Email Address	TAJUDDIN.SAFETY@GMAIL.COM
Address	BLK 137 BEDOK NORTH AVE 3 #12-1781 SINGAPORE
Address complement	-
Postcode	460137
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 - Major/Minor Rd
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)	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	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/20210421/2000

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	GBG5324Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 TAJUDDIN BIN ISMAIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	PC8791S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

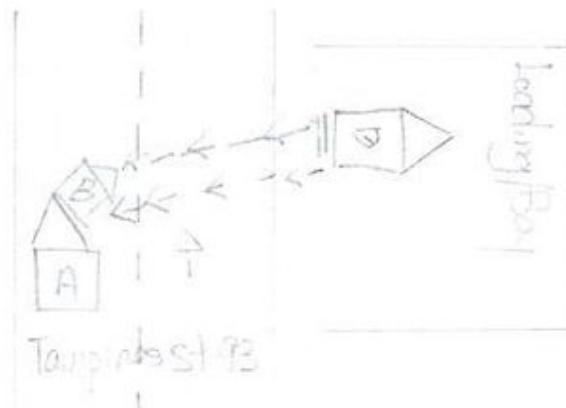
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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' law yers/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' law yers/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 law yers/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

A: PC87918

B: GBG 532H


Describe Circumstances of the Accident

On 19.04.2021 T/P: 7120210421/2060

Declaration

I/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

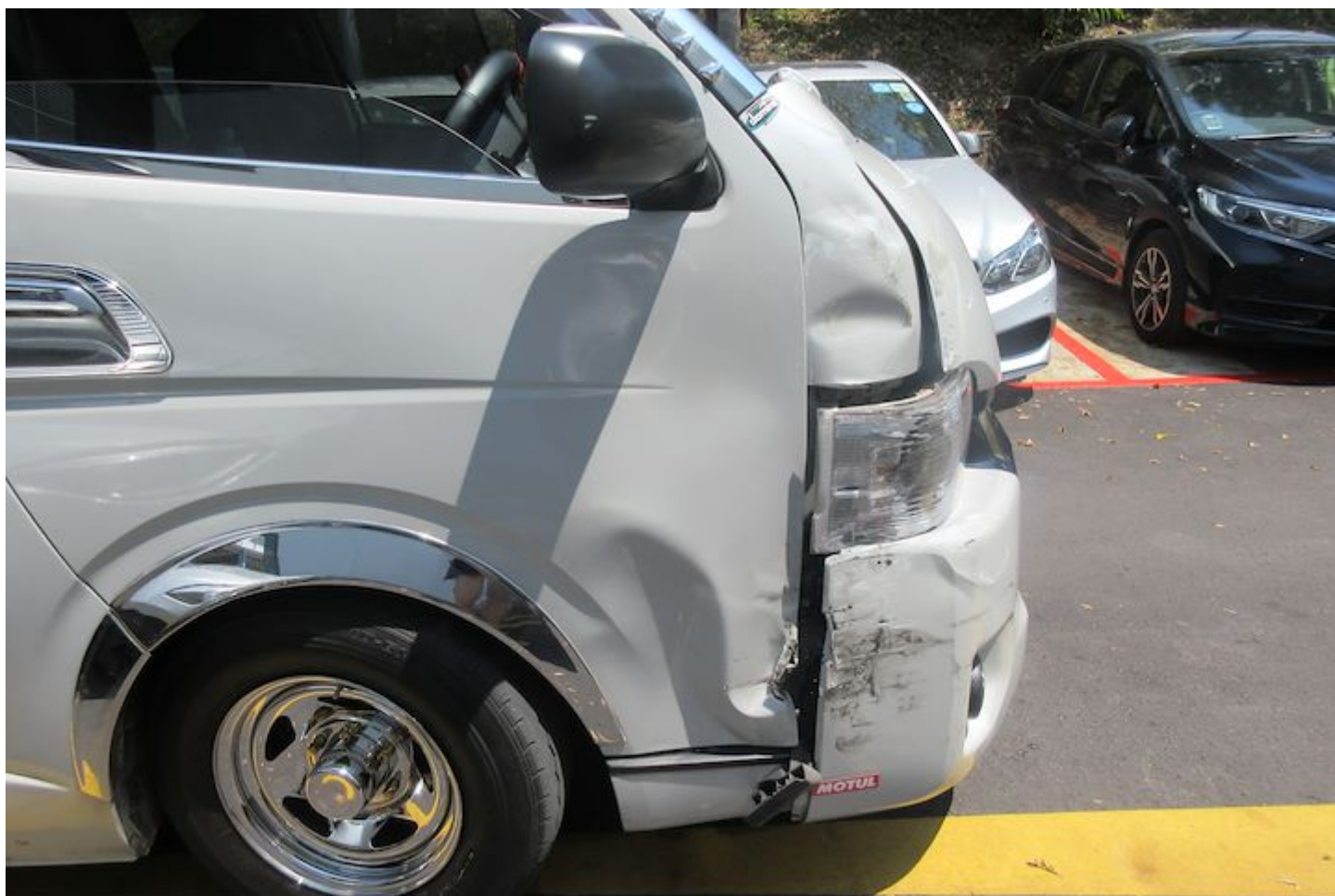

Witnessed by Reporting Centre Personnel





















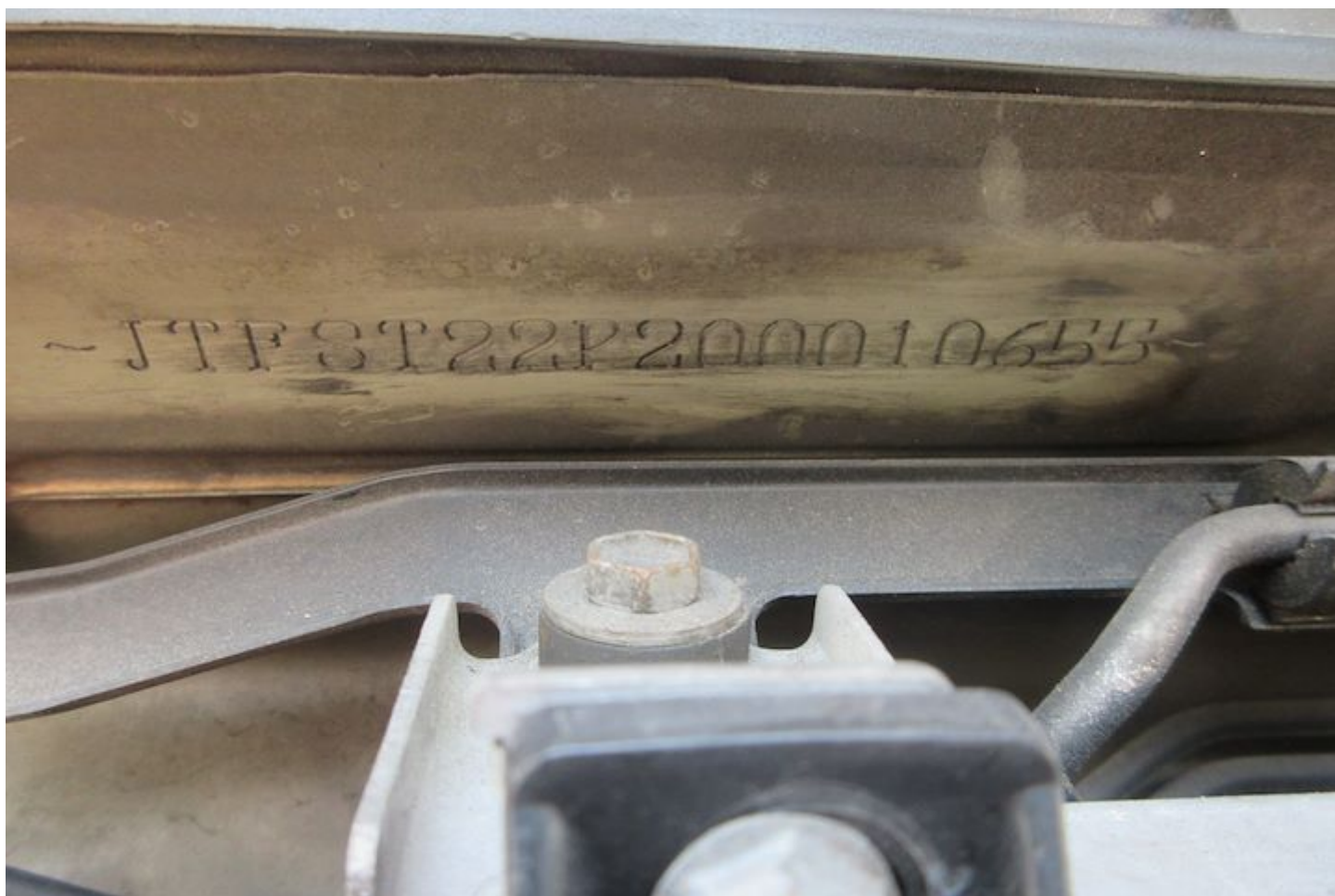














**SINGAPORE
POLICE FORCE**



T/20210421/2000

1 of 4

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

Report No. T/20210421/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2021 00:34	Vide Report No.:	Station Diary No.: 5
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Informant's Particulars

Name of Informant: MUHAMMAD TAJUDDIN BIN ISMAIL			Address: APT BLK 137 BEDOK NORTH AVENUE 3 #12-178 SINGAPORE 460137	
ID Type / ID No.: NRIC NO / S87079131			Contact No.:	Mobile: 87422695
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 34	Date of Birth: 23/03/1987	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2021 09:20	Type of Location: Straight Road
Location: TAMPINES STREET 93				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBG5324Y	Van	TOYOTA	HIACE DX 3.0 MANUAL	White	Seriously Damaged	1
PC8791S	Van	TOYOTA	TOYOTA HIACE HIROOF AUTO 14 SEATER	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210421/2000

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Report No: T/20210421/2000

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	LOH KOK LYE	ID No.	S2629900D
Related Vehicle	GBG5324Y (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD TAJUDDIN BIN ISMAIL	ID No.	S8707913I
Related Vehicle	PC8791S (Van)	Contact No.	87422695
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	20/04/2021	Date Discharge	20/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 19/04/2021 at around 0920hrs, I was driving my vehicle bearing registration number: PC8791S, along Tampines Street 93 in the industrial park. I was driving on the left most lane. When I was nearing to the loading and unloading bay of Blk 9005 Tampines Street 93, a van bearing registration number: GBG5324Y, was reversing into my lane from the loading and unloading bay. When I noticed the vehicle, it was too late for me to stop my vehicle, as such the collision happened.

Damages to my vehicle as follows:

- 1) Dents on front bonnet, bumper and driver's door
- 3) Front right signal light shattered
- 4) Damage to front right mirror
- 5) Alignment of the vehicle

Damages to the other vehicle as follows:

- 1) Rear left blinker light shattered
- 2) Dents to the rear left portion of the vehicle

After which, we exchanged particulars and went separate ways.

On the 20/04/2021 at around 1600hrs, I went to seek medical treatment at Our Family Physician Clinic & Surgery as I felt discomfort at my neck. I was then given 3 days medical certificate dated from 20/04/2021



SINGAPORE
POLICE FORCE

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469676
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T/20210421/2000

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Report No. T/20210421/2000

CONTINUATION OF REPORT

to 22/04/2021, MC NO. OD-TP0000095314



**SINGAPORE
POLICE FORCE**



T/20210421/2000

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

Report No: T/20210421/2000

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 TAN MENG LIANG

Signature Of Informant:

Date/Time
21/04/2021 00:34

Signature Of Interpreter:
Not applicable

Classification Of Case:

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No : 65476404

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