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14731
CSU-2 CSU-2 CSU-2

TRAFFIC ACCIDENT INVOLVING GBE2580D AND XE8558U ALONG UBI AVENUE
ON 15/04/2021 AT ABOUT 1030 HRS

1. Please be informed that we have completed our investigations which revealed that the driver of **XE8558U** had committed the following offence:

- Action has been initiated against the driver for the said offence.

3. Thank you.

HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

A FORCE FOR THE NATION

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	28/09/2021 17:17 (SGT)
Date of Accident	15/04/2021 10:30 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE8558U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NITAKI MACHINE MOVERS PTE LTD
Company Reg No	-
Email Address	LEETIN@NITAKI.COM.SG
Mobile Phone No	(Phone) +65-68410633
Alternative Phone No	+65-68410633

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52r
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
Transmission	Manual
CC	15000

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VC05006228
Cover Note Number	-

DRIVER

Name of Driver	DUL ASHAN BIN ISHAK
NRIC No	SXXXX448J

Date Of Birth	22/07/1980
Occupation	Outdoor
Date Of Driving Pass	09/07/2004
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83334154
Alt. Phone Number	-
Email Address	LEETIN@NITAKI.COM.SG
Address	BLK 513A YISHUN STREET 51 #02-389
Address complement	-
Postcode	761513
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	No 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	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	3
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210428/2108

ATTACHMENT(S)

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

SKETCH PLAN**IMPORTANT NOTICE**

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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. The 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.

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

Refer to Statement

Describe Circumstances of the Accident

Refer to police report 7/2021/0428/2/08

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**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20210428/2108

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Report No. T/20210428/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/04/2021 18:04

Vide Report No.:

Station Diary No.:
59

Informant's Particulars

Name of Informant:
DUL AHJAN BIN ISHAK

Address:
APT BLK 513A YISHUN STREET 51 #02-389 SINGAPORE
761513

ID Type / ID No.:
NRIC NO / S8021448J

Contact No.:
Home/Office: Mobile: 83334154

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 40 22/07/1980

Type of Informant:
Driver

Institution / School Name:

Race:

Boyanesse

Language:
English

Occupation:

Other heavy truck and lorry drivers

Driving Licence Information:
Class: 3,4,5

Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
15/04/2021 10:30

Type of Location:
Straight Road

Location:

UBI AVENUE 1

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:

Traffic Volume:
Light

Type of Collision:
UNKNOWN

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE8558U	Lorry			Yellow	No Damage	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/20210428/2108

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

CONTINUATION OF REPORT

Driver		ID No.	S8021448J
Name	DUL AHJAN BIN ISHAK		Contact No. 83334154
Related Vehicle	XE8558U (Lorry)		Class of Driving Licence & Expiry Date
Hospital/Clinic	NIL		Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/04/2021, my company received a letter from TP reference TP/IP/20485/2021 about an accident involving the lorry I was driving on 15 April 2021 at 1030hrs so I am here to lodge a police report about it. On that day, I was driving on Ubi Avenue 1 at around 1030hrs. The traffic was light during that time but there were cars around me. I would like to state that I did not involve in any accident for my whole journey that day but is unsure why I need to lodge a traffic police report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



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Report No. T/20210428/2108

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:

L /
Sgt 3 OH HONG LISignature Of Interpreter:
Not applicableOfficer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476229Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/04/2021 18:04

Classification Of Case: