

# 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 ..... 06/05/2021 18:01 (SGT)  
Date of Accident ..... 05/05/2021 17:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JURONG TOWN HALL ROAD TURNING TO AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN889H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEE INTERIOR SERVICES PTE LTD  
Company Reg No ..... 201703922R  
Email Address ..... admin@teeinteriors.com  
Mobile Phone No ..... (Phone) +65-81839376  
Alternative Phone No ..... +65-81839376

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NHR85AUE4A  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2999

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 20-MU009292-R03  
Cover Note Number ..... 08/09/2020 TO 07/09/2021

### DRIVER

Name of Driver ..... SHAMIM ZAKARIA SHEIKH  
Work Permit No ..... G6856718P

Date Of Birth .....	22/02/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	15/11/2014
Driving experience .....	6 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86200077
Alt. Phone Number .....	-
Email Address .....	admin@teeinteriors.com
Address .....	5030 Ang Mo Kio Ind Park 2, Singapore 569533
Address complement .....	-
Postcode .....	-
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SHAMIM MOHAMMAD
Gender .....	Male

#### PASSENGER 2

Name .....	MILON
Gender .....	Male

#### PASSENGER 3

Name .....	HOSSAIN JAMIR
Gender .....	Male

#### PASSENGER 4

Name .....	CHANDRASEKARAN SANTHOSH
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 ..... SHA2416X  
 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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... SHAMIM ZAKARIA SHEIKH  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... MOUNT ALVERNIA HOSPITAL - 5DAYS MC  
 Injured person in which vehicle? ..... YN889H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... MILON  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... MOUNT ALVERNIA HOSPITAL - 5DAYS MC  
 Injured person in which vehicle? ..... YN889H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... SHAMIM MOHAMMAD  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... MOUNT ALVERNIA HOSPITAL - 5DAYS MC  
 Injured person in which vehicle? ..... YN889H  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 4

Name of injured person ..... HOSSAIN JAMIR  
 Address ..... -  
 Address Complement ..... -

Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... MOUNT ALVERNIA HOSPITAL - 5DAYS MC  
Injured person in which vehicle? ..... YN889H  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 5

Name of injured person ..... CHANDRASEKARAN SANTHOSH  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... MOUNT ALVERNIA HOSPITAL - 5DAYS MC  
Injured person in which vehicle? ..... YN889H  
Were seat belts worn? ..... -  
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.

(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

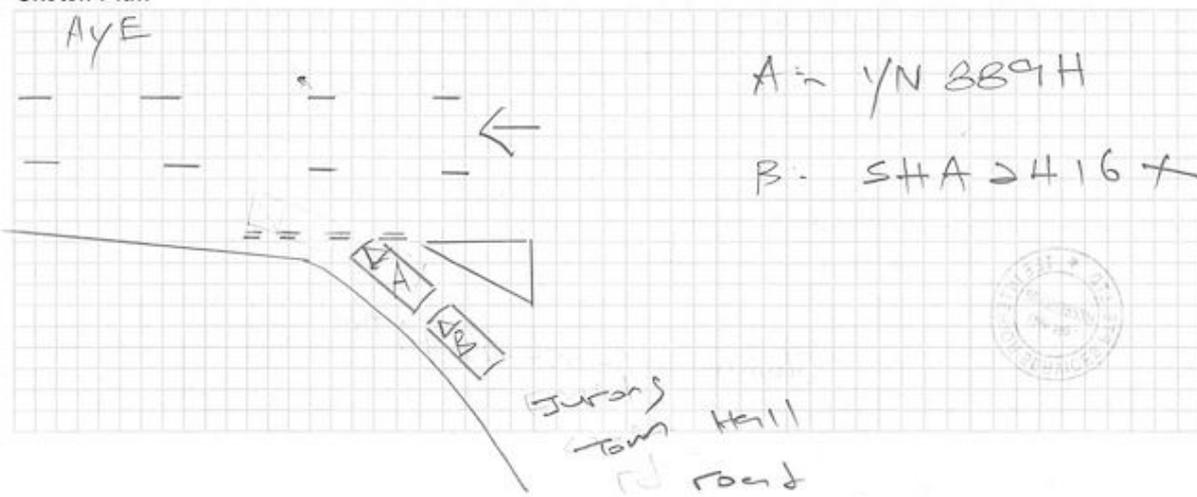


Slamin 06-05-2021 - 13 pm  
 Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



**Sketch Plan**



**Describe Circumstances of the Accident**

On 5/5/2021 at Grand Park, I drove my berry YN889H at the filter lane of east coast rd check for oncoming traffic clear. Next moment, taxi SHAD46X hit me from the rear.

After the accident, 5 of us with my passenger went to Mount Alvernia hospital for medical check and award 5 days of mc.



**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Shamim 06-05-2021-13 pm

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



Witnessed by Reporting Centre Personnel













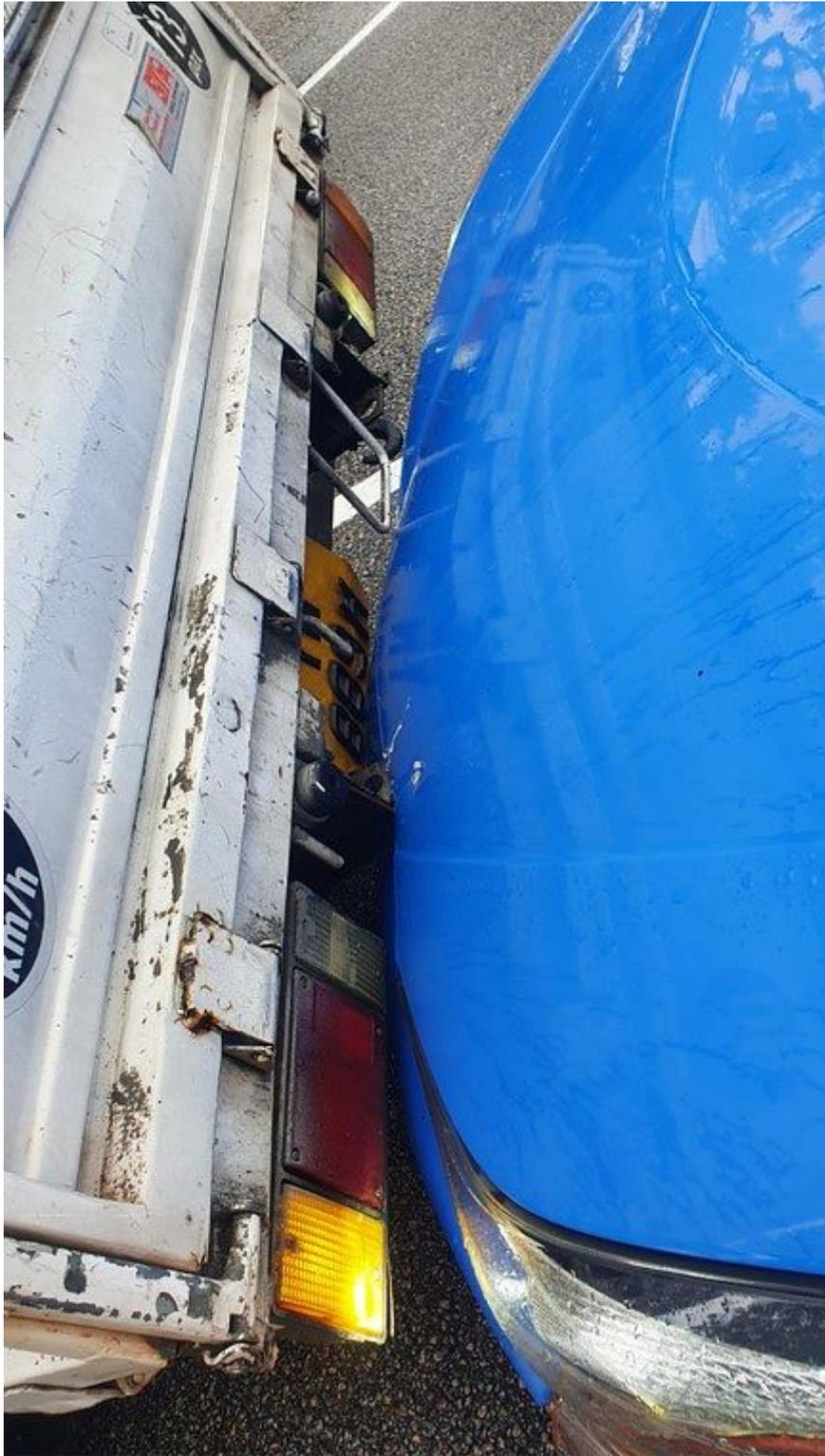


















**SINGAPORE  
POLICE FORCE**



T/20210506/2069

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Report No. T/20210506/2069

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

**CONTINUATION OF REPORT**

**Brief Details.**

On the 05/05/2021 at 1745hrs, I was driving my company lorry YN889H with 4 other of my colleague Mr Shamim Mohammad G2546102P and Mr Hossain Jamir G6836292Q (Seated in front with me) and Mr Milon G6908139N, and Mr Chandrasekaran Santhosh G6905265M seated at the rear.

As I was wanting to turn into AYE from Jurong Town Hall Road, I was moving slowly to wait for clear traffic before I turn into AYE, suddenly was hit from the rear. We went down and discovered that a taxi SHA2416X Driver Lee Eng Tiong HP:97548509 hit onto the rear of our lorry and the rear license plate and a rear metal bar was damaged. No one was seriously injured and after exchanging particulars all parties left. Shortly, we then inform our company as all 5 of us felt unwell and we then went to see doctor at Mount Alvernia Hospital and all 5 of us was given 5 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20210506/2069

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Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

Report No. T/20210506/2069

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 F /  Sgt 3 LIM HAO JIE	Signature Of Informant: 
Signature Of Interpreter Not applicable	Date/Time: 06/05/2021 15:06
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

