

REF:

Veh No: GBF2148P Yr Regn: 2016 / August

Length: 2000 / L.E.J.: 6

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 | 22/06/2021 16:23 (SGT) |
| Date of Accident | 21/06/2021 16:15 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | PIE, SINGAPORE TOWARDS CHANGI BEFORE ENG NEO EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBF2148P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | FASTRAQ SERVICES |
| Company Reg No | 5XXXX832X |
| Email Address | x543210h@gmail.com |
| Mobile Phone No | (Phone) +65-88851545 |
| Alternative Phone No | (Home) +65-88851545 |

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 | Commercial vehicle |
| Transmission | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5120742435 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------------|
| Name of Driver | MUHAMAD FAIZAL BIN OSMAN |
| NRIC No | SXXXX496Z |

| | |
|--|-------------------------|
| Date Of Birth | 26/03/1987 |
| Occupation | Outdoor |
| Date Of Driving Pass | 07/04/2021 |
| Driving experience | 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88851545 |
| Alt. Phone Number | - |
| Email Address | x543210h@gmail.com |
| Address | BLK 621A EDGEFIELD WALK |
| Address complement | #05-11 |
| Postcode | 821621 |
| 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 | 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 | MUHAMMAD RIFQI ARMADI BIN ELFINA AZHAR |
| Gender | Male |

PASSENGER 2

| | |
|--------|-----------------------|
| Name | SITI HAWA BINTE BIDIN |
| Gender | Female |

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 SKETCH PLAN & POLICE REPORT ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SLU1302U |
| 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 | MUHAMAD FAIZAL BIN OSMAN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS OF MC |
| Injured person in which vehicle? | GBF2148P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|--|
| Name of injured person | MUHAMMAD RIFQI ARMANI BIN ELFINA AZHAR |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS OF MC |
| Injured person in which vehicle? | GBF2148P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|-----------------------|
| Name of injured person | SITI HAWA BINTE BIDIN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS OF MC |
| Injured person in which vehicle? | GBF2148P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



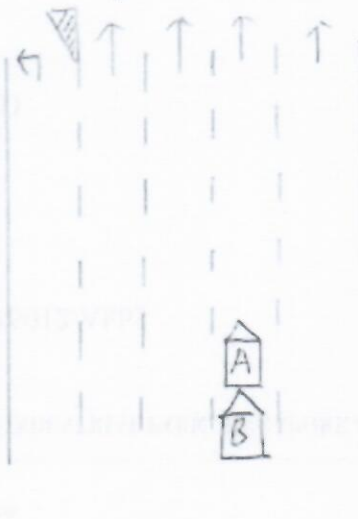
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards
Chang
Before Eng NEO
Kris



A - GBF2148P
B - SLU1302W

REFER TO POLICE REPORT NO. T/20210621/7038

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/20210621/7038

1 of 4

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

Report No. T/20210621/7038

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|--------------------|
| Date/Time Report Made: 21/06/2021 19:42 | | Vide Report No.: E/20210621/0099 | | Station Diary No.: |
| Informant's Particulars | | | | |
| Name of Informant: MUHAMAD FAIZAL BIN OSMAN | | Address: 621A EDGEFIELD WALK #05-11 SINGAPORE 821621 | | |
| ID Type / ID No.: NRIC NO / S8707496Z | | Contact No.: Home/Office: Mobile: 88951545 | | |
| Nationality: SINGAPORE CITIZEN | | Email: FAIZALOSMAN124@GMAIL.COM | | |
| Sex: Male | Age: 34 | Date of Birth: 26/03/1987 | Type of Informant: Driver | |
| Race: Indian | | Language: English | Institution / School Name: | |
| Occupation: DELIVERY | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------------|-----------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/06/2021 16:15 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: 80 Km/h | |
| 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 |
|-------------|------|------|-------|-------|----------------------|-------|
| GBF2148P | Van | | | | Seriously Damaged | 2 |
| SLU1302U | Car | | | | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20210621/7038

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

2 of 4

Report No. T/20210621/7038

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MUHAMAD FAZAL BIN OSMAN | ID No. | S8707495Z |
| Related Vehicle | GBF2148P (Van) | Contact No. | 88851545 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 21/06/2021 | Date | 21/06/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Passenger | | | |
| Name | MUHAMMAD RIFQI ARMANI BIN ELFINA AZHAR | D No. | T1540105I |
| Related Vehicle | GBF2148P (Van) | Contact No. | 83874658 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 21/06/2021 | Date | 21/06/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Passenger | | | |
| Name | SITI HAWA BINTI BIDIN | D No. | S9200378G |
| Related Vehicle | GBF2148P (Van) | Contact No. | 83874658 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 21/06/2021 | Date | 21/06/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A, BEARING PLATE NO: GBF2148P WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 WITH MY GIRLFRIEND AND HER KID.

SUDDENLY, WE FELT A POWERFUL IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED MY VEHICLE, AND REALIZED VEHICLE B, BEARING CAR PLATE SLU1302U HAD BANG ONTO THE REAR PORTION OF MY VEHICLE.

SHORTLY AFTER, THE AETOS, EMAS, AMBULANCE AND TRAFFIC POLICE ARRIVED TO THE



**SINGAPORE
POLICE FORCE**



T/20210621/7038

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408866

Tel No: 65470000

3 of 4

Report No. T/20210621/7038

CONTINUATION OF REPORT

SCENE. I TOOK PHOTOS OF THE ACCIDENT SCENE AND EXCHANGE PHONE NUMBER WITH THE OTHER PARTY.

I LIKE TO STATE THAT, AFTER THE ACCIDENT, I SUFFERED DISCOMFORT AND PAIN ON MY NECK, BACK AND LEG. SO I WENT TO UNIHEALTH CLINIC @ BEDOK TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.





SINGAPORE POLICE FORCE



T/20210621/7036

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T/20210621/7036

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 /
TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP166

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/06/2021 19:42

Classification Of Case:

Cheap Car Insurance Renewal

Is your car insurance expiring soon?

Receive best quotations from multiple insurers in as little as 2 hours.

Used Car Comparison

--- Comparing 4 Vehicles ---

Toyota Hiace 3.0M

Toyota Hiace 3.0M

Toyota Hiace 3.0M DX

Toyota Hiace 3.0A DX



Clear All

Add all to Shortlist

Back to search result

Add to Shortlist

Add to Shortlist

Add to Shortlist

Add to Shortlist

CAR DETAILS

| | Toyota Hiace 3.0M | Toyota Hiace 3.0M | Toyota Hiace 3.0M DX | Toyota Hiace 3.0A DX |
|-------------------|--|--|--|---|
| Price | \$56,800 | \$53,800 | \$50,800 | \$56,300 |
| Instalment | N.A. | N.A. | N.A. | N.A. |
| Registration Date | 19-Jul-2016 | 29-Jul-2016 | 29-Aug-2016 | 14-Oct-2016 |
| Manufactured | 2016 | 2016 | 2016 | 2016 |
| Mileage | - | - | - | 93,800 km |
| Transmission | Manual | Manual | Manual | Auto |
| Engine Cap | 2,982 cc | 2,982 cc | 2,982 cc | 2,982 cc |
| Road Tax | - | - | - | - |
| Power | - | - | - | - |
| Curb Weight | 1,800 kg | 1,740 kg | 1,800 kg | 1,780 kg |
| Features | - | - | - | - |
| Accessories | Plywood Carpet, Touch Screen DVD Player, Front Camera. | - | Pioneer DVD Player. 2 Glass Panel. | - |
| Description | Toyota Hiace - Powerful And Huge Cargo Space For Your Business. We Provide Flexible Loans Or \$0 Down Payment Option. Trade-In Are Also Welcomed! No Repairs Needed, Interior All Nicely Done. WhatsApp/Call Us For Appointment Now! | Free 1st Year Insurance. Very Well Maintain By The Only One Previous Owner, Selling Because Of Son Wants Him To Retire. Still In Very Good Condition, Powerful Engine, Cool Aircon. Come Now For Free Plywood With Carpet. Trade In Welcome, 100% Loan No Problem. Call Now For Viewing. | 5 Doors Toyota Hiace. Rare 1 Owner! 2 Glass Panel Worth \$500. Higher Payload Of 1400kg Compared To Borneo Unit Which Is 1000kg Only. Original Well Maintained Condition. Mint And Smooth Engine Transmission. Come And See! | Reliable Toyota Hiace. Rare 1 Owner! 2 Glass Panel Worth \$500. Higher Payload Of 1400kg Compared To Borneo Unit Which Is 1000kg Only. Original Well Maintained Condition. Mint And Smooth Engine Transmission. Come And See! |
| COE | \$39,072 | \$47,889 | \$41,608 | \$20,736 |
| OMV | \$24,259 | \$27,952 | \$32,171 | \$29,129 |
| ARF | \$1,215 | \$1,398 | \$1,609 | \$1,457 |
| Depreciation | \$11,190 /yr | \$10,550 /yr | \$9,800 /yr | \$10,600 /yr |
| No. of Owners | 2 | 1 | 1 | 1 |
| Type of Vehicle | Van | Van | Van | Van |
| Category | Premium Ad Car | Premium Ad Car | - | - |
| Availability | Available | Available | Available | Available |
| Remarks | | | | |

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| | |
|-------------------------------------|------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 832X |
| Vehicle Details | |
| Vehicle No.: | GBF2148P |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 22 Jun 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| Primary Colour: | White |
| Manufacturing Year: | 2016 |
| Engine No.: | 1KD2628925 |
| Chassis No.: | JTFHT02P600200313 |
| Maximum Power Output: | - |
| Open Market Value: | \$27,741.00 |
| Original Registration Date: | 01 Aug 2016 |
| First Registration Date: | 01 Aug 2016 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$1,388.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Jul 2026 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$48,002.00 |
| COE Rebate Amount: | \$24,517.00 |
| Total Rebate Amount: | \$24,517.00 |

The information contained herein is correct as at 22 Jun 2021

OK