

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 07/07/2021 11:36 (SGT)
Date of Accident 04/07/2021 11:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information CENTRAL EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB5682P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OMNI INFINITY PTE LTD
Company Reg No 201501273H
Email Address admin@wholesaledrinksg.com
Mobile Phone No (Phone) +65-69777808
Alternative Phone No (Office) +65-69777808

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 150 MANUAL 3SEATER
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number Z20VC05005950
Cover Note Number 19/08/20 - 18/08/21

DRIVER

Name of Driver MUHAMMAD NUR BIN OTHMAN
NRIC No S8338054C

Date Of Birth	05/12/1983
Occupation	Outdoor
Date Of Driving Pass	27/05/2004
Driving experience	17 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86577040
Alt. Phone Number	-
Email Address	admin@wholesaledrinksg.com
Address	BLK 361 TAMPINES ST 34 #06-401
Address complement	-
Postcode	520361
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?	Yes
Was any other vehicle 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	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH4827H
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	DRIVER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SKH4827H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

1. VEHICLE NO.: GBB5682P

2. INSURER CO.: Loopac

3. ACCIDENT DATE & TIME: 4/7/21 11:35

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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 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.

OMNI INFINITE PTE LTD
 Blk 1 YISHUN ST11 #06-01E
 #02-32 S 768441
 TEL: 69777808/9 WA: 87536198
 sales@wholesaledrinksg.com

[Signature]

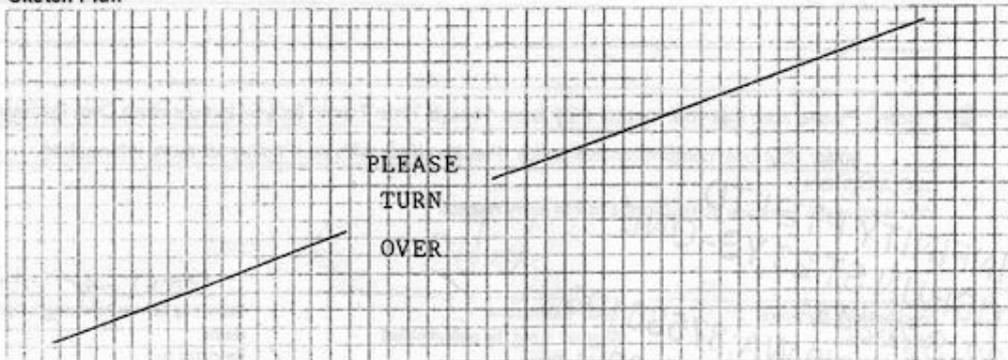
(AMK) *[Signature]* 7/7/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

















**SINGAPORE
POLICE FORCE**



T/20210704/2046

1 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No: T/20210704/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2021 15:55	Vide Report No.: E/20210704/0085	Station Diary No.: 10
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Informant's Particulars

Name of Informant: MUHAMMAD NUR BIN OTHMAN		Address: APT BLK 361 TAMPINES STREET 34 #06-401 SINGAPORE 520361	
ID Type / ID No.: NRIC NO / S8338054C		Contact No.: Home/Office: Mobile: 86577040	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 05/12/1983	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/07/2021 11:35	Type of Location: Bend
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5862P	Lorry	TOYOTA		Silver	Seriously Damaged	0
SKH4827H	Car	TOYOTA		Black	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210704/2046

2 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20210704/2046

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD NUR BIN OTHMAN	ID No.	S8338054C
Related Vehicle	GBB5862P (Lorry)	Contact No.	86577040
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/07/2021 at about 1136hrs, I was driving along CTE merging to AYE at the right lane and one Black Toyota SKH4827H that was in front of me suddenly lose control and hit onto the right side barrier and I then applied brake and was unable to stop in time. My lorry then collided onto the car left front passenger door and spin. I then check on myself and I went out to check on the driver, I ask him if he is okay but he did not response to me. another driver from the vehicle behind me came to attend to the driver and I call for ambulance. After police and ambulance came, the driver was sent to SGH and I was told to make a report. My dashcam memory card was taken by the traffic police.



SINGAPORE
POLICE FORCE



T/20210704/2046

3 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No: T/20210704/2046

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:
D /
Sgt 3 LEE HONG HAI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/07/2021 15:55

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/2021 0704 / 0085

I, Sgt(3) T91036 Nur Amrih
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One Sandisk Ultra 16GB (10) A1 micro SDHC (1) I.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Muhammed Nur Bin Othman, S8338054C
(Name, NRIC or Passport No. / Rank and No.)

of Blk 361 Tampines St 34 #06-401 s(520361)
(Address / Police Station / NPC / NPP)

on 04 (07/2021) at 1235hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

MUHAMMAD NUR B. OTHMAN
S 8338054C
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Sgt(3) T91036 Amrih
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC0921770001 Vehicle Registration No: GBB5682P
 Name (as shown in NRIC): Omnifinity Pte NRIC/FIN/Passport No: 201501273H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 6977 7808 Mobile No.: _____
 Email Address: admin@wholesaledrinksg.com
 Date of Accident: 04/07/21 Time of Accident: 11:35
 Place of Accident: Central Expressway
 Insurance Company: Lompac Insurance Bhd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Exact Purpose for which vehicle used at time of accident Private Use
not employment.

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: Wei Lin
 NRIC/FIN No.: _____
 Date: 7/7/21