

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	05/08/2021 16:28 (SGT)
Date of Accident	04/08/2021 06:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7320A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	I-PRESTIGE TRANSPORTATION SERVICES
Company Reg No	53200450K
Email Address	kabeerahman@rocketmail.com
Mobile Phone No	(Phone) +65-93361627
Alternative Phone No	+65-93361627

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	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0004048_01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD AMMAN BIN RHAM
NRIC No	S9502523D

Date Of Birth	19/01/1995
Occupation	Outdoor
Date Of Driving Pass	14/08/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-83229691
Alt. Phone Number	-
Email Address	kabeerrahman@rocketmail.com
Address	BLK 37 TEBAN GARDENS ROAD #03-302
Address complement	-
Postcode	600037
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JPP8236
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	NURUL SHEILA ZULIANA BINTE ZULKIFLI
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
------	---------

Gender	Male
PASSENGER 8	
Name	UNKNOWN
Gender	Male
PASSENGER 9	
Name	UNKNOWN
Gender	Male
PASSENGER 10	
Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210804/2085.

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	SMR491S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TONY
Contact Number	(Phone) +65-94595418
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JPP8236
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	VEHICLE C
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 willful 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. 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 (or 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 claim;
 (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, envelopes, 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/states/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



(A) PC 7320 A

(B) SMR 4913

(C) I-PF 8236

Impetium Auto

Describe Circumstances of the Accident

Handwritten sketch of a road layout with a large 'X' and the word 'STOP' written across it.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Witnessed by Reporting Centre Person(s)



T/20210805/2106

1 of 4

Report No. T/20210805/2106

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20210804/2085

Report Number T/20210805/2106

Vide Report Number T/20210804/2085

Date/Time of Report Made 05/08/2021 23:05

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Muhammad Amman Bin Rhiam

ID Type / ID No. NRJC NO / S9502S23D

Home/Office 83229691

Mobile 83229691

Email

Type of Accident Non-Injury / Foreign Vehicle

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 04/08/2021 06:50

Accident Location TAMPINES EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Vehicle Type	Make	Model	Year	Condition	No. of Persons
JPP8236	Lorry				Slightly Damaged	1
PC7320A	Bus/Coach/Minibus				Slightly Damaged	10
SMR491S	Car				Seriously Damaged	1

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



T/20210805/2106

2 of 4

Report No. T/20210805/2106

Continuation of CSF For NP168

Name	Mohd Khalid Bin Mohd Zin	ID No.	810102015073
Related Vehicle	JPP8236 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	Muhammad Amman Bin Rhiam	ID No.	S9502523D
Related Vehicle	PC7320A (Bus/Coach/Minibus)	Contact No.	83229691
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	Nurul Sheila Zuliana Binte Zulkifli	ID No.	S9511546B
Related Vehicle	PC7320A (Bus/Coach/Minibus)	Contact No.	83229692
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	Ou Tar Yong Tony	ID No.	S7207605B
Related Vehicle	SMR491S (Car)	Contact No.	97881732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



T/20210805/2106

3 of 4

Report No. T/20210805/2106

Continuation of CSF For NP168

Brief Facts.

Reference to T/20210804/2085.

I wish to remove the para 3 of the report stating that "I then found out that both the car SMR491S and I managed to jam brake in time but no the Malaysian lorry JPP8236, hence it resulted in the collision."



T/20210805/2106

4 of 4

Report No. T/20210805/2106

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN
Classification of Case	1) NON-INJURY / FOREIGN VEHICLE