SS17218D0002 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 13/08/2021 15:29 (SGT) SUBMITTED BY: SMBFG VERSION: 1 (13/08/2021 15:29 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate policy liability.

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 Date of Accident

**Exact Location of Accident** Additional Location Information

Country/State of Loss

13/08/2021 15:29 (SGT) 12/08/2021 17:45 (SGT)

KJE, Singapore

**KJE SUNGEI TENGAH EXIT** 

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLA9752G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No.

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

**Policy Number** 

Cover Note Number

DRIVER

Name of Driver NRIC No

ABDUL ALEEM BIN ABDUL WAHAB

SXXXX443C

wge163@yahoo.com.sg

(Phone) +65-98291504

+65-98291504

No - Claiming third party Private car

Auto

Toyota

Estima

2362

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5118126225

ABDUL ALEEM BIN ABDUL WAHAB SXXXX443C

14/10/1985 Outdoor Date Of Birth 18/12/2008 12 YEARS AND 8 MONTHS Occupation Date Of Driving Pass Driving experience Male (Phone) +65-98291504 Gender +65-98291504 Mobile Number wge163@yahoo.com.sg Alt. Phone Number BLK 454 CHOA CHU KANG AVE 4 Email Address #04-117 Address Address complement 680454 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 KHOO ZHEN Name Female Gender DETAILS OF POLICE ACTION Yes Was the accident reported to the police? Jurong Division Headquarters Police Station Name (Phone) +65-18007910000 Police Station Phone No (Fax) +65-68965647 Alt. Police Station Phone No No. 2 Jurong West Avenue 5 Singapore 649482 **Police Station Address** Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer GX4716H

-

Pehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

Commercial vehicle



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Policyholder's Signatura	The stranding of a selection	Feparting Centre Personnel's Signature





#### POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 549482 Tel No:1800-7910000 Report No. J/20210812/7056

Date/Time Report Made 12/08/2021 22:25	Vide Re	port No.		Station Diary No.	
Name Of Informant	Address				
ABDUL ALEEM BIN ABDUL WAHAB	454 CHOA CHU KANG AVENUE 4 #04-117 SINGAPORE				
	680454			or the distort of the	
ID Type / ID No.	Contact	No.			
NR/C NO / \$8533443C	Home/O	office:	Mobile:		
			98291504		
Nationality SINGAPORE CITIZEN	Email Address wge163@yahoo.com.sg				
Occupation	Sex	Age	Date of Birth	Race	
Facilities Executive	Male	35	14/10/1985	ndian	
Institution/School Name	Language English		Hunest		
Date/Time Of Incident 12/08/2021 17:45 - 12/08/2021 17:50	Location Of Incident KRANJI EXPRESSWAY				
Brief details.	transcription of the second second second		The section of the se		

On 12th August 2021, between 1745hrs to 1750hrs, I was driving home back home after work together with my colleague (Serena). When I exited the Sungei Tengah exit from KJE, there was a slow traffic to turn left to Brickland Road. So I slowed down and follow the car in front of me. As I was driving slowly to turn left, the car in front of me braked and I braked as well. Immediately I heard a loud tyre screeching noise and the van (GX4718H) hit the back of my car (SLA9752G) with an impact. I got down immediately and saw the van hit the back of car. I took pictures of the accident and the damages of the vehicles. I told the Bangladeshi Van (GX4716H) Driver (Name. Ranaman Md Mijanur.) to take necessary pictures of

Signature Of Officer Recording The Report.	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.  Date/Time: 12/08/2021 22:25		
Not applicable			
Signature Of Interpreter: Not applicable			
Officer In-Charge Of Case	Classification Of Case:		

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. J/20210812/7056

the accident and we moved off to the nearest HDB block to discuss on how to settle the damage to car ( SLA9752G). My colleague (Serena ) went back home from there.

Later in the evening , I started to have backache and went to see doctor at about 9pm. The doctor gave me MC ( From : 12/8/2021 - 14/8/2021) for 3 days.

Victim			
Person Name	ABDUL ALEEM BIN ABDUL WAHAB		
ID Туре	NRIC NO	ID No	S8533443C
Gender	Male	Age	35
Race	Indian	Language	English
Occupation	Facilities Executive	Address	454 CHOA CHU KANG
			AVENUE 4 #04-117
			SINGAPORE 680454
Mobile No	98291504	Is Informant A	Yes
		Victim?	
Person Name	ABDUL ALEEM BIN ABDU	JL WAHAB (Informant)	

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2021 22:25
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	