

# 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 ..... 01/09/2021 16:18 (SGT)  
Date of Accident ..... 31/08/2021 14:55 (SGT)  
Exact Location of Accident ..... Upper Changi Rd N, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH8588Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SHAJAN SINGH S/O PARITAM SINGH  
NRIC No ..... SXXXX492J  
Email Address ..... bhajansingh67@gmail.com  
Mobile Phone No ..... (Phone) +65-94527857  
Alternative Phone No ..... +65-94527857

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... HYBRID  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNW00007672000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SHAJAN SINGH S/O PARITAM SINGH  
NRIC No ..... SXXXX492J

Date Of Birth .....	12/06/1967
Occupation .....	Outdoor
Date Of Driving Pass .....	28/09/1987
Driving experience .....	33 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94527857
Alt. Phone Number .....	+65-94527857
Email Address .....	bhajansingh67@gmail.com
Address .....	BLK 741 PASIR RIS STREET 71 #15-41
Address complement .....	-
Postcode .....	510741
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Hit by fallen tree / Other objects
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 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 .....	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

PLEASE REFER TO POLICE REPORT T/20210901/7010

#### 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 .....	YM1692G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	ZULKIFLI LATIF
NRIC No .....	SXXXX236H
Contact Number .....	(Phone) +65-98068791
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 .....	SHAJAN SINGH S/O PARITAM SINGH
Gender .....	Male
Phone No .....	(Phone) +65-98527857
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMH8588Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

I hereby authorise your goodself to send my accident report to my workshop via email :  
Email : alphacarservices@hotmail.com

Signature :  X

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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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

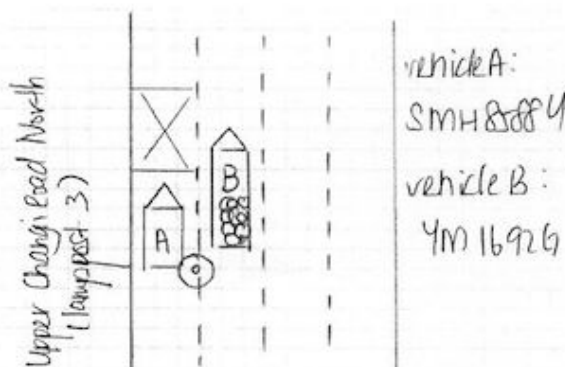
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X   
Policyholder's Signature / Date & Time

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

 01/09/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Report No : 7/2010901/2010.

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

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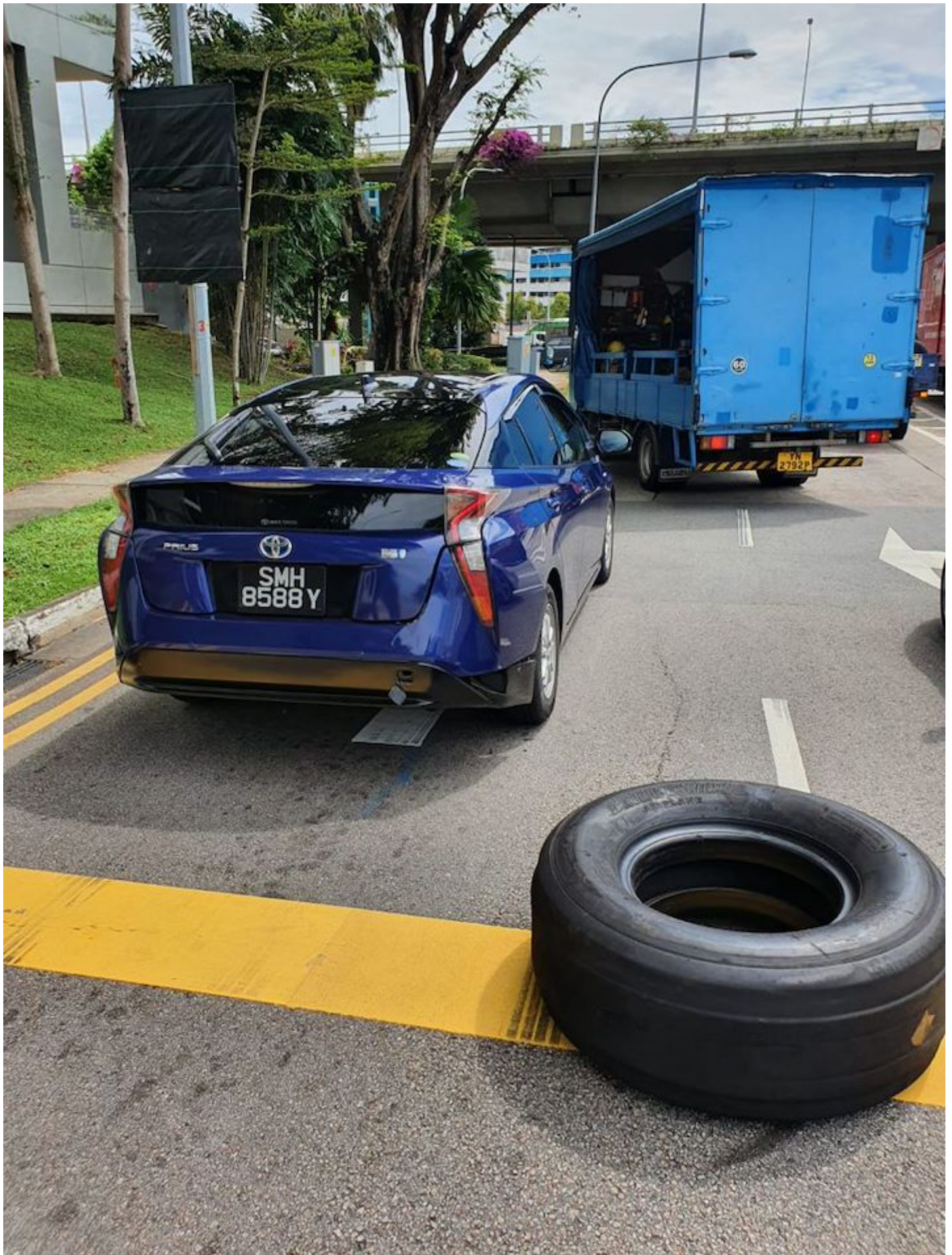






























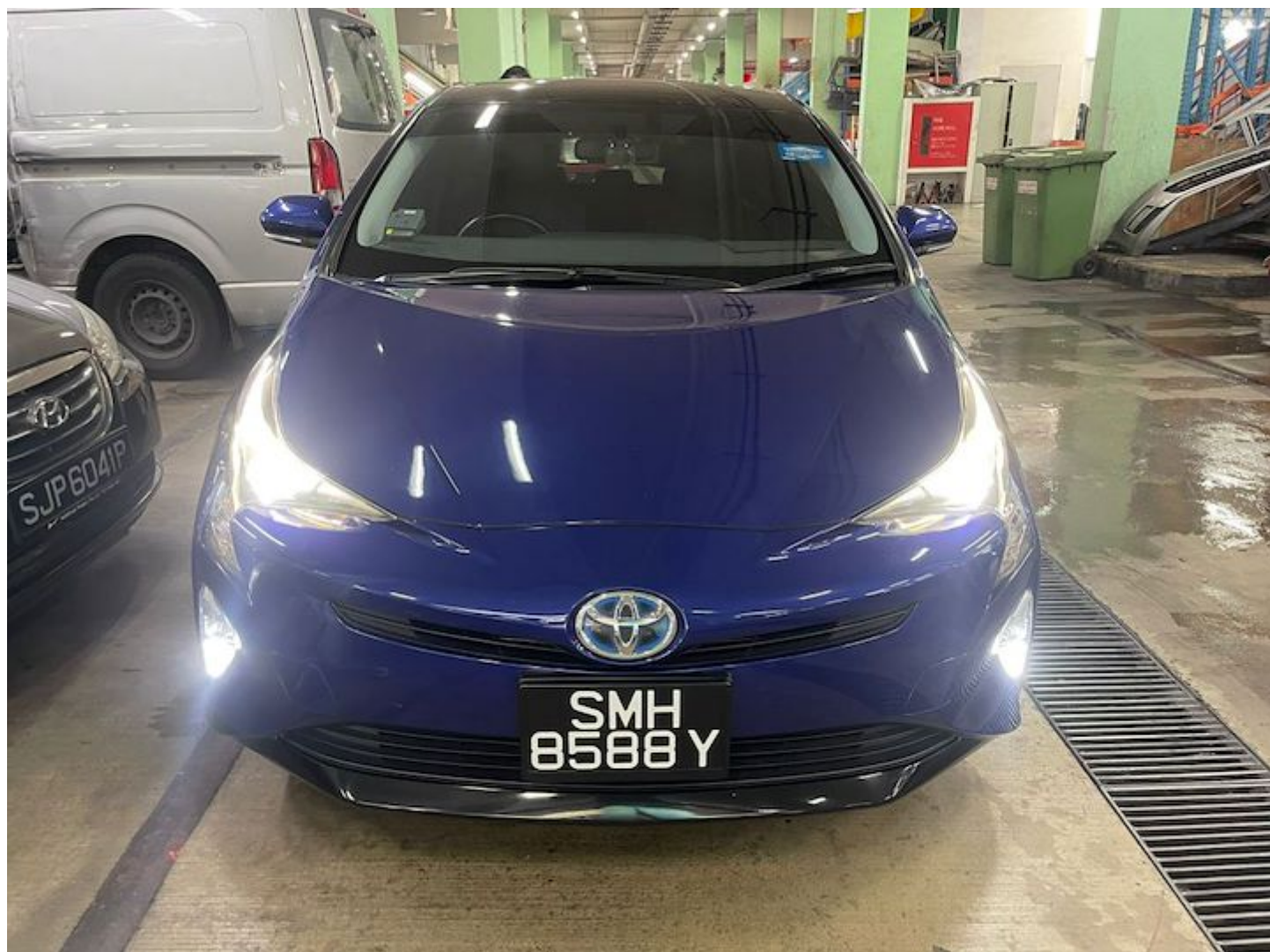


















**SINGAPORE  
POLICE FORCE**



T/20210901/7010

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

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Report No. T/20210901/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2021 12:33	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: BHAJAN SINGH S/O PARITAM SINGH			Address: 741 PASIR RIS STREET 71 #15-41 SINGAPORE 510741		
ID Type / ID No.: NRIC NO / S1797492J			Contact No.: Home/Office: Mobile: 94527857		
Nationality: SINGAPORE CITIZEN			Email: bhajansingh67@gmail.com		
Sex: Male	Age: 54	Date of Birth: 12/06/1967	Type of Informant: Driver		
Race: Sikh			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2021 14:55	Type of Location: Straight Road
Location:  UPPER CHANGI ROAD NORTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: STATIONERY & VEHICLE DAMAGED BY FLYING TYRES			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMH8588Y	Car	TOYOTA	PRIUS HYBRID 1.8S CVT	Blue	Seriously Damaged	0
YM1692G	Lorry					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210901/7010

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

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Report No. T/20210901/7010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH8588Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00007672000	06/11/2020	11/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	BHAJAN SINGH S/O PARITAM SINGH		ID No.	S1797492J
Related Vehicle	SMH8588Y (Car)		Contact No.	94527857
Hospital/Clinic	BEDOK MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	01/09/2021		Date	01/09/2021
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	ZULKIFLI LATIF		ID No.	S6801236H
Related Vehicle	YM1692G (Lorry)		Contact No.	98068791
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

## Brief Details.

ON 31/08/2021 AT AROUND 14.55HOURS, I WAS TRAVELLING ALONG UPPER CHANGI ROAD. UPON REACHING THE TRAFFIC LIGHT [NEAR LAMPPOST NO:3], I WAS STATIONERY INFRONT OF THE YELLOW BOX WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. VEHICLE B BEARING NO: YM 1692G WHICH WAS CARRING LOAD OF HUGE AEROPLANE TYRES WAS MOVING BESIDES ME. OUT OF SUDDEN, ONE OF THE TYRE FROM YM 1692G ROLLED FROM THE LORRY AND HIT ONTO MY REAR PORTION OF VEHICLE. I ALIGHT FROM MY VEHICLE AND COMFRONTED THE DRIVER - MR. ZULKIFLI LATIF AND QUESTIONED HIM WHY ARE THE TYRES DID NOT PROPERLY LOADED ON THE VEHICLE AND HE SUPPOSED TO TIE THE TYRES AND MAKE SAFETY PRECAUTIONS WHILE CARRYING THE LOAD. DUE TO THE IMPACT, I FELT DIZZY AND PAIN IN MY NECK AND LOWER BACK AREA. THUS I GO AND SEEK MEDICAL TREATMENT AT LIFEPLUS MEDICAL GROUP [BEDOK]. PLEASE DONT HESITATE TO CONTACT ME TO GET THE PHOTOS.





**SINGAPORE  
POLICE FORCE**

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



T/20210901/7010

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Report No. T/20210901/7010

CONTINUATION OF REPORT


**SINGAPORE  
POLICE FORCE**

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



T/20210901/7010

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Report No. T/20210901/7010

**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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:  
01/09/2021 12:33

Classification Of Case:



