

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 16/09/2021 13:02 (SGT)
Date of Accident 14/09/2021 11:10 (SGT)
Exact Location of Accident Sunview Rd, Singapore
Additional Location Information TOWARDS ECO-TECH @ SUNVIEW
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2255M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MAKEWAY PACIFIC PTE. LTD.
Company Reg No 2XXXXX743R
Email Address teng@makewaypacific.com
Mobile Phone No (Phone) +65-84076756
Alternative Phone No +65-84076756

VEHICLE PARTICULARS

Manufacturer Scania
Model R420CA6X4MNZ
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 11705

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number SD21V10230/VCH/R00
Cover Note Number -

DRIVER

Name of Driver ZULKIFLI BIN SALLEH
NRIC No SXXXX667B

Date Of Birth	29/07/1964
Occupation	Outdoor
Date Of Driving Pass	03/10/1986
Driving experience	34 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84076756
Alt. Phone Number	-
Email Address	teng@makewaypacific.com
Address	BLK 747 WOODLANDS CIRCLE #04-706
Address complement	-
Postcode	730747
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 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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210915/2109

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN1105E
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZULKIFLI BIN SALLEH
Gender	Male
Phone No	(Phone) +65-84076756
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD2255M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

MAKEWAY PACIFIC PTE. LTD.
UEN: 201930743R

[Handwritten Signature]

[Handwritten Signature] 16/09/2021

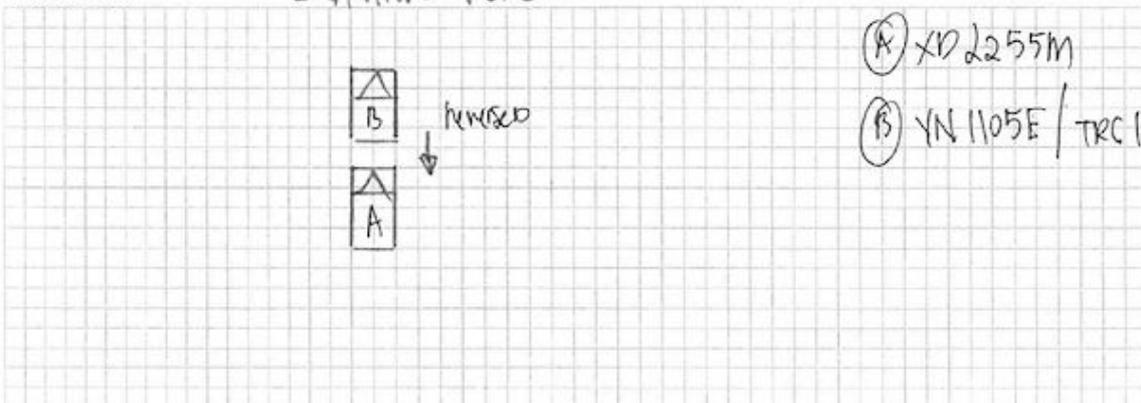
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

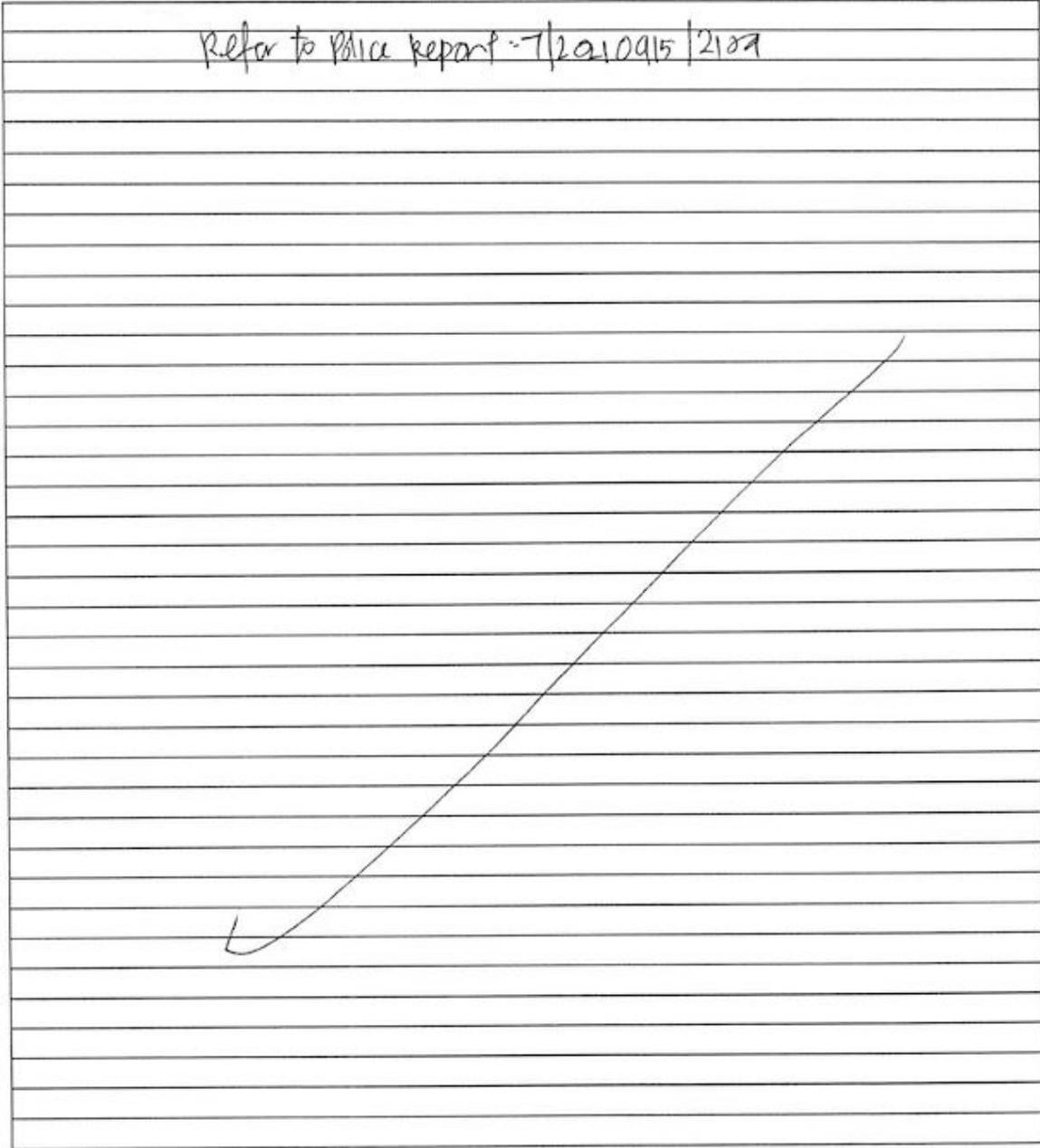
Sketch Plan

SUNVIEW ROAD



Describe Circumstances of the Accident

Refer to Police report - 7/2010915 / 21007



Declaration

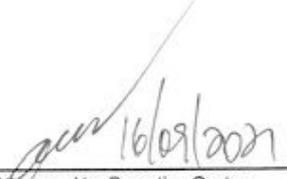
We declare the foregoing particulars are true in every respect.

MAKEWAY PACIFIC PTE. LTD.
UEN: 201930743R

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/20210915/2109

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20210915/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2021 20:34		Vide Report No.:		Station Diary No.: 105	
Informant's Particulars					
Name of Informant: ZULKIFLI BIN SALLEH			Address: APT BLK 747 WOODLANDS CIRCLE #04-706 SINGAPORE 730747		
ID Type / ID No.: NRIC NO / S1661667B			Contact No.: Home/Office: Mobile: 84076756		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 29/07/1964	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2021 11:20	Type of Location: Straight Road
Location: SUNVIEW ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD2255M	Prime Mover				Seriously Damaged	0
YN1105E	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20210915/2109

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Tel No: 1800-8999999

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Report No. T/20210915/2109

CONTINUATION OF REPORT

Driver			
Name	ZULKIFLI BIN SALLEH	ID No.	S1661667B
Related Vehicle	XD2255M (Prime Mover)	Contact No.	84076756
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	14/09/2021	Date Discharge	14/09/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TAN LENG KUANG	ID No.	G8113419M
Related Vehicle	YN1105E (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

Brief Details.

On 14/09/2021 at about 1120hrs, I was turning left on to Sunview Road from Jln Buroh. When I was turning, I saw one white in colour lorry bearing plate number YN1105E rolling backwards towards my vehicle direction. I then stopped my vehicle and sounded my horn however the vehicle continued rolling backwards. From my observation, I did not see any reverse lights turned on when the lorry was rolling back towards my vehicle.

The lorry ended up colliding into the front of my vehicle. After the lorry collided into my vehicle, I immediately got out from my vehicle and went to the lorry driver side however I did not see any driver or anyone in the lorry. After about 5 to 10 minutes, a male Chinese approached me and said that he is the driver. The male Chinese claims that he had pulled up the hand brake and left the vehicle and was not sure how the vehicle still roll backwards. I then requested for his particulars and he provided his driving license. He did not provide his contact number.

Due to the accident, I got shocked and got a headache. I then went to NUH to seek treatment on 14/09/2021 at about 1530hrs. I was given 4 days of outpatient sick leave. The doctor mentioned that there was some muscle ache at the back of my neck.



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T/20210915/2109

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Report No. T/20210915/2109

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 / Sr Staff Sgt LOH YANG JIE, LESLIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2021 20:34
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case: SN 34
Authentication Stamp NP168 