

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 20/09/2021 18:36 (SGT)
Date of Accident 17/09/2021 15:00 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information TOWARDS BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ3880X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DELIVER ON TIME SINGAPORE
Company Reg No 5XXXX867M
Email Address fahilashraff@gmail.com
Mobile Phone No (Phone) +65-86614142
Alternative Phone No +65-86614142

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
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 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number -
Cover Note Number MCV202101061CN

DRIVER

Name of Driver FAHIL ASHRAFF BIN MOHAMED
NRIC No SXXXX302Z

Date Of Birth	30/09/1989
Occupation	Outdoor
Date Of Driving Pass	21/12/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86614142
Alt. Phone Number	-
Email Address	fahilashraff@gmail.com
Address	BLK 297B COMPASSVALE STREET
Address complement	#04-16
Postcode	542297
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	YN3261Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JALIL BIN JAFFAR

NRIC No	SXXXX921C
Contact Number	(Phone) +65-97544441
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	FAHIL ASHRAFF BIN MOHAMED
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YQ3880X
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.
- (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



Describe Circumstances of the Accident

I was driving along SLE twds BKE on 17-09-2021 @ 1500 hours.
 Traffic was heavy. Vehicle in front of me stop and I follow suit.
 Out of sudden, I felt an impact from my rear. Vehicle B hit
 onto rear portion of my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

2/ym 20/09/21



SINGAPORE POLICE FORCE



L/20210920/7022

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Report No. L/20210920/7022

Date/Time Report Made 20/09/2021 13:32	Vide Report No.	Station Diary No.
Name Of Informant FAHIL ASHRAFF BIN MOHAMED TAFEL	Address 297B COMPASSVALE STREET #04-16 SINGAPORE 542297	
ID Type / ID No. NRIC NO / S8934302Z	Contact No. Home/Office:	Mobile: 86614142
Nationality SINGAPORE CITIZEN	Email Address FAHILASHRAFF@GMAIL.COM	
Occupation Lorry driver	Sex Male	Age 31
Institution/School Name	Date of Birth 30/09/1989	Race Pakistani
Date/Time Of Incident 17/09/2021 15:00 - 18/09/2021 15:00	Location Of Incident WOODLANDS AVENUE 12	

Brief details.

On 170921 at around 3pm i was travelling along SLE towards BKE...Traffic was heavy and dry..A vehicle in front of me braked and i too braked to slow down..Out of sudden there was an impact..a vehicle bearing plate no YN3261z had collided onto the rear of my vehicle..we both exchanged particular and left the scene..A few hrs later i felt pain at my neck,back and knee..so i went Changi General Hospital for a check up..i was given some medication and was awarded with 3 days of medical leave

Subjects Involved

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2021 13:32
Officer In-Charge Of Case:	Classification Of Case:























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Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20210920/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210920/7022

Suspect			
Person Name	Jalil bin jaffar		
ID Type	NRIC NO	ID No	S1672921C
Gender	Male	Race	Malay
Language	Malay	Occupation	Lorry driver
Victim			
Person Name	FAHIL ASHRAFF BIN MOHAMED TAFEL		
ID Type	NRIC NO	ID No	S8934302Z
Gender	Male	Age	31
Race	Pakistani	Language	English
Occupation	Lorry driver	Address	297B COMPASSVALE STREET #04-16 SINGAPORE 542297
Mobile No	86614142	Is Informant A Victim?	Yes
Person Name	FAHIL ASHRAFF BIN MOHAMED TAFEL (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2021 13:32
Officer In-Charge Of Case:	Classification Of Case: