

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 28/09/2021 17:26 (SGT)
Date of Accident 25/09/2021 18:20 (SGT)
Exact Location of Accident Andrews Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG6982R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Autovill Export And Lease
Company Reg No 53417510D
Email Address kangsheng978@gmail.com
Mobile Phone No (Phone) +65-83553124
Alternative Phone No (Home) +65-83553124

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNA00094542100
Cover Note Number -

DRIVER

Name of Driver Azim Nadim Jaham
Work Permit No G8121909K

Date Of Birth	01/01/1980
Occupation	Outdoor
Date Of Driving Pass	27/03/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83553124
Alt. Phone Number	-
Email Address	kangsheng978@gmail.com
Address	160 Sin Ming Drive Sin Ming Autocity #08-06
Address complement	-
Postcode	575722
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	SJP6952K
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car


Name of Driver	Leow Kok Tong Samuel
NRIC No	S7718004D
Contact Number	(Phone) +65-97863934
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident


As in Police report

Declaration

I/We declare the foregoing particulars are true in every respect.


 AUTOVILL EXPORT AND LEASE
 53417510D
 Policyholder's Signature / Date &
 Time 28/09/21

9133


 Driver's Signature (If driver is not the policyholder) / Date
 & Time 28/9/21


 Witnessed by Reporting Centre
 Personnel

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.

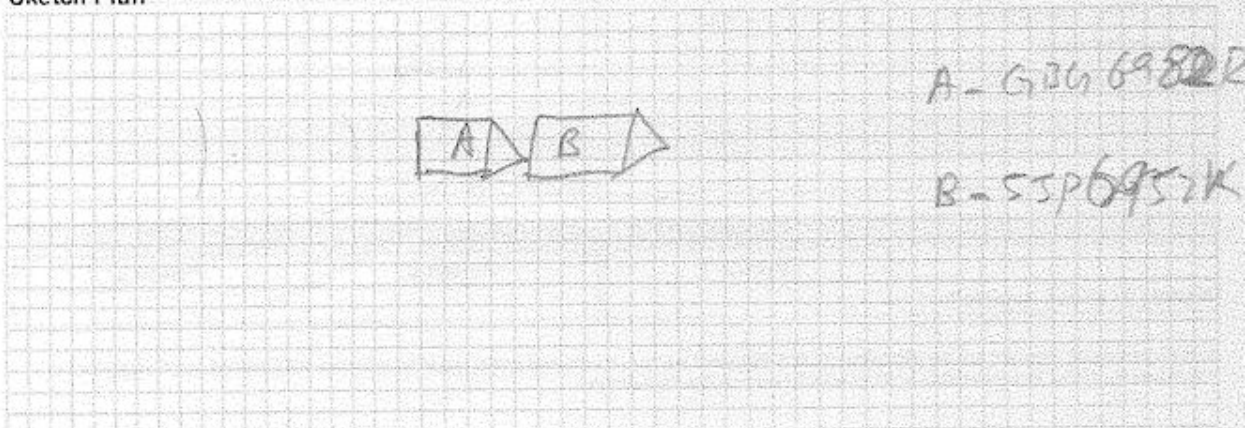
 AUTOVILL EXPORT AND LEASE
53417510D

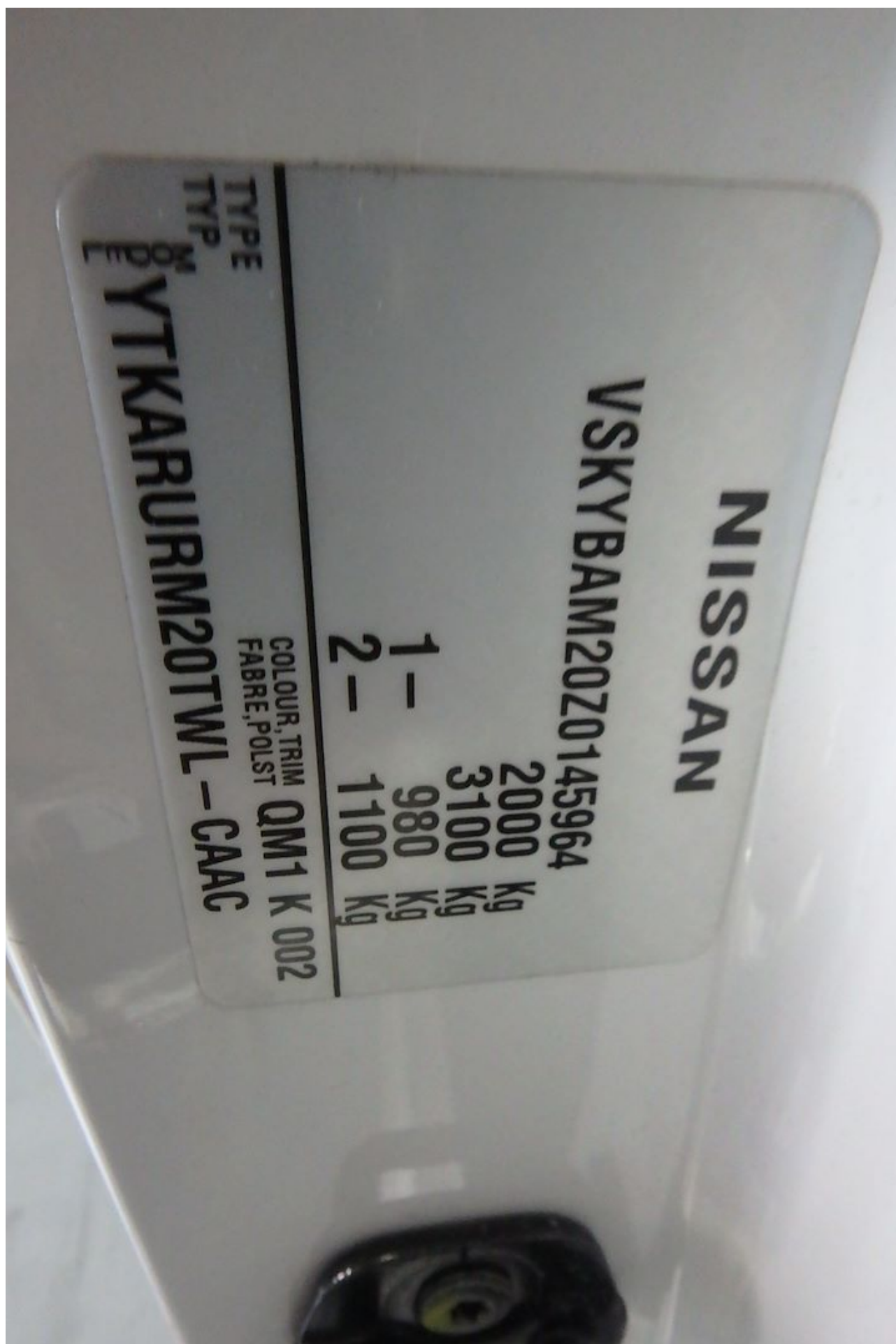
Policyholder's Signature / Date & Time

 Driver's Signature (If driver is not the policyholder) / Date & Time
28/9/21

 Witnessed by Reporting Centre Personnel

Sketch Plan



















**SINGAPORE
POLICE FORCE**



T/20210927/2032

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20210927/2032

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
A/
Sgt 1 LIM HUI YI KLARISSA

Signature Of Informant:

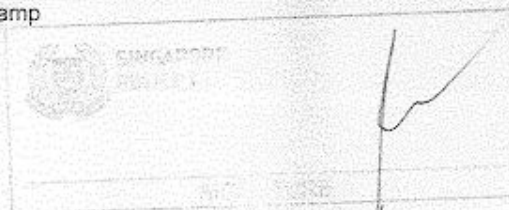
Signature Of Interpreter:
Not applicable

Date/Time:
27/09/2021 11:17

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

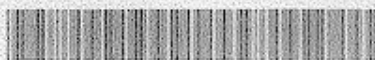
Classification Of Case:

Authentication Stamp
NP158





**SINGAPORE
POLICE FORCE**



T/20210927/2032

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3
Report No. T/20210927/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2021 11:17	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: AZIM NADIM JAHAM			Address: 358B EAST COAST ROAD CHUNG CHIN FLATS SINGAPORE 428975	
ID Type / ID No.: FIN NO / G8121909K			Contact No.: Home/Office: Mobile: 83553124	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 41	Date of Birth: 01/01/1980	Type of Informant: Driver	
Race: Bangladeshi			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3 Date of Expiry: 26/03/2023	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/09/2021 18:20	Type of Location: Straight Road
Location: ANDREWS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG6982R	Van				No Damage	1
SJP6952K	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210927/2032

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210927/2032

CONTINUATION OF REPORT

Driver			
Name	AZIM NADIM JAHAM		ID No. G8121909K
Related Vehicle	GBG6982R (Van)		Contact No. 93553124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 26/03/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEOW KOK TONG, SAMUEL		ID No. S7718004D
Related Vehicle	SJP6952K (Car)		Contact No. 97863934
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 25/09/2021 at about 1830hrs, I was driving along Sembawang Road towards the Sembawang beach. I was driving at about 30 km/h when I notice the car inform of me jam break. I immediately jam break but I was unable to stop in time and I hit into the rear bumper of the vehicle.

I came out of the vehicle and I asked him why he did he suddenly stop as there was nothing in front of him. We then decide to do a private settlement. We then exchange particular and left.

On 26/09/2021 at about 1000hrs, he inform me that he wishes to change his mind and he wishes to claim from insurance instead now. I then provided him with my boss number however, he refused to talk to my boss.

He also refused to provide my boss with his insurance company details and his workshop name.