

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 27/09/2021 10:41 (SGT)
Date of Accident 26/09/2021 22:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG TOWN HALL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5333A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner METAQUIP TC INDUSTRIAL PTE LTD
Company Reg No A199305621Z
Email Address jonathan_goh@tanchong.com
Mobile Phone No (Phone) +65-87775119
Alternative Phone No +65-87775119

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 10881419
Cover Note Number -

DRIVER

Name of Driver NOOR AMIRUL BIN WAHID NOOR
NRIC No S9331165E

Date Of Birth	26/08/1993
Occupation	Outdoor
Date Of Driving Pass	13/04/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88917094
Alt. Phone Number	-
Email Address	nooramirul26@yahoo.com.sg
Address	BLK 240A JURONG EAST AVE 1 #13-03
Address complement	-
Postcode	601240
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	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHAKILA BINTE OMAR
Gender	Female

PASSENGER 2

Name	QAYS QAYDEN
Gender	Male

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

SEE ATTACHED POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FZ2045A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	YAP YING LOONG
Contact Number	(Phone) +65-90938825
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP YING LOONG
Gender	-
Phone No	(Phone) +65-90938825
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FINGER - 5 DAYS MC GIVEN
Injured person in which vehicle?	FZ2045A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

Vehicle No: _____

1. Please report correctly the details of the accident to speed up the claim 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. The 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 lodgment 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' 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud; regulators, law enforcement and government agencies at reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/PIR No.: _____

(A) My Vehicle No:

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



Reporting Centre File No.:









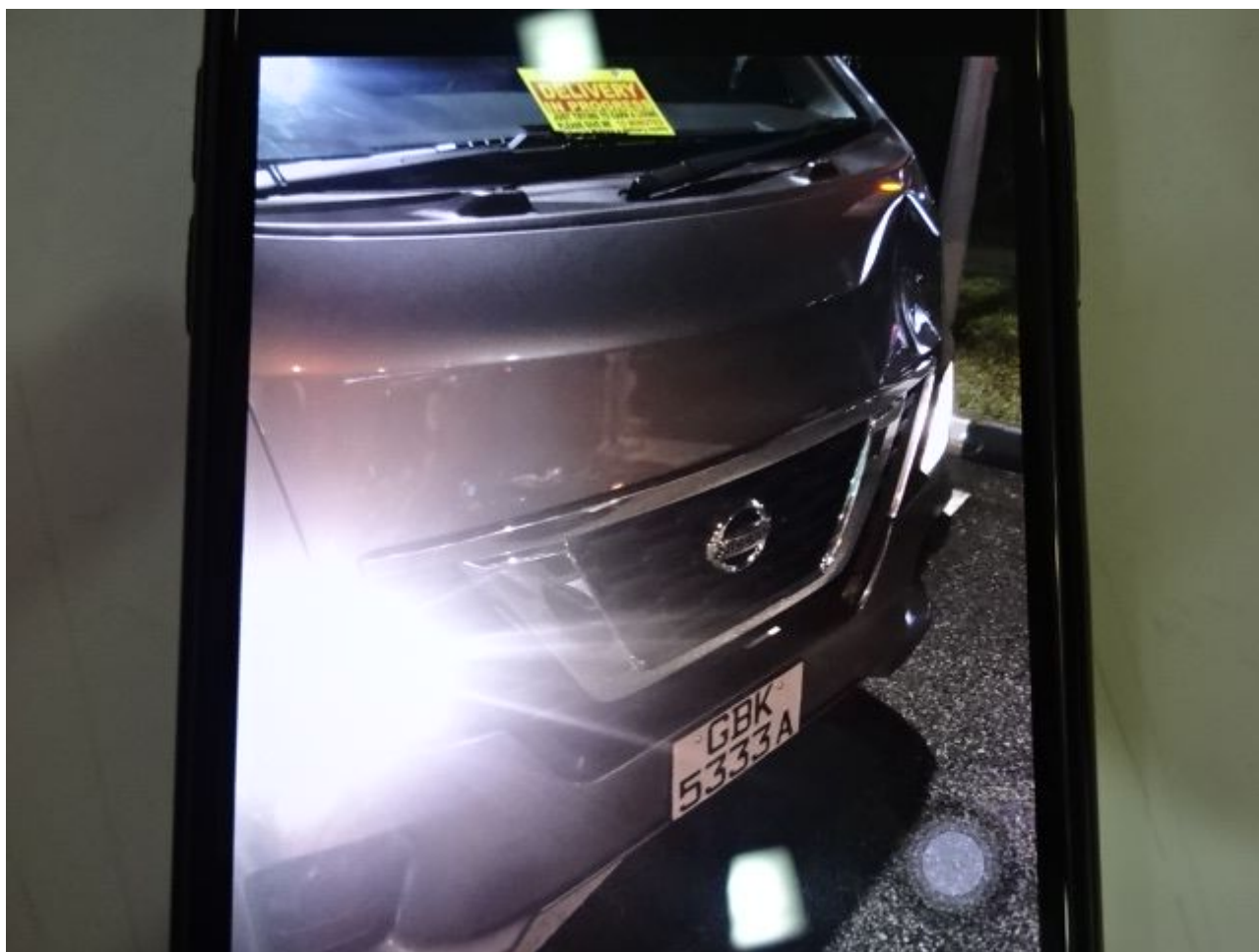
























**SINGAPORE
POLICE FORCE**



T/20210927/2013

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

1 of 4

Report No. T/20210927/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2021 06:21	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: NOOR AMIRUL BIN WAHID NOOR		Address: APT BLK 240A JURONG EAST AVENUE 1 #13-03 SINGAPORE 601240	
ID Type / ID No.: NRIC NO / S9331165E		Contact No.: Home/Office: Mobile: 88917094	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 26/08/1993	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/09/2021 22:15	Type of Location: Y-Junction
Location: JURONG TOWN HALL ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
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
FZ2045A	Motorcycle	YAMAHA	FZ6S	Blue	Slightly Damaged	0
GBK5333A	Van	NISSAN	NV350	Grey	Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20210927/2013

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

2 of 4

Report No. T/20210927/2013

CONTINUATION OF REPORT

Rider			
Name	YAP YING LOONG	ID No.	S9208395J
Related Vehicle	FZ2045A (Motorcycle)	Contact No.	90938825
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
Driver			
Name	NOOR AMIRUL BIN WAHID NOOR	ID No.	S9331165E
Related Vehicle	GBK5333A (Van)	Contact No.	88917094
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/09/2021 at about 2215hrs, I was travelling along Jurong Townhall Road towards Jurong East Ave 1, on my company's van bearing registration, GBK533K (Nissan, Grey) together with my wife and son on the extreme left lane, as I wanted to turn left into Jurong East Ave 1. I noticed that there was a motorcycle in front of my vehicle bearing registration, FZ2045A. As we were approaching the zebra crossing, the motorcycle in front stopped suddenly, and as such I was not able to stop on time. The front of my vehicle made contact with the back of the motorcycle. The rider then tried to control the motorcycle to prevent it from falling over but to no avail, and fell to the side together with the motorcycle.

I went down my vehicle to make a check on the rider, and was informed by him that he does not require ambulance assistance and that he was okay with private settlement. We exchanged particulars subsequently. When I asked why did he made the sudden stop, he informed me that he saw a cyclist suddenly crossing the zebra crossing and as such to prevent accident, made a sudden stop. There was no pillion at that point of time.

During the incident, my company's van sustained the following damage to the front left upper panel of the vehicle (Dents). The motorcycle's box, was dislodged from the motorcycle.

To my knowledge, the rider was not injured. There was also no damage to any government property, no Police or ambulance attended to our incident.



**SINGAPORE
POLICE FORCE**



T/20210927/2013

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

3 of 4

Report No. T/20210927/2013

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210927/2013

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

4 of 4

Report No. T/20210927/2013

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 /
Sgt 2 LEONG NGAI LOONG,
JARRELL

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/09/2021 06:21

Classification Of Case:

SN 34

SIGNATURE