

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 14/10/2021 10:44 (SGT)
Date of Accident 12/10/2021 15:40 (SGT)
Exact Location of Accident Woodlands Ave 3, Singapore
Additional Location Information ALONG WOODLANDS AVENUE LAMP POST NUMBER 57
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9589J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner METTLER TOLEDO (S) PTE LTD
Company Reg No 199206604Z
Email Address julia.lim@mt.com
Mobile Phone No (Phone) +65-68900011
Alternative Phone No (Office) +65-68900011

VEHICLE PARTICULARS

Manufacturer Peugeot
Model Partner
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 1560

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00044032100
Cover Note Number -

DRIVER

Name of Driver MOHAMED KHALID S/O NIZAMUDIN
NRIC No S7318374Z

Date Of Birth	07/05/1973
Occupation	Outdoor
Date Of Driving Pass	07/04/1994
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98509664
Alt. Phone Number	-
Email Address	khalid.nizamudin@mt.com
Address	BLK 786D WOODLANDS DRIVE 60
Address complement	#04-43
Postcode	734786
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 East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

TRAFFIC ACCIDENT REPORT NO. T/20211012/2124

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	SMF6920U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMF6920U
Were seat belts worn? -
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' 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.



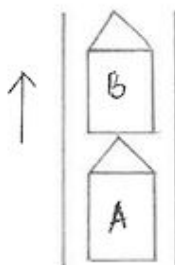
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A : 6BF9589J

Veh B : SMF6920L1

ALONG WOODLANDS AVE 3 LAMP POST NUMBER 67

Describe Circumstances of the Accident

Refer to traffic accident report no. 1/20211012/2124.

I would like to state that the correct third party vehicle number is SMF6920H and not SME6920H.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20211012/2124

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20211012/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2021 21:03		Vide Report No.:		Station Diary No.: 129	
Informant's Particulars					
Name of Informant: MOHAMED KHALID S/O NIZAMUDIN			Address: APT BLK 786D WOODLANDS DRIVE 60 #04-43 SINGAPORE 734786		
ID Type / ID No.: NRIC NO / S7318374Z			Contact No.: Home/Office: Mobile: 98509664		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 07/05/1973	Type of Informant: Passenger		
Race: Indian			Language: English		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2021 15:40	Type of Location: Straight Road
Location: WOODLANDS AVENUE 3				
Lamp Post Number: 57				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBE9589J	Van				Slightly Damaged	0
SME6920U	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211012/2124

2 of 3

Police Station Of Origin:
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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20211012/2124

CONTINUATION OF REPORT

Brief Details.

On 12/10/2021 at about 1540hrs, while I was driving along woodlands avenue 3, I stopped behind a vehicle SME6920U as the traffic light turns red. While I was waiting for the traffic light to turn green, I was looking at the dashboard and saw the vehicle in front of me inches forward. Hence, I also moved forward slightly. However, it caused me to collided onto the vehicle.

I immediately alight from the vehicle and took photo of other party vehicle damages. We then exchanged particulars and say that we will settle this accident among our insurance.

At about 1558hrs, the driver of called me and asked me for my in car-camera footage. I then informed the driver that the in car camera footage is unable to view. The driver informed me to meet him and he will try to view.

At about 1623hrs, I met up with the driver and he tried to view however unable to. My supervisor then want to talk to the driver about the incident as my vehicle is a company van.

The driver spoke to my supervisor and he informed that during the accident, there is passenger inside his car. When the accident happen, the driver wife was using phone. Hence, when I collided onto his vehicle, his wife lips knocked onto the phone and caused his wife lips to have an injury.

Subsequently, we just part our way. However, after we part way the driver texted my supervisor and informed that he want my company and I to bear the full responsible.

I wish to informed that the driver did not inform me about any injuries after the collision. Also I did not observed that whether he have any passenger inside his vehicle.

Other parties Particulars

1) Khng En Ning
S8801912A
Blk 703 Choa Chu Kang St 53
97918412



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POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20211012/2124

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Report No. T/20211012/2124

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

L /

Sgt 3 DESMOND ANG JUN HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

SN 130

Contact No.: 65476151

Authentication Stamp

NP168

Signature: _____

Singapore Police Force

Signature Of Informant:

Date/Time:

12/10/2021 21:03

Classification Of Case:

