

# 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 17:17 (SGT)  
Date of Accident ..... 15/04/2021 10:30 (SGT)  
Exact Location of Accident ..... Ubi Rd 1, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE8558U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NITAKI MACHINE MOVERS PTE LTD  
Company Reg No ..... -  
Email Address ..... LEETIN@NITAKI.COM.SG  
Mobile Phone No ..... (Phone) +65-68410633  
Alternative Phone No ..... +65-68410633

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Cyz52r  
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 ..... 15000

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z20VC05006228  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DUL ASHAN BIN ISHAK  
NRIC No ..... SXXXX448J

Date Of Birth .....	22/07/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	09/07/2004
Driving experience .....	16 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83334154
Alt. Phone Number .....	-
Email Address .....	LEETIN@NITAKI.COM.SG
Address .....	BLK 513A YISHUN STREET 51 #02-389
Address complement .....	-
Postcode .....	761513
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### PASSENGER 2

Name .....	-
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210428/2108

#### ATTACHMENT(S)

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

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

refer  
to  
Statement



**Describe Circumstances of the Accident**

Refer to police report 7/2021/0428/2108

**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





















# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20210428/2108

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Report No. T/20210428/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
28/04/2021 18:04

Vide Report No.:

Station Diary No.:  
59

### Informant's Particulars

Name of Informant:  
DUL AHJAN BIN ISHAK

Address:  
APT BLK 513A YISHUN STREET 51 #02-389 SINGAPORE  
761513

ID Type / ID No.:  
NRIC NO / S8021448J

Contact No.:  
Home/Office: Mobile: 83334154

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 40 Date of Birth: 22/07/1980

Type of Informant:  
Driver

Race:

Boyanese

Language:  
English

Institution / School Name:

Occupation:

Other heavy truck and lorry drivers

Driving Licence Information:  
Class: 3,4,5

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Non-Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
15/04/2021 10:30

Type of Location:  
Straight Road

Location:

UBI AVENUE 1

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:

Traffic Volume:  
Light

Type of Collision:  
UNKNOWN

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE8558U	Lorry			Yellow	No Damage	2

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



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Report No. T/20210428/2108

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

## CONTINUATION OF REPORT

Driver Name	DUL AHJAN BIN ISHAK	ID No.	S8021448J
Related Vehicle	XE8558U (Lorry)	Contact No.	83334154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/04/2021, my company received a letter from TP reference TP/IP/20485/2021 about an accident involving the lorry I was driving on 15 April 2021 at 1030hrs so I am here to lodge a police report about it. On that day, I was driving on Ubi Avenue 1 at around 1030hrs. The traffic was light during that time but there were cars around me. I would like to state that I did not involve in any accident for my whole journey that day but is unsure why I need to lodge a traffic police report.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20210428/2108

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Report No. T/20210428/2108

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 OH HONG LISignature Of Interpreter:  
Not applicableOfficer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476229Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
28/04/2021 18:04

Classification Of Case: