

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 18/10/2021 16:59 (SGT)
Date of Accident 16/10/2021 18:40 (SGT)
Exact Location of Accident Near Jln Eunus, Singapore
Additional Location Information ALONG JALAN EUNOS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK9499D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SPOT-ON HYGIENE PTE LTD
Company Reg No 2XXXXX396E
Email Address DON.MATTAL87@GMAIL.COM
Mobile Phone No (Phone) +65-83830839
Alternative Phone No (Office) +65-67347973

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120814141
Cover Note Number -

DRIVER

Name of Driver MARDONA BIN MATTAL
NRIC No SXXXX703E

Date Of Birth	13/07/1987
Occupation	Outdoor
Date Of Driving Pass	29/06/2013
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81217354
Alt. Phone Number	-
Email Address	DON.MATTAL87@GMAIL.COM
Address	BLK 1 EUNOS CRESCENT
Address complement	#04-2511
Postcode	400001
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHAMAD RIZQI DANIEL BIN MORDONA
Gender	Male

PASSENGER 2

Name	PUTRI LIYA ZAFIRAH BINTE MARDONA
Gender	Female

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

REFER TO THE ATTACHED SKETCH PLAN & 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	SMP8086L
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN MENG KWANG
NRIC No	SXXXX228H
Contact Number	(Phone) +65-98524328
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	MUHAMAD RIZQI DANEL BIN MARDONA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK9499D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	MARDONA BIN MATTAL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK9499D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	PUTRI LIYA ZAFIAH BINTE MARDONA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK9499D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

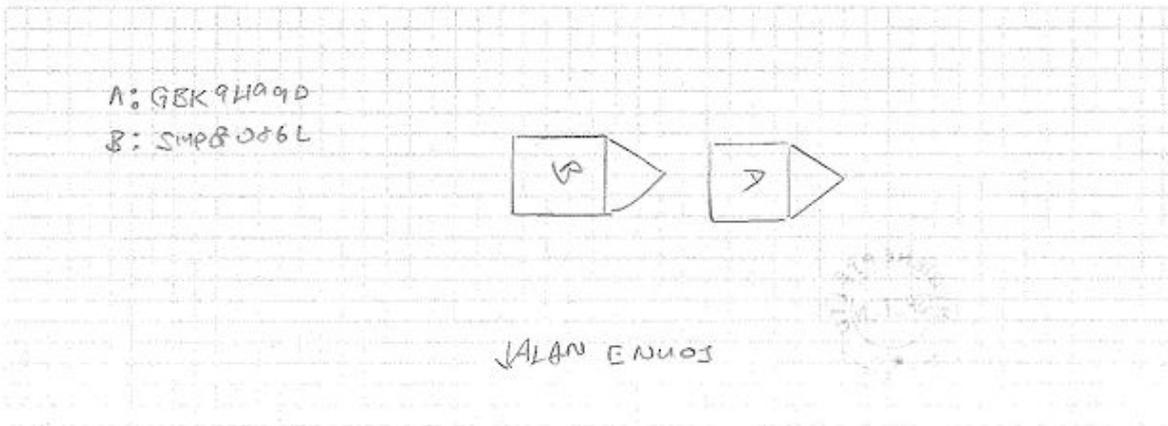
I understand, acknowledge, agree and consent that :

(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.

 X Policyholder's Signature / Date & Time	  Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

Refer to police report.

Declaration

I/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

Limit 2.20m







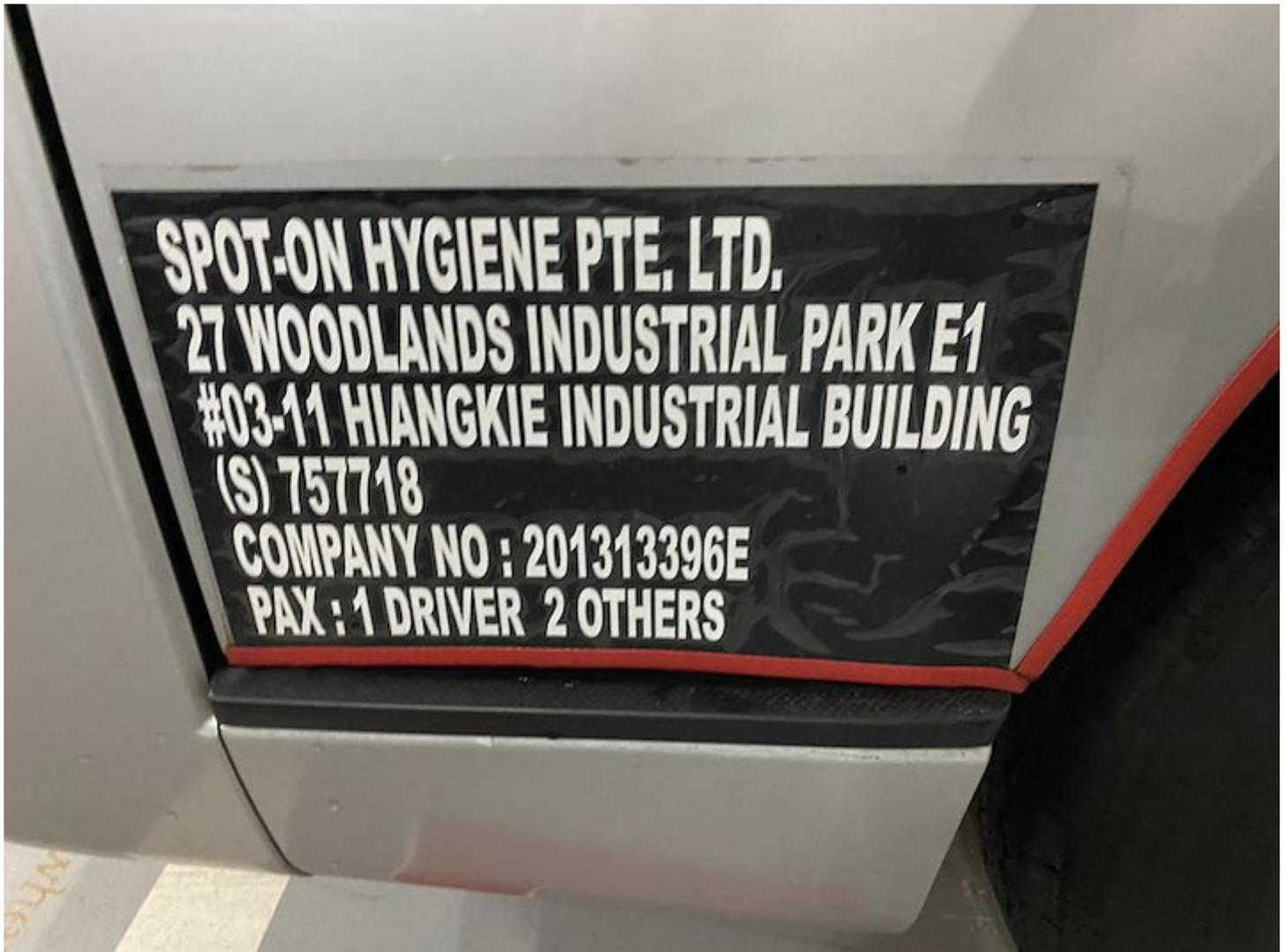














**SINGAPORE
POLICE FORCE**



T/20211018/2054

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

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Report No. T/20211018/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2021 14:41	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars			
Name of Informant: MARDONA BIN MATTAL		Address: APT BLK 1 EUNOS CRESCENT #04-2511 SINGAPORE 400001	
ID Type / ID No.: NRIC NO / S8787703E		Contact No.: Home/Office: Mobile: 81217354	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 13/07/1987	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DRIVER		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: 16/10/2021 18:40	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBK9499D	Van				Slightly Damaged	2
SMP8086L	Car				Slightly Damaged	0

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



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T/20211018/2054

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20211018/2054

CONTINUATION OF REPORT

Passenger			
Name	MUHAMAD RIZQI DANIEL BIN MARDONA	ID No.	T1428462H
Related Vehicle	GBK9499D (Van)	Contact No.	81217354
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	18/10/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	MARDONA BIN MATTAL	ID No.	S8787703E
Related Vehicle	GBK9499D (Van)	Contact No.	81217354
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	18/10/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	PUTRI LIYA ZAFIRAH BINTE MARDONA	ID No.	T1325089D
Related Vehicle	GBK9499D (Van)	Contact No.	81217354
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	18/10/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	TANG MENG KWANG (CHEN MINGGUANG)	ID No.	S7428228H
Related Vehicle	SMP8086L (Car)	Contact No.	98524328
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



**SINGAPORE
POLICE FORCE**



T/20211018/2054

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

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Report No. T/20211018/2054

CONTINUATION OF REPORT

Brief Details.

On 16/10/2021 at about 1840hrs, I was driving my vehicle GBK9499D along Eunos Road at the first lane heading towards PIE (Changi Airport). At that point of time, there was a heavy traffic jam. Due to the traffic light being red, I stopped my vehicle. Out of a sudden, I felt an impact coming from the back of the vehicle. I had 2 passengers, my daughter and son. I got out of my vehicle and discovered that a vehicle SMP8086L had collided onto the back of my vehicle. I then exchanged particulars with the driver of the other vehicle. Due to the accident, there was a dent at the back of my vehicle. At that point of time, I checked on my children and thought that we did not require any medical assistance.

On 18/10/2021 as I was making my way to work, I felt pain coming from the back of my body. Thus I decided to go to a clinic to make a check. I also brought my daughter and son along to the clinic. The doctor made a check on us and we were given 2 days of MC.



**SINGAPORE
POLICE FORCE**



T/20211018/2054

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Tel No: 1800-7679999

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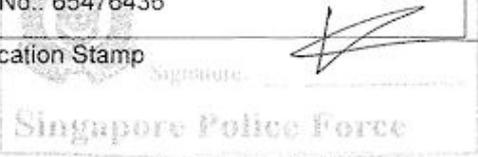
Report No. T/20211018/2054

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 / Staff Sgt KHAIRUL ARIFIN BIN KAMAL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2021 14:41
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436 SN 130 	Classification Of Case:
Authentication Stamp NP168 	

DOCTORS INC. MEDICAL GROUP
178 TOA PAYOH CENTRAL #01-206, SINGAPORE 310178
Tel: 63563633 Fax: 63562622

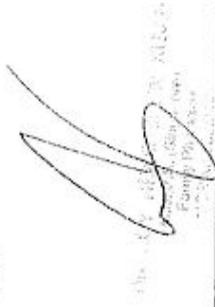
Medical Certificate

Date : 18 Oct 2021 MC No. : 0000173135

This is to certify that :

Name : MUHAMAD RIZQI DANIEL BIN MARDONA
NRIC : T1428462H

is Unfit for Duty for 2 days
from 18 Oct 2021 to 19 Oct 2021 inclusive.



DR KEVIN LOY HENG JUEN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

DOCTORS INC. MEDICAL GROUP
178 TOA PAYOH CENTRAL #01-206, SINGAPORE 310178
Tel: 63563633 Fax: 63562622

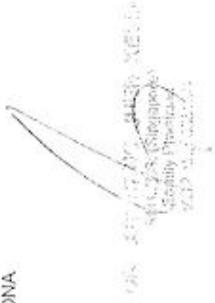
Medical Certificate

Date : 18 Oct 2021 MC No. : 0000173134

This is to certify that :

Name : PUTRI LIYA ZAFIRAH BINTE MARDONA
NRIC : T1325089D

is Unfit for Duty for 2 days
from 18 Oct 2021 to 19 Oct 2021 inclusive.



DR KEVIN LOY HENG JUEN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

DOCTORS INC. MEDICAL GROUP
178 TOA PAYOH CENTRAL #01-206 , SINGAPORE 310178
Tel1: 83583633 Fax: 63562622

Medical Certificate

Date : 18 Oct 2021

MC No. : 0000173136

This is to certify that :

Name : MARDONA BIN MATTAL

NRIC : S8787703E

is Unfit for Duty for 2 days

from 18 Oct 2021 to 19 Oct 2021 inclusive.


DR. LOY HENG JUEN M.B.B.S. (Singapore)
Family Physician
MC No. 146135

DR KEVIN LOY HENG JUEN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*