

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 12/11/2021 15:27 (SGT)
Date of Accident 11/11/2021 09:15 (SGT)
Exact Location of Accident Woodlands Ave 12, Singapore
Additional Location Information TOWARDS WOODLANDS AVENUE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5912D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SLK (S) PTE. LTD.
Company Reg No 202017965D
Email Address tasmyname@gmail.com
Mobile Phone No (Phone) +65-90369979
Alternative Phone No +65-89043579

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00104192101
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN
NRIC No S9910970Z

| | |
|--|--------------------------------|
| Date Of Birth | 08/04/1999 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/08/2020 |
| Driving experience | 1 YEAR AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89043579 |
| Alt. Phone Number | - |
| Email Address | tasmyname@gmail.com |
| Address | BLK 23 EUNOS CRESCENT #05-3023 |
| Address complement | - |
| Postcode | 400023 |
| 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 | Chain 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 | 5 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------------------|
| Name | ANTONIO RIZZA PALMA |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20211111/7019

ATTACHMENT(S)

| | |
|---|---------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH TRAFFIC POLICE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMG5835J |
|-----------------------------------|----------|

| | |
|---|-------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | NICK CHAN |
| NRIC No | S7526026A |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | XE1818R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | CHAI CHENG YU |
| Passport No/FIN | G8543701T |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|---|-------------------------|
| Vehicle Registration Number | SMD837C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SZE WEI TAH (SHI WEIDA) |
| NRIC No | S8010501J |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 4

| | |
|-----------------------------------|--------------|
| Vehicle Registration Number | SGU5783Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | POON KOK WAH |
| NRIC No | S1771293D |
| 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 MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN
 Gender Male
 Phone No (Phone) +65-89043579
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBK5912D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ANTONIO RIZZA PALMA
 Gender Female
 Phone No (Phone) +65-93840341
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? GBK5912D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No


SKETCH PLAN

IMPORTANT NOTICE

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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.

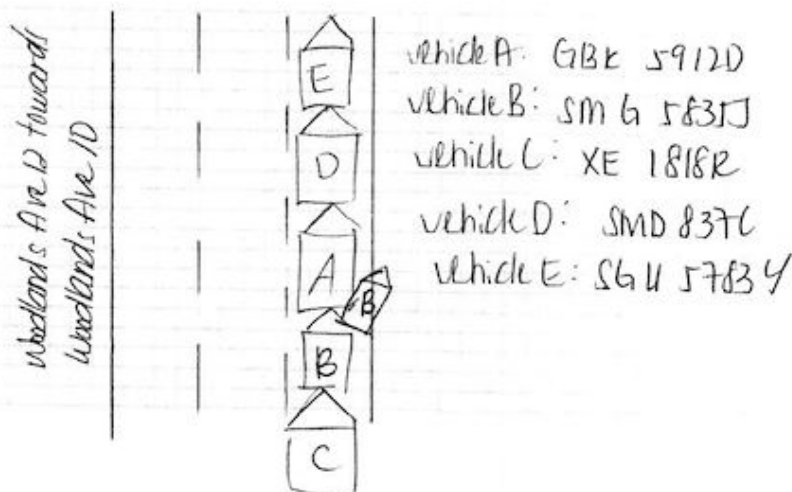
X  

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated location on my vehicle A. As the vehicle ahead slowed down, I applied my brakes to slow down my vehicle. Suddenly, I felt a large impact from the rear of my vehicle. This caused my vehicle to be propelled forward into the vehicle in front. When I alighted to check, I realised I had been involved in a 5 car chain collision and I was the third vehicle. The order of the vehicles involved are as follows:

- 1) SGW 5783Y (Vehicle E)
- 2) SMD 837C (Vehicle D)
- 3) GBK 5912D (Vehicle A)
- 4) SMG 5835J (Vehicle B)
- 5) XE 1818R (Vehicle C)

POLICE REPORT 1/2021/111/2019

Declaration

We declare the foregoing particulars are true in every respect.

X



[Signature]

X

[Signature]

Policyholder's Signature / Date & Time

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

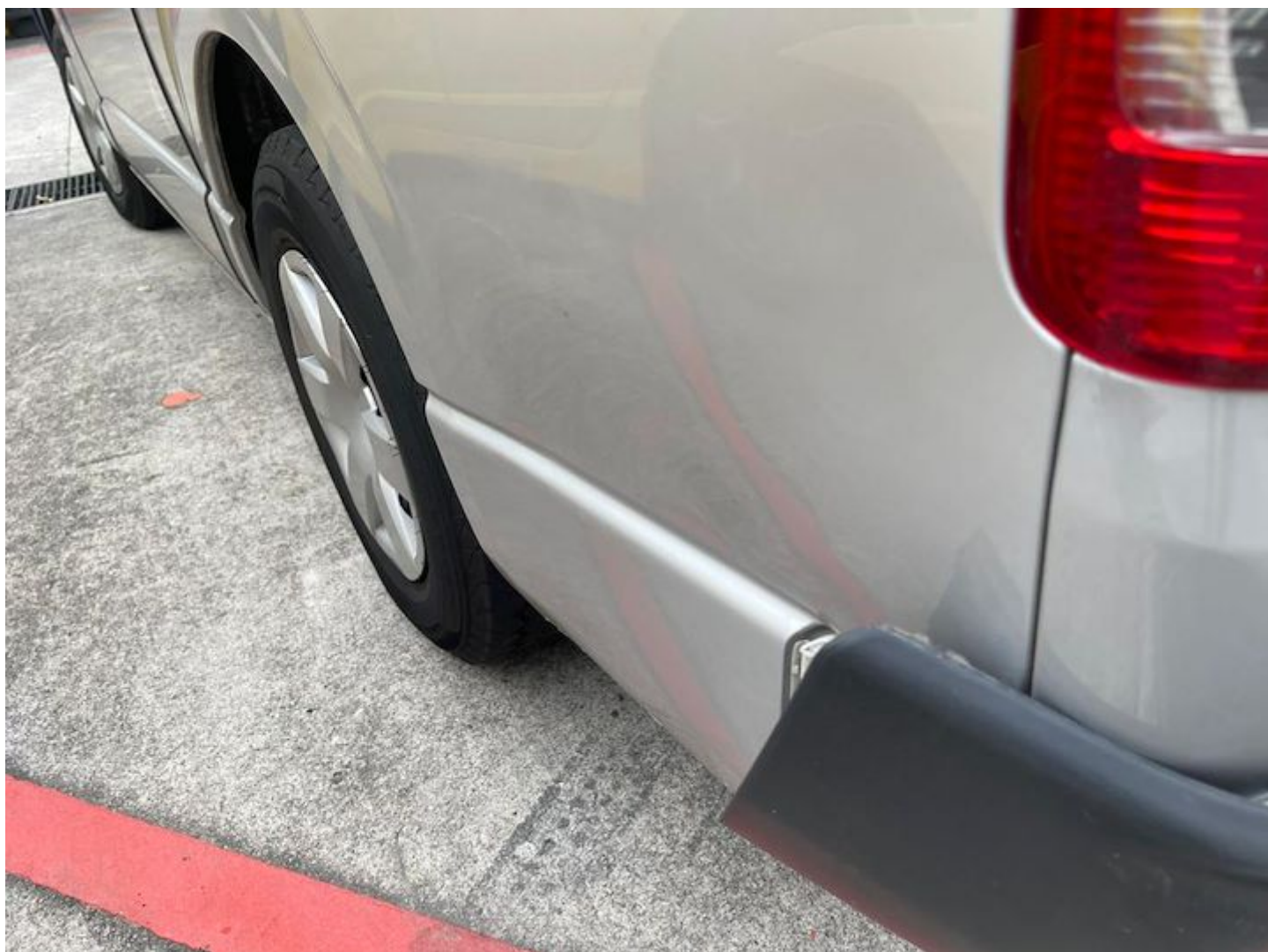
Witnessed by Reporting Centre Personnel



[Signature] 12/11/2021































**SINGAPORE
POLICE FORCE**



T/20211111/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20211111/7019

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 11/11/2021 15:27 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ANTONIO RIZZA PALMA | | | Address: | | |
| ID Type / ID No.: FIN NO / G3426185M | | | Contact No.: Home/Office: Mobile: 93840341 | | |
| Nationality: FILIPINO | | | Email: RIZZAANTONIO@YAHOO.COM | | |
| Sex: Female | Age: 25 | Date of Birth: 26/09/1996 | Type of Informant: Passenger | | |
| Race: Filipino | | | Language: English | | Institution / School Name: |
| Occupation: Pre school teacher | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|---------------------------|--------------------|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 11/11/2021 09:15 | Type of Location: |
| Location: WOODLANDS AVENUE 12 | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBK5912D | Van | | | | | 0 |
| SGU5783Y | Car | | | | | 0 |
| SMD837C | Car | | | | | 0 |
| SMG5835J | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20211111/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211111/7019

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|---------|------|-------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| XE1818R | Trailer | | | | | 0 |

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Passenger | | | |
| Name | ANTONIO RIZZA PALMA | ID No. | G3426185M |
| Related Vehicle | NIL | Contact No. | 93840341 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

On the stated date and time, I was a passenger in the vehicle bearing plate number GBK 5912 D travelling along the stated location. As the vehicle in front slowed down, my driver applied his brakes to slow our vehicle down as well. Suddenly I felt a large impact from the rear of my vehicle. This caused my vehicle to be propelled forward into the vehicle in front. After alighting, I realised I had been involved in a 5 vehicle chain collision. Vehicles involve in the chain collision are listed in the following order from first to last.

- 1) SGU 5783 Y
- 2) SMD 837 C
- 3) GBK 5912 D
- 4) SMG 5835 J
- 5) XE 1818 R

Accident scene was attended by TP and ambulance was called to the scene. Someone was conveyed to the hospital. After the accident my driver and I felt unwell. Due to pain in my neck and head area. I proceeded to see a GP at toa payoh unihealth clinic



**SINGAPORE
POLICE FORCE**



T/20211111/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20211111/7019

CONTINUATION OF REPORT

to receive treatment for my injuries. I was given medication and 3 days of MC

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211111/7019

4 of 4

Report No: T/20211111/7019

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/11/2021 15:27

Classification Of Case:



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 6/20211111/0050

I, Mr B1 508096 Pany
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1 X WASTON 16 CR.
2 /
3
4
5
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7
8
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10

from MUHAMMAD TASNEEM SUFYAN BIN SULAIMAN
59909702 89043579
(Name, NRIC or Passport No. / Rank and No.)

at 23 EUNOS CRESENT #05-3023 400023
(Address / Police Station / NPC / NPP)

on 4/11/2021 at 1024 HRS
(Date) (Time)

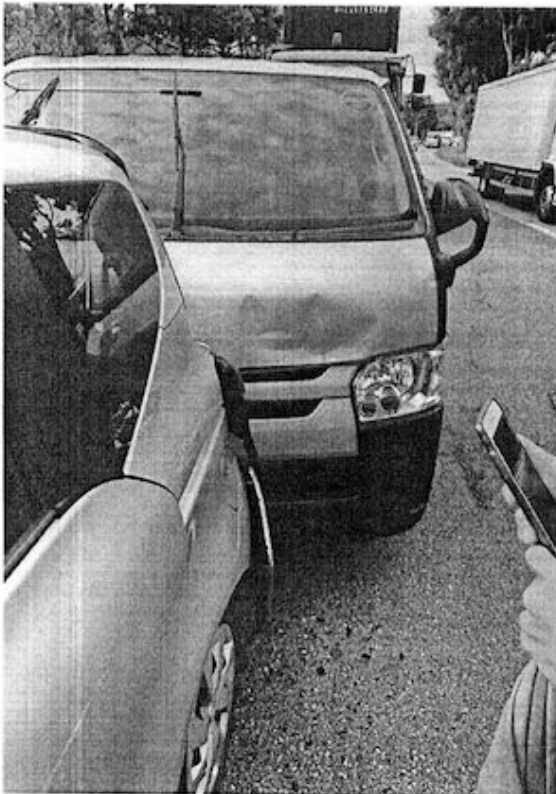
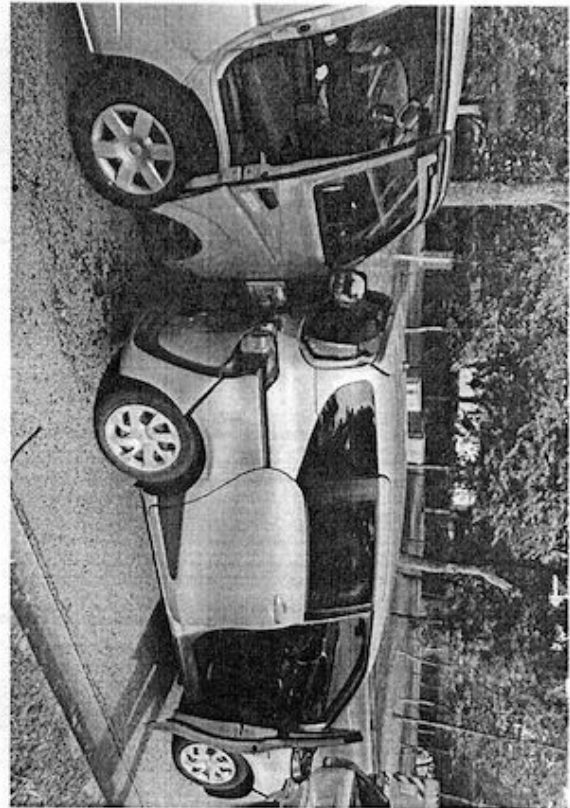
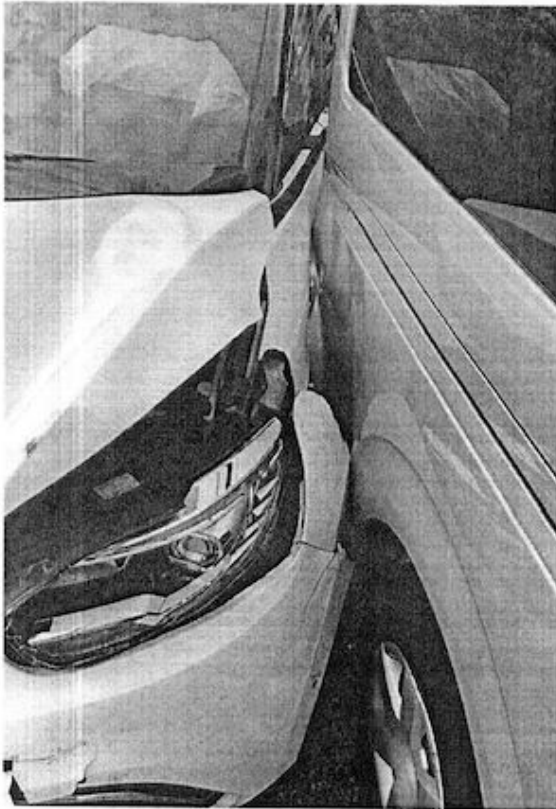
Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

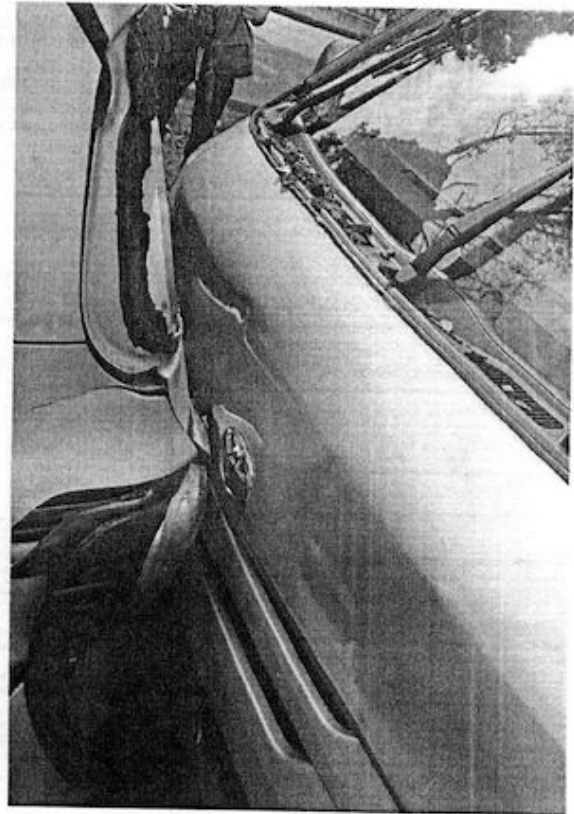
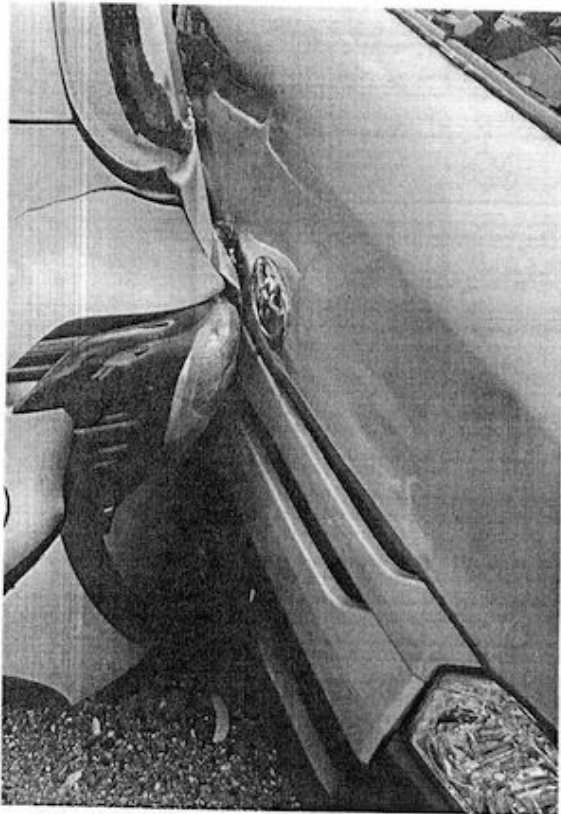
TASNEEM (Signature)
59909702
(Name, NRIC or Passport No. / Rank and No.)

Mr B1 508096 Pany (Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: CRK 5912 D



17/11/2021



gaw/12/4/2021