

# 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 ..... 15/11/2021 11:34 (SGT)  
Date of Accident ..... 13/11/2021 12:10 (SGT)  
Exact Location of Accident ..... Near KPE, Singapore  
Additional Location Information ..... KPE TOWARDS MCE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP7473S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SHALOM INTERNATIONAL MOVERS PTE LTD  
Company Reg No ..... 201421716K  
Email Address ..... STRATEGY@SHALOM.COM.SG  
Mobile Phone No ..... (Phone) +65-81294002  
Alternative Phone No ..... +65-81294002

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... XZU710R  
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 ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI21V12977/VCH/R03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMAD AFFENDI BIN ISMA'ON  
NRIC No ..... S8002689G

Date Of Birth .....	04/02/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	19/05/2012
Driving experience .....	9 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81583390
Alt. Phone Number .....	-
Email Address .....	AFFENDI.80AF@GMAIL.COM
Address .....	BLK 25 JALAN BERSEH
Address complement .....	#09-118
Postcode .....	2000025
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 .....	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 .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	JAY TAN ZHI XIANG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT T/20211114/2018

#### 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 .....	XE5385X
Vehicle Manufacturer .....	Mercedes

Vehicle Model .....	Actros
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMH5722X
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Avante
Vehicle Variant .....	-
Vehicle Colour .....	Red
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) .....	-

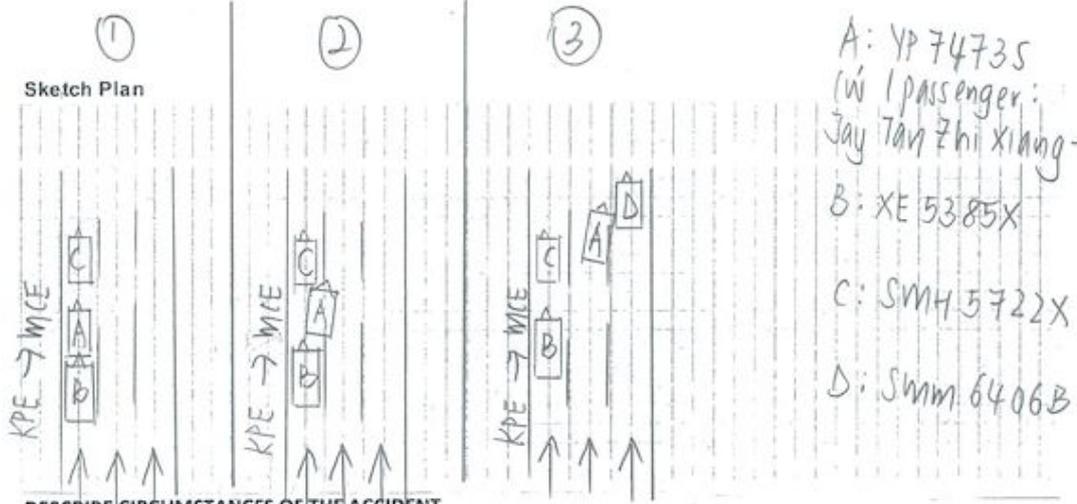
#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SMM6406B
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	OS KONA EV
Vehicle Variant .....	-
Vehicle Colour .....	Gray
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 .....	JAY TAN ZHI XIANG
Gender .....	Male
Phone No .....	(Phone) +65-81583390
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	4 DAYS MC- BACK INJURY
Injured person in which vehicle? .....	YP7473S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



A: YP 7473S  
 (w/ 1 passenger;  
 Jay Tan Zhi Xiang - m)  
 B: XE 5385X  
 C: SMH 5722X  
 D: SHM 6406B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: YP 7473S (Liberty)  
 Date & Time: 13/11/2021 @ 1210 (clear/dry)

refer to police report no: 7/2021114/2018.

P/S: Attach a list of furniture in the lorry <sup>that were damaged</sup> due to the accident.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

**DECLARATION**  
 I/We declare the foregoing particulars are true in every respect.

Claim Own Policy   
  Claim Third Party   
  Reporting Only  
 Claim OD/TIP at other workshop (Cheng Hoe Motor P/L)

**SKETCH PLAN**

1. VEHICLE NO.: YP 7473S  
 2. INSURER CO: Liberty  
 3. ACCIDENT DATE & TIME: 13/11/2021 @ 1210

**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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

PLEASE  
TURN  
OVER













**SINGAPORE  
POLICE FORCE**



T/20211114/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20211114/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/11/2021 10:05	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: MOHAMAD AFFENDI BIN ISMA'ON		Address: APT BLK 25 JALAN BERSEH #09-118 SINGAPORE 200025	
ID Type / ID No.: NRIC NO / S8002689G		Contact No.: Home/Office: Mobile: 81583390	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 04/02/1980	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Mover		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2021 12:10	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SMH5722X		HYUNDAI	AD AVANTE 1.6 GLS (A) S	Red	Slightly Damaged	1
SMM6406B	Car	HYUNDAI	OS KONA EV	Grey	Slightly Damaged	1
XE5385X	Truck	MERCEDES BENZ	AROCS 3336K 6X4 3300 S-CAB (AUTO, ABS)	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211114/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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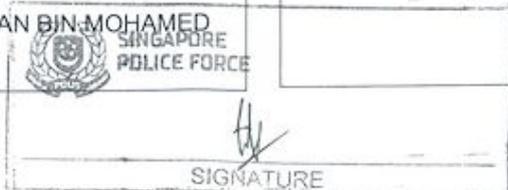
Report No. T/20211114/2018

**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 A / Sgt 2 LEE JIA HUI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2021 10:05
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:  
 <p>SIGNATURE</p>	



**SINGAPORE  
POLICE FORCE**



T/20211114/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20211114/2018

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP7473S	Lorry	HINO	XZU710R 14FT 5T AT	White	Slightly Damaged	1

**Brief Details.**

On 13/11/2021, at about 1200hrs, I was travelling along KPE towards MCE, I was driving a lorry(YP7473S) along the third lane from the left. While driving, I noticed the car(SMH5722X) in front of me slowing down hence I tried to slow down as well. I managed to stop on time and did not hit the car in front. Suddenly, I felt an impact from the rear hitting my lorry causing my lorry to hit the car in front, my lorry swirl due to the impact and hit onto the vehicle (SMM6406B) on my right as well. I got down to see and noticed that a tipper truck(XE5385X) had hit me from the rear pushing my lorry forward. There was damage to the rear of my lorry and some of the goods were damaged as well. The car in front of me had damage on the rear right hand area and the tipper truck had damages to his front, the vehicle on my right suffered some scratches and dent mark . Traffic police and ambulance then came to scene and my passenger was conveyed to the hospital.





T/20211114/2019

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Report No. T/20211114/2019

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 1

Report Number T/20211114/2019

Vide Report Number T/20211114/2018

Date/Time of Report Made 14/11/2021 10:33

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Mohamad Affendi Bin Isma'On

ID Type / ID No. NRIC NO / S8002689G

Home/Office

Mobile 81583390

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 13/11/2021 12:10

Accident Location KALLANG PAYA LEBAR EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH5722X	Car				Slightly Damaged	1
SMM6406B	Car				Slightly Damaged	1
XE5385X	Truck				Slightly Damaged	1
YP7473S	Lorry				Slightly Damaged	0



T/20211114/2019

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Report No. T/20211114/2019

Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MOHAMED SUFIAN BIN MOHAMED JUNID
Classification of Case	1) INJURY / ATTENDED BY POLICE



T/20211114/2019

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Report No. T/20211114/2019

Continuation of CSF For NP168

**Brief Facts.**

This CSF was created for the following amendment, the person being conveyed by ambulance was wrongly entered as "NO".



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SO0321BF0002 Vehicle Registration No: YP74735  
 Name (as shown in NRIC): Shalom International Movers Pte Ltd NRIC/FIN/Passport No: 201421716K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 7 Kaki Bukit Road 1 Eunos TechnoMk #B1,01 Singapore (415933)  
 Contact (Tel): 8129 4002 Mobile No.: 8129 4002  
 Email Address: Strategy@shalom.com.sg  
 Date of Accident: 13/11/2021 Time of Accident: 12:10 HRS  
 Place of Accident: KPE towards MCE  
 Insurance Company: Liberty Insurance. Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ① Attached Sketch Plan
- ② Change Accident Scene Photos
- ③ Attached Furniture List
- ④ Remove Personal Documents
- ⑤ Injury For Own Vehicle Passenger

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Ngai Kar Kid  
 NRIC/FIN No.: G 27433312  
 Date: 15/11/21