

# 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 ..... 18/11/2021 16:56 (SGT)  
Date of Accident ..... 18/11/2021 12:00 (SGT)  
Exact Location of Accident ..... Near Jurong West Ave 2, Singapore  
Additional Location Information ..... Junction of Jurong West Ave 2 and Corporation Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD7994K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BIS Motoring Pte Ltd  
Company Reg No ..... 2XXXXX055D  
Email Address ..... keiftan@bismotoring.com.sg  
Mobile Phone No ..... (Phone) +65-86881311  
Alternative Phone No ..... (Office) +65-66815720

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Carens  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1685

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... COI-SPMF1000000413-SMD7994K  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Muruganathan S/O Muthiah  
NRIC No ..... SXXXX620B

Date Of Birth .....	25/10/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	28/09/1998
Driving experience .....	23 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82234545
Alt. Phone Number .....	-
Email Address .....	kk261070@gmail.com
Address .....	Block 406 Fajar Road
Address complement .....	#04-297
Postcode .....	670406
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 .....	Collision - Cross Junction
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Agnes
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20211118/2040

#### 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 .....	Checking as memory card stuck in the car cam
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE6346C
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Mohd Hazriq Bin Yusof
Passport No/FIN .....	GXXXX259T
Contact Number .....	(Phone) +65-89402010
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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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' 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

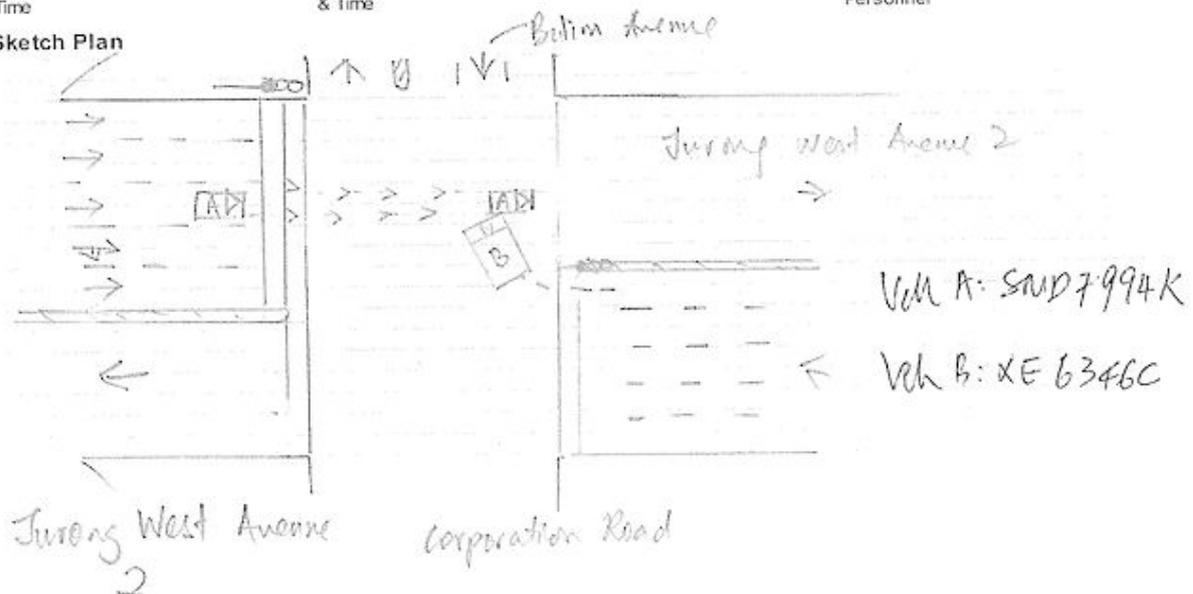
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

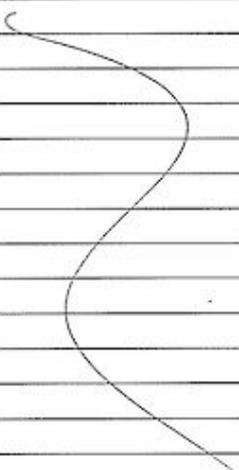
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

PLS refer to police report.



Note: Please note that your insurer may have 14 days' time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Please state: ( ) Claim Own Damaged ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

18/11/2021 1520  
Policyholder's Signature / Date & Time

M. How  
18/11/2021  
@1520  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20211118/2040

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Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20211118/2040

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2021 14:25	Vide Report No.:	Station Diary No.: 12
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## Informant's Particulars

Name of Informant: MURUGANANTHAN S/O MUTHIAH			Address: APT BLK 406 FAJAR ROAD #04-297 SINGAPORE 670406		
ID Type / ID No.: NRIC NO / S7070620B			Contact No.: Home/Office: Mobile: 82234545		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 25/10/1970	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: PHV DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2021 12:00	Type of Location: X-Junction
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SMD7994K	Car				Slightly Damaged	1
XE6346C	Lorry				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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Report No. T/20211118/2040

CONTINUATION OF REPORT

Driver			
Name	MURUGANANTHAN S/O MUTHIAH	ID No.	S7070620B
Related Vehicle	SMD7994K (Car)	Contact No.	82234545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class. 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHD HAZRIQ BIN YUSOF	ID No.	G2508259T
Related Vehicle	XE6346C (Lorry)	Contact No.	89402010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am a private hire driver that is renting a car SMD7994K from "BIS MOTORING PTE LTD" for my private hire vehicle duty.

On 18/11/2021 at about 1158hrs. I was on route along Jurong West Ave 2 after accepting a private hire request to ferry a female passenger namely Agnes (Hp: 91056927) from 682C Jurong Central 1 heading to KK Women's and Children's Hospital. The traffic light at the x-junction of Jurong West Ave 2 and Bulim Ave / Corporation Rd was showing green in my favor to proceed ahead towards PIE direction.

Out of a sudden, I felt an impact and heard a loud 'bang' sound from the rear of my car. I got out of my car to make a check and discovered that a lorry XE6346C front right portion had collided onto my car rear right and right side portion. My car sustained dislodge, crack and scratches on the rear right side bumper, scratches and dents on the rear right side wheel fender and scratches on the rear right side passenger door whereas the lorry XE6346C only sustained scratches on the front right side bumper. I then made a check with the lorry driver but he was nervous hence we only exchange particulars and we left thereafter after deciding to claim from insurance. I also made a check with my passenger and she informed that she is feeling fine and does not require any medical attention hence I advised her to take a make a new ride request to resume her journey.

I am lodging this Traffic Accident report as advised by the car rental company "BIS MOTORING PTE LTD" for insurance claims purpose.



SINGAPORE  
POLICE FORCE

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Report No. T/20211118/2040

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20211118/2040

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Report No. T/20211118/2040

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 F / Sgt 3 PETER GOH WEE HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2021 14:25
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

Authentication Stamp  
NP158

