SN0921BO0002-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 24/11/2021 14:38 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 2 (24/11/2021 17:28 (SGT))

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 witholding 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	24/11/2021 14:38 (SGT)
Date of Accident	23/11/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD TOWARDS PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB656Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DEV TRANSPORTATION SERVICES
Company Reg No	5XXXX597B
Email Address	claims@teamworkgarage.com
Mobile Phone No	(Phone) +65-81787517
Alternative Phone No	+65-81787517

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Manual
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD21V13355/VCH/R00
Cover Note Number	-

DRIVER

Name of Driver	S CHANDRASEGARAN
NRIC No	SXXXX467H

Date Of Birth	29/11/1961
Occupation	Outdoor
Date Of Driving Pass	05/07/2012
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91670322
Alt. Phone Number	-
Email Address	claims@teamworkgarage.com
Address	APT BLK 547C SEGAR ROAD
Address complement	#14-13
Postcode	673547
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211124/2008

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	GBJ9285J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI JI
Contact Number	(Phone) +65-85094196

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	SHC5760X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHD ISA BIN MOHAMED SHARIFF
Contact Number	(Phone) +65-81973067
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	S CHANDRASEGARAN
Gender	Male
Phone No	(Phone) +65-91670322
Address	APT BLK 547C SEGAR ROAD
Address Complement	#14-13
Post Code	673547
Approximate Age Years Old	-
Injuries Sustained	SLIGHT (ARM)
Injured person in which vehicle?	GBB656Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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

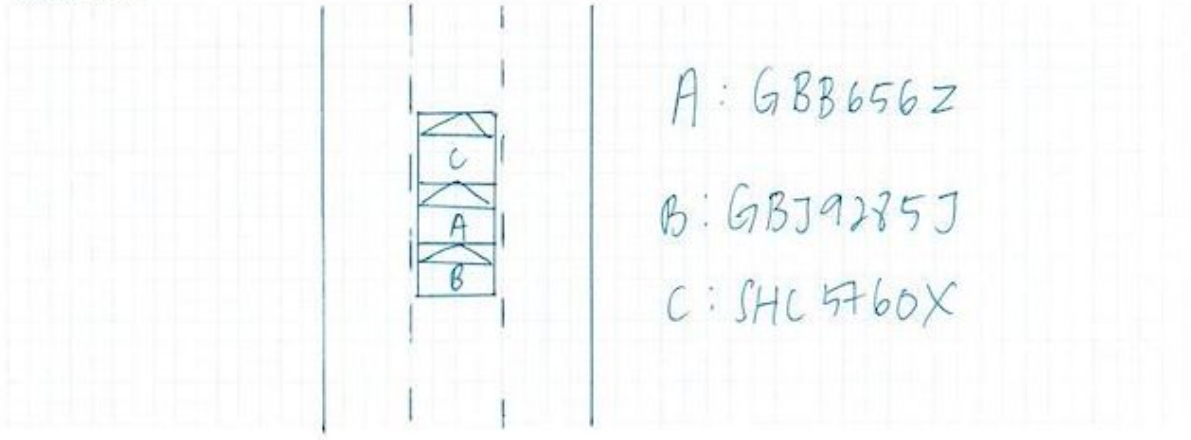
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

DEV TRANSPORTATION SERVICES

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		24/11/2021

Sketch Plan



Describe Circumstances of the Accident

refer to police report : T/20211124/2008

Declaration

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

DEV TRANSPORTATION SERVICES

Policyholder's Signature / Date & Time

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

24/11/2021

Witnessed by Reporting Centre Personnel

IMAGES


70
km/h
NISSAN
6
pax
GBB
656Z
idac
Reserved
Lots For
idac
Vehicles

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


idac
Reserved
Lots For
idac
Vehicles
CABSTAR
NISSAN
GBB
656Z

IMAGES #8

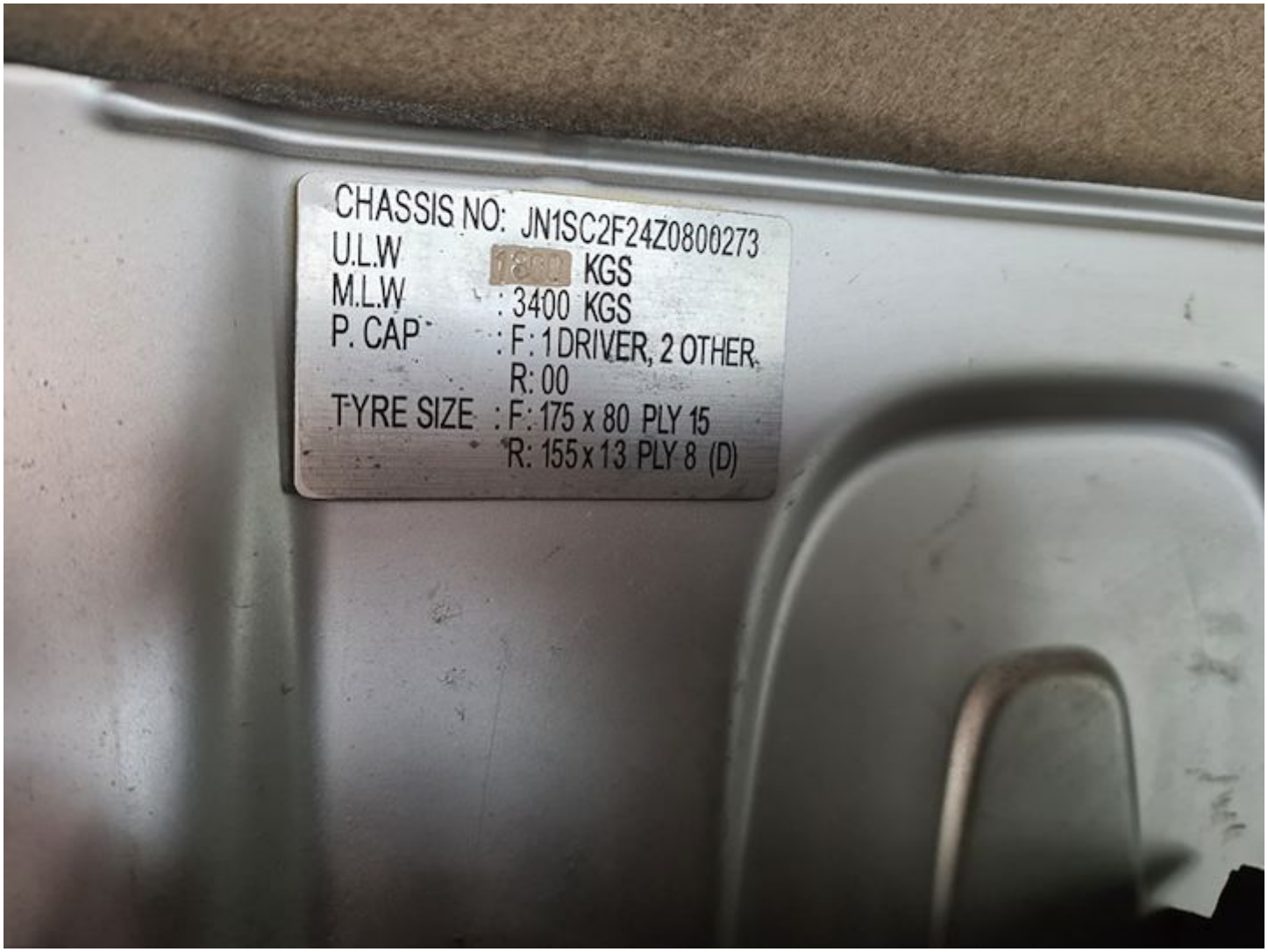
IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13


CHASSIS NO: JN1SC2F24Z0800273
U.L.W KGS
M.L.W : 3400 KGS
P. CAP : F: 1 DRIVER, 2 OTHER
R: 00
TYRE SIZE : F: 175 x 80 PLY 15
R: 155 x 13 PLY 8 (D)

SINGAPORE POLICE FORCE

T/20211124/2008

Report No. T/20211124/2008

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/11/2021 08:25		22

Informant's Particulars

Name of Informant: S CHANDRASEGARAN			Address: APT BLK 547C SEGAR ROAD #14-13 SINGAPORE 673547	
ID Type / ID No.: NRIC NO / S1462467H			Contact No.: Home/Office:	Mobile: 91670322
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 29/11/1961	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/11/2021 13:30	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Chain collision of 3 vehicles				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB656Z	Lorry					0
GBJ9285J	Lorry					0
SHC5760X	Car					1

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20211124/2008

Report No. T/20211124/2008

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver				
Name	S CHANDRASEGARAN		ID No.	S1462467H
Related Vehicle	GBB656Z (Lorry)		Contact No.	91670322
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/11/2021	Date Discharge	23/11/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Driver				
Name	Li Ji		ID No.	NIL
Related Vehicle	GBJ9285J (Lorry)		Contact No.	85094196
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	

Driver				
Name	Mohd Isa Bin Mohamed Shariff		ID No.	S1726657H
Related Vehicle	SHC5760X (Car)		Contact No.	81973067
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	

Brief Details.

On 23rd November 2021 at about 1330hrs, I was driving along Upper Serangoon Road, towards the direction of Paya Lebar, near bus stop (63029). I was travelling in the 2nd lane when the red Transcab taxi (SHC5760X) stopped which I also followed suit. One lorry (GBJ9285J) came from behind and collided into the rear of my lorry (GBB656Z), the impact caused my lorry to surge forward and collided into the said taxi in front of me.

After which, we stepped out from our vehicles and we exchanged our particulars. We then parted our ways. None of us were injured including the female passenger on board the taxi. The front and back of my lorry sustained scratches and dents. After the accident, I started to experience some soreness and pain at my upper right arm, near the right elbow. I also noticed that there is some swelling. I went to see a doctor at the Prohealth 24-Hour Medical Clinic at Blk 259 Bukit Panjang Ring Road #01-18 and I was

SINGAPORE POLICE FORCE

T/20211124/2008

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

given 3 days MC from 23 Nov 2021 to 25 Nov 2021.

I wish to inform that the said taxi stopped as there was another vehicle in front of me applied the brakes, because at that time the traffic light had turned red up ahead.

Taxi driver particulars: Mohd Isa Bin Mohamed Shariff S1726657H H/P: 81973067 - SHC5760X
Lorry driver particulars: Li Ji H/P: 85094196 (NTUC Fairprice Co-op Ltd) - GBJ9285J

SINGAPORE POLICE FORCE

T/20211124/2008

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20211124/2008

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 J / Sgt 3 LUCAS KOH PEI SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2021 08:25
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SIGNATURE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN0921BO0002 Vehicle Registration No: GBB656Z

Name (as shown in NRIC): S CHANDRASEGARAN NRIC/FIN/Passport No: SXXXX467H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: APT BLK 547C SEGAR ROAD #14-13 ~~S673547~~ Singapore (673547)

Contact (Tel): 9167 0322 Mobile No.:

Email Address: claims@teamworkgarage.com

Date of Accident: 23/11/2021 Time of Accident: 13:30

Place of Accident: UPPER SERANGOON ROAD TOWARDS PAYA LEBAR

Insurance Company: LIBERTY

(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:

ADMENT COMPANY REGISTRATION NUMBER.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Renee Sia
NRIC/FIN No.:
Date: 24/11/2021

GIARMC Addendum Form