

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	06/12/2021 15:09 (SGT)
Date of Accident	03/12/2021 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL2360K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUNNY EXPRESS PTE LTD
Company Reg No	2XXXXX724M
Email Address	CS8558CS@GMAIL.COM
Mobile Phone No	(Phone) +65-87537611
Alternative Phone No	+65-87537611

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	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG21014665
Cover Note Number	02/12/2021-01/12/2022

DRIVER

Name of Driver	SHARIN BIN OTHMAN
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Date Of Birth	08/09/1972
Occupation	Outdoor
Date Of Driving Pass	31/07/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87537611
Alt. Phone Number	-
Email Address	CS8558CS@GMAIL.COM
Address	BLK 447A BUKIT BATOK WEST AVE 9 #14-142
Address complement	-
Postcode	651447
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 - 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?	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	LEE BOON TECK
Gender	Male

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

REFER TO SKETCH PLAN DRAFT AND POLICE REPORT T/20211204/7005

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	GBF5729T
Vehicle Manufacturer	

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHARIN BIN OTHMAN
Gender	Male
Phone No	(Phone) +65-87537611
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL2360K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	LEE BOON TECK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL2360K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

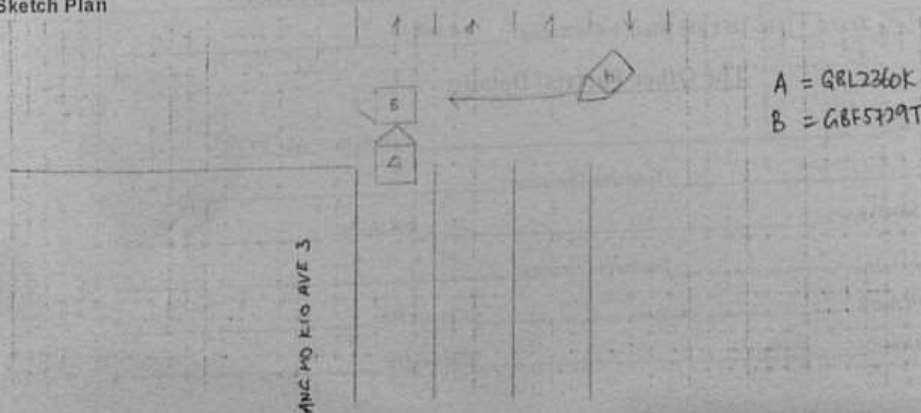


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



TU JENUS PROPOS
(SMALL COPY)

enquiry@jengrp.com - jengrp168168


enquiry@jengrp.com - 2A9133W 21

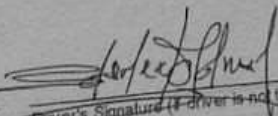
* Describe Circumstances of the Accident


REFER TO POLICE REPORT

Declaration

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

faautoworks@gmail.com - 168165
enquiry@jcngrp.com - jcngrp 168165
enquiry@forzamo.uy - ZAG! xsw 2





















**SINGAPORE
POLICE FORCE**



T/20211204/7005

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

1 of 3

Report No. T/20211204/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 10:49		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: SHAHN BIN OTHMAN		Address: 447A BUKIT BATOK WEST AVENUE 9 #14-142 SINGAPORE 651447	
ID Type / ID No.: NRIC NO / S7233866I		Contact No.: Home/Office: Mobile: 87537611	
Nationality: SINGAPORE CITIZEN		Email: HAYABUSARIN72@GMAIL.COM	
Sex: Male	Age: 49	Date of Birth: 08/09/1972	
Type of Informant: Driver			
Race: Malay		Language: English	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2021 12:40	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 3				
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 Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBF5729T	Van				Seriously Damaged	0
GBL2360K	Van				Seriously Damaged	1

PAJ JONARPIB8168
(SMALL COPY)

FORZA - WIFI LINK

enquiry@jengrp.com - jengrp 11618
enquiry@jengrp.com - ZAGI xon 2123
claim@jengrp.com - 1422016 CX



**SINGAPORE
POLICE FORCE**



T/20211204/7005

2 of 3

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

Report No. T/20211204/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEE BOON TECK	ID No.	S7503947F
Related Vehicle	GBL2360K (Van)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/12/2021	Date	03/12/2021
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	SHAHRIIN BIN OTHMAN	ID No.	S7233866I
Related Vehicle	GBL2360K (Van)	Contact No.	87537611
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/12/2021	Date	03/12/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along Ang Mo Kio Avenue 3.

At the junction, suddenly a van from the opposite direction dashed out to make a right turn and collided into the front of my vehicle.

My passenger and I were injured after the accident.

Ambulance and Traffic police were at the accident scene.

Both my passenger and myself were conveyed to Tan Tock Seng hospital.

My passenger was given 7 days MC (03.12.2021 to 09.12.2021) and I was given 3 days MC (03.12.2021 to 05.12.2021).

PW: JCN6RPI68168
(SMITH CAP)

faantoworkse@gmail.com - 8168168
amur@icnans.com - 8168168



**SINGAPORE
POLICE FORCE**



T/20211204/7005

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

3 of 3

Report No: T/20211204/7005

CONTINUATION OF REPORT

Sketch 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 / TP18 /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

NP168

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

Date/Time:
04/12/2021 10:49

Classification Of Case:

SINGAPORE POLICE FORCE

Police Station Of Origin
Ang Mo Kio S. Unit N P.O.
81 Ang Mo Kio Avenue 3 SINGAPORE
569921
Tel No. 1800-4519999

Report No. T720211204713

CONTINUATION OF REPORT

Passenger Name	LEE BOON TECK	ID No	S7503947F
Related Vehicle	GBL2360K (Van)	Contact No.	98060026
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	03/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details:
On 03/12/2021 at about 1250hrs, I was in my company vehicle bearing registration plate GBL2360K and I was seated at the front passenger seat. My colleague who is a Malay guy was driving the van. While the vehicle was travelling along Ang Mo Kio Avenue 3 towards Avenue 8 and there are 2 lanes over there. My colleague was driving at the left lane as there is roadwork and a truck parked on the right side. While approaching the T-junction of Ang Mo Kio Street 11, suddenly one SP Group van turned right from the opposite direction and my colleague quickly applied brake but couldn't stop in time. As such both vehicles collided.

Ambulance and Traffic police came to scene. Me and my colleague was conveyed to Tan Tock Seng Hospital as I felt pain on my right leg, head and neck area. I received 7 days medical certificate from 3rd to 9th December.
Hence I am lodging this report as informed by the traffic police.

FORZA WIFI LINK

SSID : TP_LINK_9860

SEID : TP_LINK_9860-5G

PW : 91624772

Router PW : Forza168168

enquiry@forzaauto.sg

claim@forzaauto.sg - 1922615X

forza168@outlook.com - Forza168

gear-support / shift tech

user: enquiry@forzaauto.sg

PW : Forza168!