

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 16/12/2021 18:32 (SGT)
Date of Accident 15/12/2021 15:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information SENTOSA GATEWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF569X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EXPRESS BRETHERN TRANSPORTATION PRIVATE LIMITED
Company Reg No 202123571K
Email Address DINMY64@GMAIL.COM
Mobile Phone No (Phone) +65-89214969
Alternative Phone No (Home) +65-89214969

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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123529407
Cover Note Number -

DRIVER

Name of Driver SAMSUDIN BIN MOHD YASSIN

NRIC No	S1668928I
Date Of Birth	28/11/1964
Occupation	Outdoor
Date Of Driving Pass	02/12/2005
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-89214969
Alt. Phone Number	-
Email Address	DINMY64@GMAIL.COM
Address	BLK 103 ALJUMIED CRES #04-291
Address complement	-
Postcode	380103
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 - Change/cross lane
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?	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	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 ATTACHED

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	SHA7726T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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	SAMSUDIN BIN MOHD YASSIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF569X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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.



SHUYI

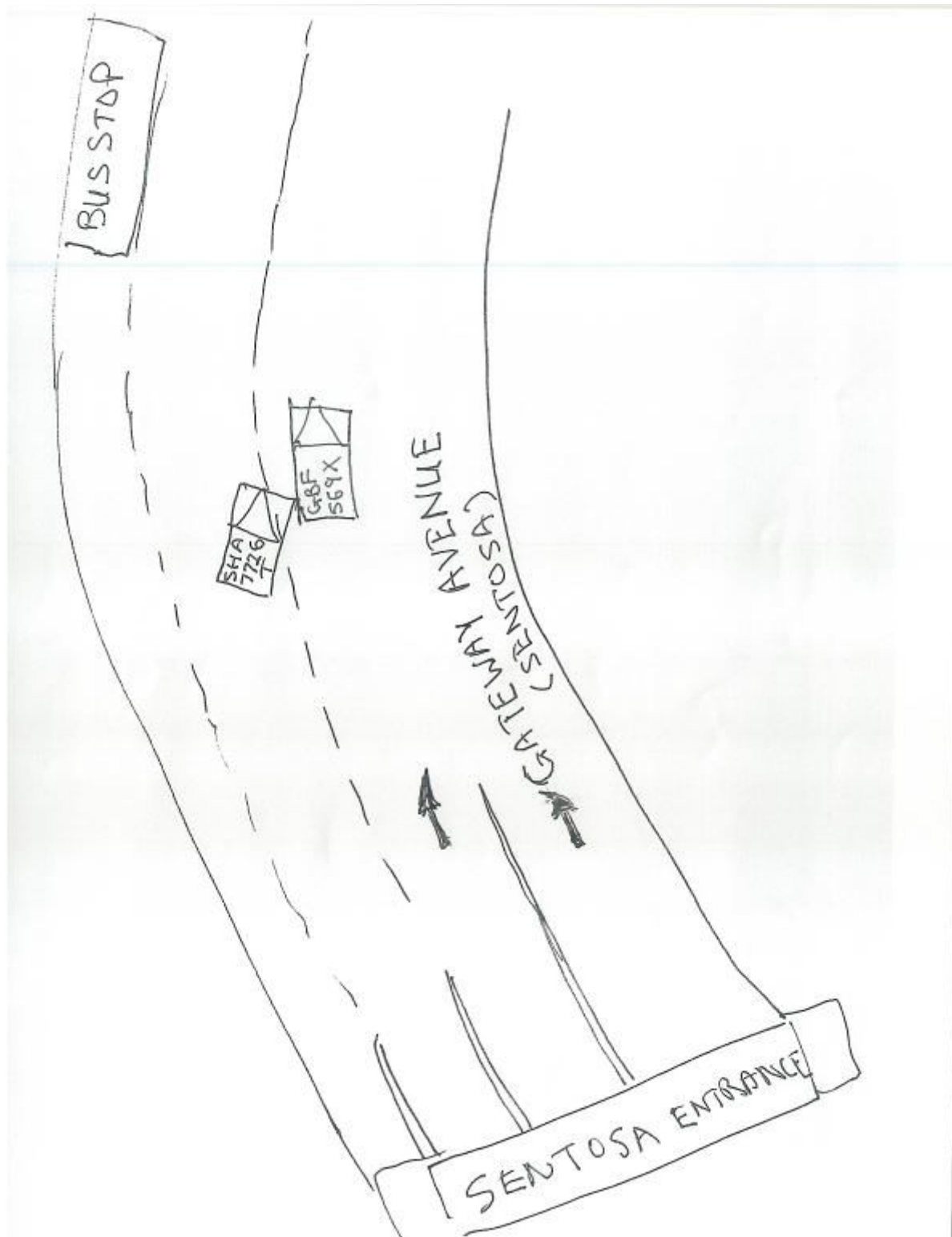
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

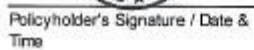
Sketch Plan

REFER ATTACHMENT



Refer to the police report (T/20211216/7020)

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



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

Witnessed by Reporting Centre
Personnel















**SINGAPORE
POLICE FORCE**



T/20211216/7020

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

1 of 4

Report No. T/20211216/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2021 15:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAMSUDIN BIN MOHD YASSIN			Address: 103 ALJUNIED CRESCENT #04-291 SINGAPORE 380103		
ID Type / ID No.: NRIC NO / S1668928I			Contact No.: Home/Office: Mobile: 89214969		
Nationality: SINGAPORE CITIZEN			Email: dinmy64@gmail.com		
Sex: Male	Age: 57	Date of Birth: 28/11/1964	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2021 15:35	Type of Location: Straight Road
Location: SENTOSA GATEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF569X	Van	TOYOTA		White	Slightly Damaged	0
SHA7726T	TAXI	HYUNDAI		Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211216/7020

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

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Report No. T/20211216/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF569X	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SAMSUDIN BIN MOHD YASSIN		ID No.	S1668928I
Related Vehicle	GBF569X (Van)		Contact No.	89214969
Hospital/Clinic	KHOR CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	16/12/2021		Date	16/12/2021
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	GOH CHAY CHEW		ID No.	S0146679H
Related Vehicle	SHA7726T (TAXI)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On the 15 December 2021 at about 3.35 pm, I was driving my motorvan no. GBF 569 X along Sentosa Gateway Avenue. After driving into the Sentosa entrance gantry, I was already in the merging lane, about 60 meters after the Sentosa entrance gantry when a motortaxi no. SHA 7726 T, which was on my left side, hit onto the left rear side of my motorvan, behind my left rear tyre. It was the right front side of the motortaxi that hit onto my left rear side of my motorvan behind my left rear tyre as he was intending to enter the merging lane where my motorvan was already in. I stopped my motorvan and we exchanged particulars. I felt pain on my neck and lower back at the same night and went to see a doctor in the morning of 16 December 2021 and was given 3 days of MC. I wish to enclose my 3 days medical certificate, the sketch plan of the scene of accident and the photographs of the damaged to my motorvan and the motortaxi taken at the scene of accident. I wish to make a claim against the motortaxi's insurance.



**SINGAPORE
POLICE FORCE**



T/20211216/7020

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

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Report No. T/20211216/7020

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211216/7020

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Report No. T/20211216/7020

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

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
16/12/2021 15:48

Classification Of Case:

NP168