

## 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	27/12/2021 18:02 (SGT)
Date of Accident	16/12/2021 18:05 (SGT)
Exact Location of Accident	Near 4 Handy Rd, Singapore 229233
Additional Location Information	Handy Road Junction Oldham Lane
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9190E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Road Runners Logistics Pte Ltd
Company Reg No	200611234E
Email Address	arijinpapa@gmail.com
Mobile Phone No	(Phone) +65-67429339
Alternative Phone No	(Office) +65-67429339

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	Auto
CC	2999

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SI21V10277/VCH/R06
Cover Note Number	-

### DRIVER

Name of Driver	Shahari Bin Yahya
NRIC No	S6825523F

Date Of Birth	03/07/1968
Occupation	Outdoor
Date Of Driving Pass	07/12/1988
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-84118553
Alt. Phone Number	-
Email Address	arijinpapa@gmail.com
Address	Blk 916 Jurong West Street 91 #02-162
Address complement	Singapore
Postcode	640916
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Unknown
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Skect Plan and Report No.T/20211226/2034.

#### 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	SHD3938J
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 .....	Shahari Bin Yahya
Gender .....	Male
Phone No .....	(Phone) +65-84118553
Address .....	Blk 916 Jurong West Street 91 #02-162
Address Complement .....	Singapore
Post Code .....	640916
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	YN9190E
Were seat belts worn? .....	-
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.
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. 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.

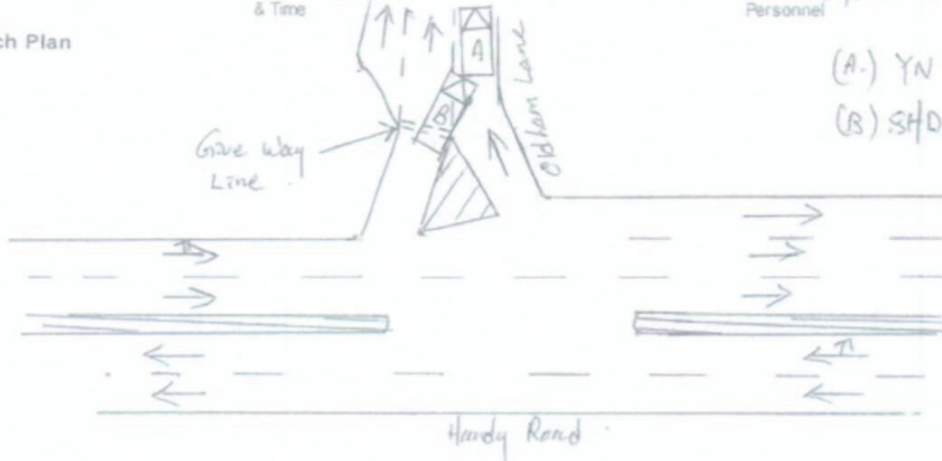


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A.) YN 9190Z

(B.) SHD 3938J

Describe Circumstances of the Accident

As refer to Police Report No: T/20211226/2034.

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20211226/2034

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3  
Report No: T/20211226/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2021 15:05		Vide Report No.:		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: SHAHARI BIN YAHYA			Address: APT BLK 916 JURONG WEST STREET 91 #02-162 SINGAPORE 640916		
ID Type / ID No.: NRIC NO / S6825523F			Contact No.: Home/Office: Mobile: 84118553		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 03/07/1968	Type of Informant: Driver		
Race: Malay		Language: Malay		Institution / School Name:	
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2021 18.05	Type of Location: Y-Junction
Location:  OLDHAM LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHD3938J	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR		Slightly Damaged	0
YN9190E	Lorry	ISUZU	NPR85UH5A		Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20211226/2034

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20211226/2034

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SHAHARI BIN YAHYA	ID No.	S6825523F
Related Vehicle	YN9190E (Lorry)	Contact No.	84118555
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINICS (PIONEER)	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	17/12/2021	Date Discharge	17/12/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 16/12/2021 at about 1800hrs, I was driving my company lorry (YN9190E), along Handy Road towards Orchard Road, when I kept right to make a right turn towards Oldham Lane. I had stopped at the junction of Handy Lane and Oldham Lane, to look for the oncoming vehicle and notice there still time to make a right turn before a taxi (SHD3938J) approached the junction. After I had enter Oldham lane, and passed the lane divider, suddenly, I felt an impacted from the rear. I then stopped my vehicle and make a check. I noticed that said taxi had made a left turn at the junction and did not stopped and the give way sign stated upon entering the Oldham lane.

The taxi driver then claim that I was driving too fast however I then told him that my vehicle was at the front, while his vehicle collided on my rear, hence I denied of driving fast. There was no injuries at the point of accident. I then informed the accident to my company. I wish to exchange particular with the driver however he refuses. I then left the area after taking photo of the vehicle.

On 17/12/2021, upon waking up from my sleep, I start to feel pain on my back and buttock area. I then proceed to Pioneer Polyclinics for medical treatment and was given 4 days of medical certificate from 17/12/2021 till 20/12/2021. I then has a follow-up appointment at Jurong Medical Centre and was given another 3 days of medical leave from 21/12/2021 till 23/12/2021.



**SINGAPORE  
POLICE FORCE**



T/20211226/2034

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20211226/2034

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 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/12/2021 15:05

Officer in Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168

**SINGAPORE  
POLICE FORCE**  
SAFETY DRIVING EVERY DAY

SIGNATURE