

# 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 ..... 12/01/2022 14:20 (SGT)  
Date of Accident ..... 06/01/2022 11:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KEPPEL VIADUCT TOWARDS TANJONG PAGAR  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH5055T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GUSTO ENTERPRISE (S) PTE. LTD.  
Company Reg No ..... 2XXXXX064W  
Email Address ..... fahmy\_shah@hotmail.com  
Mobile Phone No ..... (Phone) +65-88915251  
Alternative Phone No ..... +65-88915251

### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00043052100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD FAHMY SHAH BIN LATIFF  
NRIC No ..... SXXXX653J

Date Of Birth .....	14/11/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	27/04/2018
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88915251
Alt. Phone Number .....	-
Email Address .....	fahmy_shah@hotmail.com
Address .....	239 TAMPINES STREET 21
Address complement .....	#02-443
Postcode .....	520239
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 - Head to Rear
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) .....	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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220107/2046

#### 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 .....	SMS9703S
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	MAK CHIN KEONG (MAI ZHENQIANG)
NRIC No .....	SXXXX491J
Contact Number .....	(Phone) +65-96517375
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 = GBH 5055T

B = SMS 9703S

Keppel Viaduct towards Tanjong Pagar.

Describe Circumstances of the Accident

Refer to the police report  
T/20220107/2046

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 12/1/2022

Witnessed by Reporting Centre Personnel












**SINGAPORE  
POLICE FORCE**


T/20220107/2046

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20220107/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/01/2022 14:35	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: MOHAMMAD FAHMY SHAH BIN LATIFF			Address: APT BLK 239 TAMPINES STREET 21 #02-443 SINGAPORE 520239	
ID Type / ID No.: NRIC NO / S9141653J			Contact No.: Home/Office: Mobile: 88915251	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 14/11/1991	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2022 12:00	Type of Location: KEPPEL VAIDUCT BELOW KEPPEL FLYOVER
Location:  KEPPEL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
GBH5055T	Van				Seriously Damaged	0
SMS9703S	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220107/2046

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20220107/2046

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMMAD FAHMY SHAH BIN LATIFF	ID No.	S9141653J
Related Vehicle	GBH5055T (Van)	Contact No.	88915251
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MAK CHIN KEONG	ID No.	S6931491J
Related Vehicle	SMS9703S (Car)	Contact No.	96517375
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

**Brief Details.**

On 06/01/2022 at about 1145hrs, I was travelling along Keppel Viaduct towards Tanjong Pagar direction, on the centre lane of a 3 lane road. As I was travelling down below the Keppel Flyover and I was rather tired, I was not aware of the vehicle ahead of me and suddenly, I collided onto the above mentioned car from the rear. Immediately I got down from my van and checked on the car driver and he informed that he does not required any immediate medical attention.

Both of us then exchanged our particulars and took photo of the accident for our insurance claims. No Traffic Police or Ambulance came. I am lodging this report for my company and my recording purposes. There is no in-car camera in my vehicle.

That's all.



**SINGAPORE  
POLICE FORCE**



T/20220107/2046

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20220107/2046

**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 /  
Sr Staff Sgt TAN YEOW CHONG  
NICHOLAS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
DSP (2) YIP YEW SENG NELSON  
Contact No.: 65476182

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/01/2022 14:35

Classification Of Case:



**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: SN09221C0007 Vehicle Registration No: GBH 5055 T  
 Name (as shown in NRIC): Mohammad Fahmy Shah Bin Latiff NRIC/FIN/Passport No: S9141653J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 239 Tampines Street 21 #02-443 Singapore Singapore (520239)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8891 5251  
 Email Address: fahmy-shah@hotmail.com  
 Date of Accident: 06/01/2022 Time of Accident: 11:45hrs  
 Place of Accident: Keppel Viaduct Towards Tanjong Pagar.  
 Insurance Company: CTI

**(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:

Upload  
~~Submit~~ police report : T/20220107/2046

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

Renee Sim  
 Reporting Centre Personnel's Signature  
 Name: Renee Sim  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 13/01/2022

GBACC Addendum Form