

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	08/01/2022 13:45 (SGT)
Date of Accident	29/12/2021 23:40 (SGT)
Exact Location of Accident	Sentosa, Singapore
Additional Location Information	Sentosa Gateway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE957D
-----------------------------------	--------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Noble Star Pte Ltd
Company Reg No	201930632W
Email Address	bravothreethree@gmail.com
Mobile Phone No	(Phone) +65-80180997
Alternative Phone No	+65-80180997

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	Escot
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VC05007160
Cover Note Number	-

DRIVER

Name of Driver	Muhammed Nasir Bin Muhammed Hussin
NRIC No	S8028551E

Date Of Birth	07/09/1980
Occupation	Outdoor
Date Of Driving Pass	18/04/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80180997
Alt. Phone Number	-
Email Address	bravothreethree@gmail.com
Address	Blk 420, Jurong West Street 42, #09-1023
Address complement	-
Postcode	640420
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	Collided into Property
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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 police report no.: T/20211231/2031.

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	TRAFFICLIGHTNKERB
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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

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' 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.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.
☒ Claim Own Damage (OD) ☐ Claim Third Party (TP) ☐ Reporting Only ☐ Claim OD/TP at other workshop

Describe Circumstances of the Accident

Refer to police report no. T/2021/231/2021.



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time


Lin

8/1/22

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

[Signature]
8/1/22

Witnessed by Reporting Centre Personnel

 **SINGAPORE
POLICE FORCE**

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

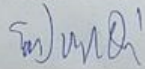


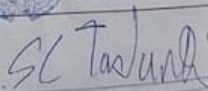
T/20211231/2031


3 of 3
Report No. T/20211231/2031

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 TP / SC2 TAN JUIN QI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2021 11:22
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No. : 65476404	Classification Of Case:  SINGAPORE POLICE FORCE  Signature: SC Tan Junqi

 **SINGAPORE
POLICE FORCE**

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


T/20211231/2031

1 of 3
Report No. T/20211231/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2021 11:22	Vide Report No.: D/20211229/0149	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMED NASIR BIN MUHAMED HUSSIN		Address: APT BLK 420 JURONG WEST STREET 42 #09-1023 SINGAPORE 640420	
ID Type / ID No.: NRIC NO / S8028551E	Contact No.: Home/Office:	Mobile: 80180997	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 07/09/1980	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER	Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident: Location: SENTOSA GATEWAY	Injury: Government Property	Drink Drive: No	Date/Time of Accident: 29/12/2021 23:40	Type of Location: T-Junction
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic		
Type of Collision: MOVING VEHICLE AGAINST- GOVERNMENT PROPERTY		Anyone conveyed by ambulance: Yes		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
KE957D	Lorry	UD TRUCKS	GKB5ELDH NT ESCOT V	White		0

Details of Person Involved

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

**SINGAPORE
POLICE FORCE**

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

T/20211231/2031

2 of 3
Report No. T/20211231/2031

CONTINUATION OF REPORT

Sketch Plan

Driver			
Name	MUHAMED NASIR BIN MUHAMED HUSSIN	ID No.	S8028551E
Related Vehicle	XE957D (Lorry)	Contact No.	80180997
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	29/12/2021	Date Discharge	30/12/2021
No. of Days granted Medical Leave	10	Degree of Injury	NIL

Brief Details.
ON THE ABOVE STATED DATE, TIME AND LOCATION

I WAS DRIVING MY PRIME MOVER NEAR TELOK BLANGAH RD X SENTOSA GATEWAY, I FELT MY FRONT LEFT TIRE ROLL OVER UNKNOWN OBJECT AND VEHICLE VEERED TO THE LEFT, AFTER THAT I COUNTER-STEERED TO THE RIGHT AND VEHICLE GO TO THE RIGHT AND MOUNTED KERB. AFTER THAT VEHICLE WENT BACK DOWN AND AS I WAS TRYING TO BRAKE VEHICLE DID NOT STOP AND HIT GOVERNMENT PROPERTY. NO OTHER VEHICLES AND PEDESTRIAN WAS INVOLVED. I WAS UNABLE TO CHECKED FOR UNKNOWN OBJECT AS I WAS CONVEYED TO HOSPITAL AND GIVEN 10 DAY MC. CASE IS UNDER IO FEROS EXT:65476206.

THATS ALL.