

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 19/01/2022 18:41 (SGT)
Date of Accident 18/01/2022 16:36 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF7469E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JKS TRANSPORT & RECYCLING PTE. LTD.
Company Reg No 2XXXXX287R
Email Address MAMATSPARK@GMAIL.COM
Mobile Phone No (Phone) +65-81117506
Alternative Phone No (Home) +65-81117506

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 5120677004
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SHARIL BIN ABU
NRIC No SXXXX459I

| | |
|--------------------------------------------------------------------|----------------------------------|
| Date Of Birth | 23/10/1982 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/05/2013 |
| Driving experience | 8 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81117506 |
| Alt. Phone Number | - |
| Email Address | MAMATSPARK@GMAIL.COM |
| Address | APT BLK 479A YISHUN ST 42 #10-47 |
| Address complement | - |
| Postcode | 761479 |
| 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 | Raining |
| Road Surface | Wet |

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? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YL7196M |
| 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 | MUHAMMAD SHARIL BIN ABU |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBF7469E |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

















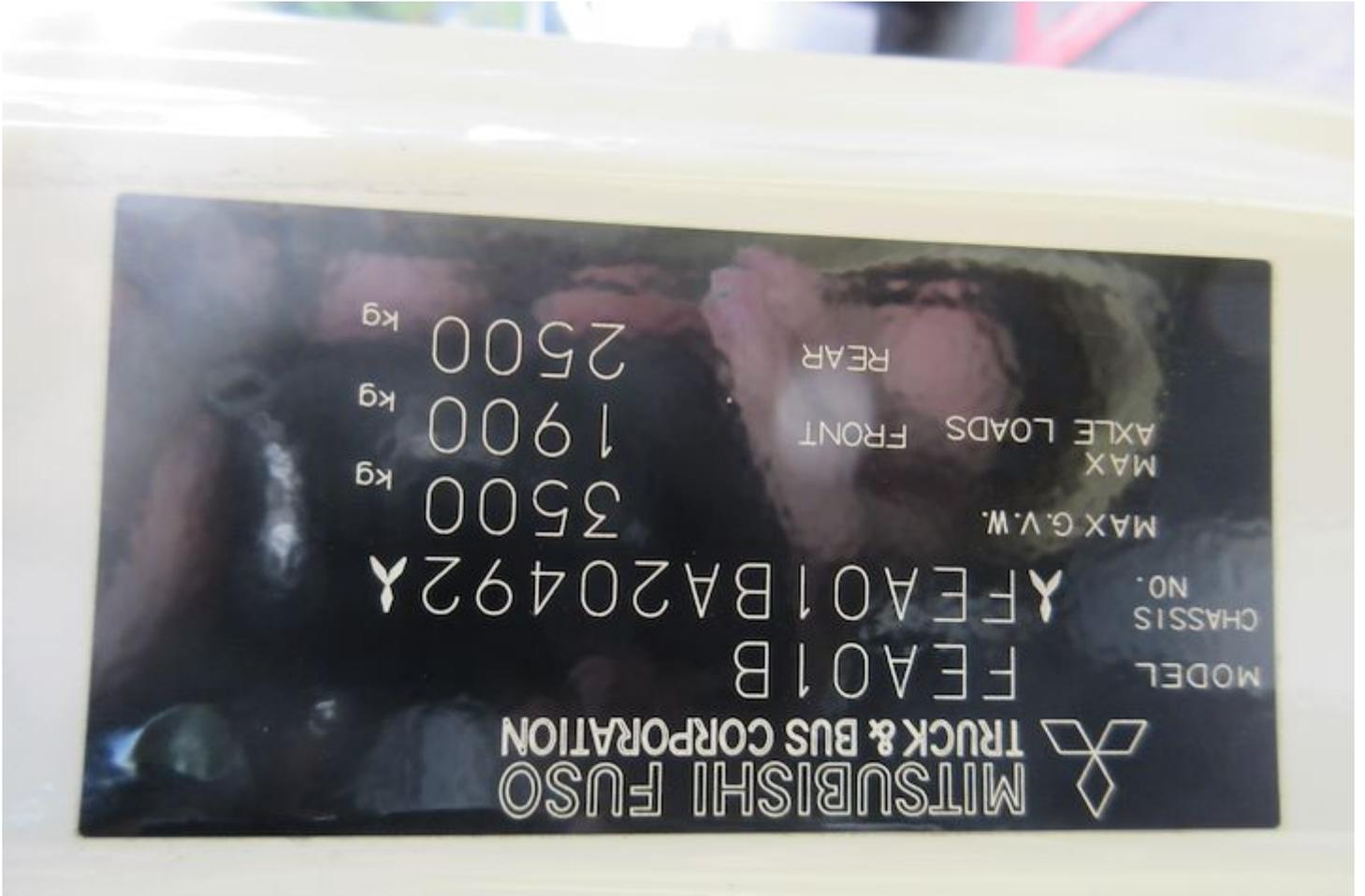
















**SINGAPORE
POLICE FORCE**



T/20220119/7029

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

1 of 3

Report No. T/20220119/7029

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|-----------------------------------------------|------------|---------------------------------------------|-----------------------------------------------------------|----------------------------|------------------|
| Date/Time Report Made: 19/01/2022 16:09 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD SHARIL BIN ABU | | | Address: 479A YISHUN STREET 42 #10-47 SINGAPORE 761479 | | |
| ID Type / ID No.: NRIC NO / S8233459I | | | Contact No.: | | Mobile: 81117506 |
| Nationality: SINGAPORE CITIZEN | | | Email: MAMATSPARK@GMAIL.COM | | |
| Sex: Male | Age: 39 | Date of Birth: 23/10/1982 | Type of Informant: Driver | | |
| Race: Malay | | Language: English | | Institution / School Name: | |
| Occupation: Lorry driver | | Driving Licence Information: Class: 2B,3 | | Date of Expiry: | |

| | | | | |
|--------------------------------------------------------------|------------------|------------------------------------|-----------------------------------------------|----------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 18/01/2022 16:35 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: 80 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-------|------|-------|-------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBF7469E | Lorry | | | | Seriously Damaged | 0 |
| YL7196M | Lorry | | | | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20220119/7029

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

2 of 3

Report No. T/20220119/7029

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| GBF7469E | NTUC Income Insurance Co-Operative Limited | | | |
| YL7196M | MSIG INSURANCE (SINGAPORE) PTE. LTD. | | | |

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MUHAMMAD SHARIL BIN ABU | ID No. | S8233459I |
| Related Vehicle | GBF7469E (Lorry) | Contact No. | 81117506 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,3 Date of Expiry: NIL |
| Date | 18/01/2022 | Date | 18/01/2022 |
| No. of Days granted Medical Leave | 04 | Degree of | Serious |

Brief Details.

I was travelling on PIE towards Tuas near BKE exit. The traffic was heavy and I was moving at a slow pace in my lane. The car in front of me stopped and I followed and came to a stop. Suddenly I felt a big impact from the rear of my vehicle. I came down and found that I am involved in a two vehicle collision accident.

I visited Heartland Family Clinic after the accident and I was given 4 days MC.
I feel pain in my neck, shoulder, chest, ribcage area and legs and feet.



**SINGAPORE
POLICE FORCE**



T/20220119/7029

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

3 of 3
Report No. T/20220119/7029

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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

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

Date/Time:
19/01/2022 16:09

Classification Of Case:

NP168