

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	04/02/2022 11:58 (SGT)
Date of Accident	03/02/2022 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JOO CHIAT TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5964A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JELLIO PTE LTD
Company Reg No	2XXXXX714M
Email Address	jelliopteltd@gmail.com
Mobile Phone No	(Phone) +65-84868686
Alternative Phone No	(Office) +65-84868686

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00147232100
Cover Note Number	-

DRIVER

Name of Driver	SIM WEI JUN
NRIC No	SXXXX935E

Date Of Birth	02/02/1994
Occupation	Outdoor
Date Of Driving Pass	28/07/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91138802
Alt. Phone Number	-
Email Address	s-weijun@hotmail.com
Address	BLK 626 HOUGANG AVENUE 8
Address complement	#03-164
Postcode	530626
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 Motorcyclist
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/20220203/2061

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 TP OFFICER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD5259T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	ABDELLAH BIN A MOHAMED KUNJI
NRIC No	SXXXX098C
Contact Number	(Phone) +65-90048690
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**

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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.



Policyholder's Signature / Date & Time

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

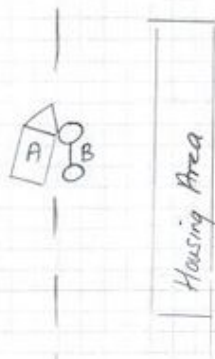
Witnessed by Reporting Centre Personnel

Sketch Plan

A = GBG 5964A

B = FBD 5259T

Joo Chiat Terrace



Describe Circumstances of the Accident

— Please refer to the police report : T/20220203/2061. —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

for 4/2/22

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

R 04/2/2022

Witnessed by Reporting Centre Personnel

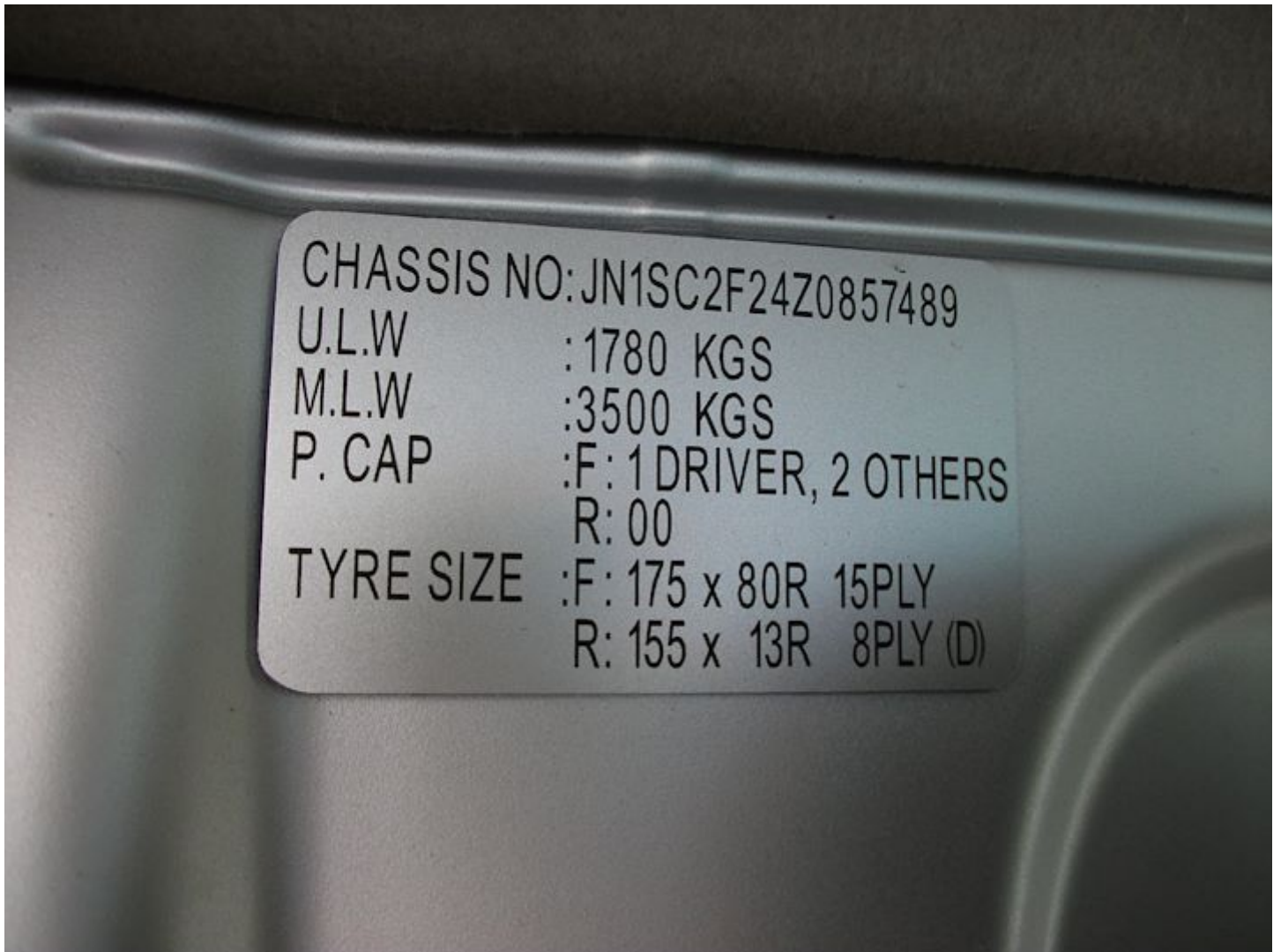














SINGAPORE POLICE FORCE



T/20220203/2061

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

1 of 3

Report No: T/20220203/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2022 18:40	Vide Report No.: G/20220203/0109	Station Diary No.: 91
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Informant's Particulars

Name of Informant: SIM WEI JUN			Address: APT BLK 626 HOUGANG AVENUE 8 #03-164 SINGAPORE 530626		
ID Type / ID No.: NRIC NO / S9403935E			Contact No.: Home/Office:		Mobile: 91138802
Nationality: SINGAPORE CITIZEN			Email: S-Weijun@hotmail.com		
Sex: Male	Age: 28	Date of Birth: 02/02/1994	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/02/2022 15:10	Type of Location: Turning in to 96 Joo Chiat Terrace
Location: JOO CHIAT TERRACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5259T	Motorcycle				Slightly Damaged	1
GBG5964A	Van				Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
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T/20220203/2061

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220203/2061

CONTINUATION OF REPORT

Rider			
Name	ABDELLAH BIN A MOHAMED KUNJI	ID No.	S1512098C
Related Vehicle	FBD5259T (Motorcycle)	Contact No.	90048690
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SIM WEI JUN	ID No.	S9403935E
Related Vehicle	GBG5964A (Van)	Contact No.	91138802
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 the above mentioned date and time, I was driving my vehicle bearing registration number GBG5964A along Joo Chiat Terrace. As I was making a turn into 96 Joo Chiat Terrace, a motorcycle bearing registration number FBD5259T overtook me. As I did not managed to brake in time, I hit onto the side of the motorcycle while making a right turn. The motorcycle was coming from my blind spot and as such, I didn't see the motorcyclist. Due to the impact, I stopped my vehicle and I realised that the motorcyclist and the pillion was laying on the ground. I came out of my vehicle to check if they suffered any injuries. Subsequently, the passerbys contacted SCDF. I wish to state that I have an in vehicle camera and it captured the entire accident. TP Officer, namely Ismail was at scene to take my in vehicle memory card. My van suffered slight damages to the front right side door. I did not suffer any injuries. SCDF conveyed the pillion to a hospital which I am not informed of. I managed to exchanged particulars with the rider of the motorcycle. I was informed by the TP officer to come to any NPC and lodge a traffic police report.



**SINGAPORE
POLICE FORCE**



T/20220203/2061

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Report No. T/20220203/2061

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

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 /

SGT 2 MOHAMED NASRUL BIN
MOHAMED TAIB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/02/2022 18:40

Classification Of Case: