

# 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 15:50 (SGT)  
Date of Accident ..... 31/01/2022 14:00 (SGT)  
Exact Location of Accident ..... Loyang Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD1715U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TREDI CONSTRUCTION PTE LTD  
Company Reg No ..... 1XXXXX238C  
Email Address ..... faizalrahmat85.mf@gmail.com  
Mobile Phone No ..... (Phone) +65-86834546  
Alternative Phone No ..... +65-86834546

### 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 - Claiming third party  
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 ..... DMCVSNW00073252107  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD FAIZAL BIN RAHMAT  
NRIC No ..... SXXXX160H

Date Of Birth .....	03/07/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	09/05/2011
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86834546
Alt. Phone Number .....	-
Email Address .....	faizalrahmat85.mf@gmail.com
Address .....	BLK 322A ANCHORVALE DRIVE
Address complement .....	#01-166
Postcode .....	541322
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 .....	Side Swipe
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN CHIN CHAI
Gender .....	Male

#### PASSENGER 2

Name .....	ANG CHIN CHEONG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220131/2069

#### 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 .....	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMY5404A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHAMED MUSTAQIM BIN AZMAN
Contact Number .....	(Phone) +65-96226684
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' 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.

**TREDI CONSTRUCTION PTE LTD**  
**56 LOYANG WAY #05-02**  
**LOYANG ENTERPRISE BUILDING**  
**SINGAPORE 508775**  
**TEL: 63650318 FAX: 63650319**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

*Refer to the police report.  
 sketch plan*

*Police Report*

## Describe Circumstances of the Accident

*P/c refer to the police report: T/20220131/2069*

*Police report*

## Declaration

We declare the foregoing particulars are true in every respect.

**TREDY CONSTRUCTION PTE LTD**  
 56 LOYANG WAY #05-02  
 LOYANG ENTERPRISE BUILDING  
 SINGAPORE 508775  
 TEL: 63650318 FAX: 63650319

Policyholder's Signature / Date &  
 Time

*Amzn*  
 Driver's Signature (# driver is not the policyholder) / Date  
 & Time

*sfym 04/02/22*  
 Witnessed by Reporting Centre  
 Personnel





**SINGAPORE  
POLICE FORCE**



T/20220131/2069

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Report No. T/20220131/2069

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD FAIZAL BIN RAHMAT	ID No.	S8519160H
Related Vehicle	GBD1715U (Lorry)	Contact No.	86834546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 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	MOHAMED MUSTAQIM BIN AZMAN	ID No.	S9041321Z
Related Vehicle	SMY5404A (Car)	Contact No.	96226684
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

**Brief Details.**

On the 31/01/2022 at about 1400hrs, I was driving my vehicle bearing registration number GBD1715U along Loyang way towards upper changi road north. As I was driving, there was a vehicle bearing registration number SMY5404A which was from the opposite direction and wanted to make a right turn. As I could not break in time and due to the down slope terrain, I collided onto the left side portion of the said vehicle. Subsequently, ambulance and police came to my incident and the passenger from the other vehicle was conveyed to hospital. I am not injured in any way and the front portion of my vehicle is damaged. There is also a in-built camera inside my vehicle and I was advised by the police officer to make a report reference G/20220131/0112.



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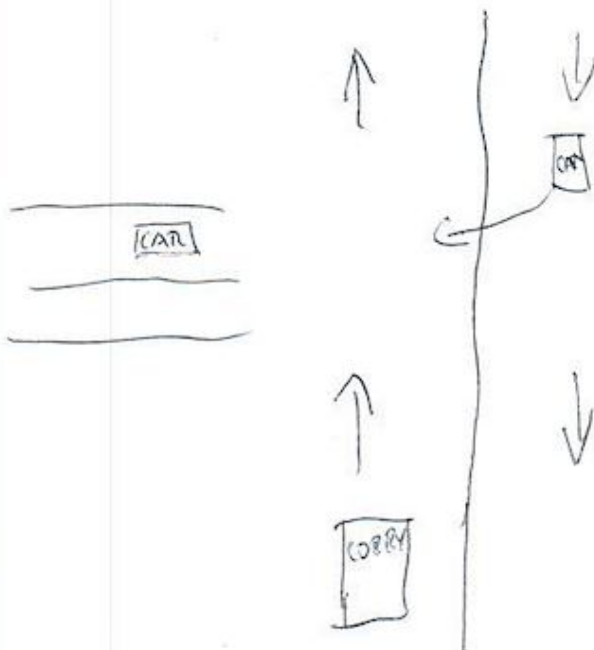
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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**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 3 DALJIT SINGH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/01/2022 17:46

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT ROIZMAN BIN MOHAMED  
POSARI  
Contact No.: 65476131

Classification Of Case:











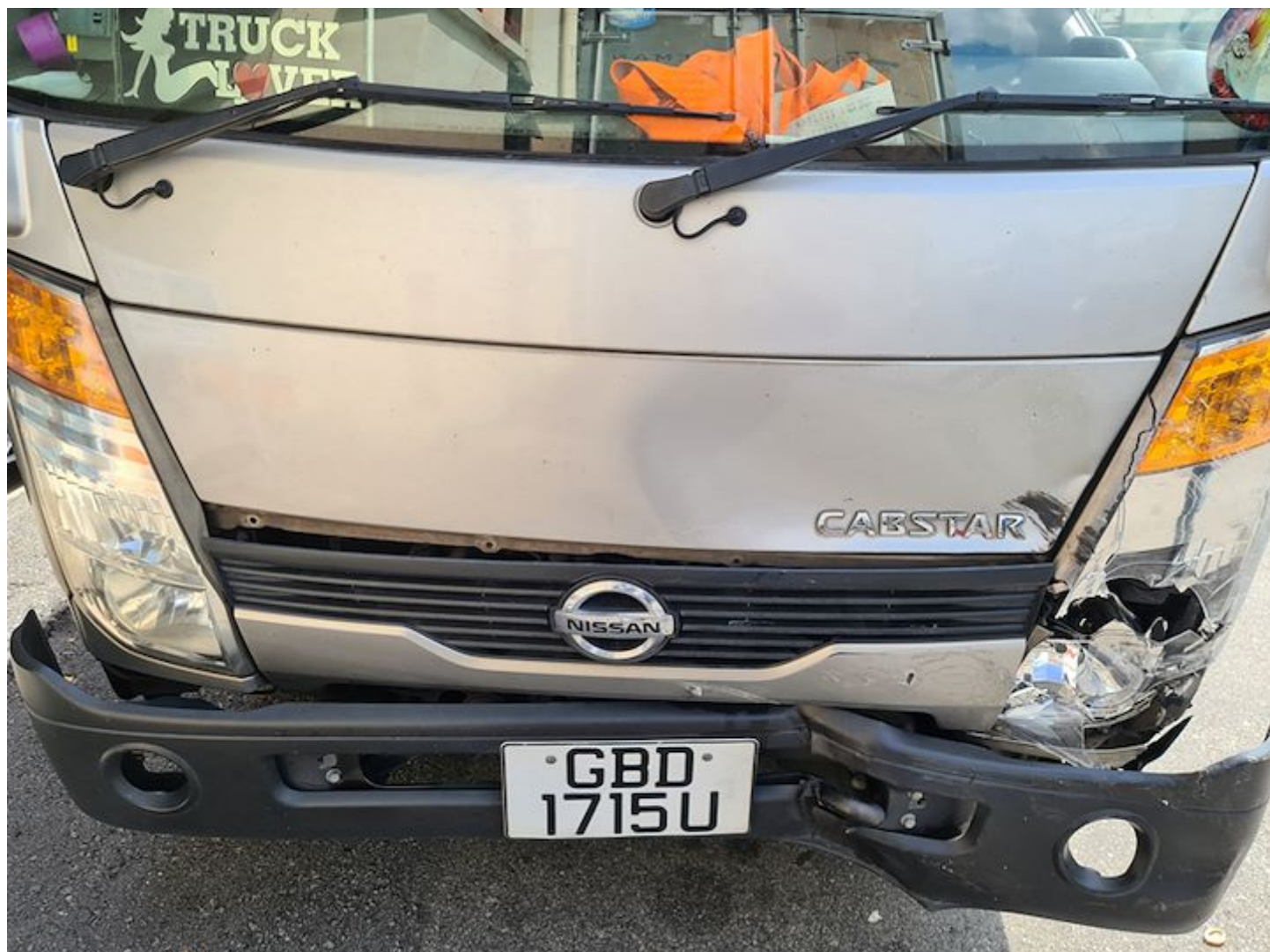

























**SINGAPORE  
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Sengkang N.P.C  
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545025  
Tel No: 1800-343 8999

Report No. T/20220131/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2022 17:46		Vide Report No.: G/20220131/0112		Station Diary No.: 79	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FAIZAL BIN RAHMAT			Address: APT BLK 322A ANCHORVALE DRIVE #01-166 SINGAPORE 541322		
ID Type / ID No.: NRIC NO / S8519160H			Contact No.: Home/Office: Mobile: 86834546		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 03/07/1985	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2022 14:00	Type of Location: Straight Road
Location:  LOYANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBD1715U	Lorry					2
SMY5404A	Car					3

**Details of Person Involved**

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





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T/20220131/2069

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T/20220131/2069

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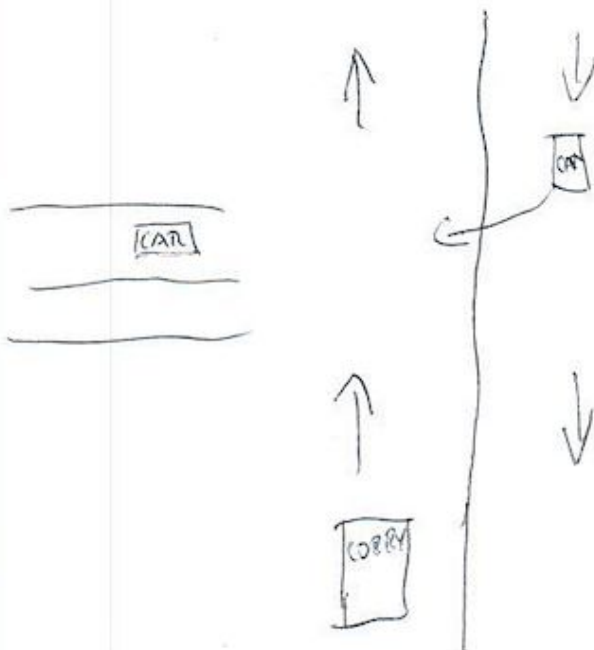
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SGT 3 DALJIT SINGH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

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