

# 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 .....	10/02/2022 15:15 (SGT)
Date of Accident .....	09/02/2022 22:00 (SGT)
Exact Location of Accident .....	Tampines Ave 10, Singapore
Additional Location Information .....	TOWARDS TAMPINES AVE 5
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE9589J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	METTLER TOLEDO (S) PTE LTD
Company Reg No .....	1XXXXX604Z
Email Address .....	CS8558CS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98509664
Alternative Phone No .....	+65-92380282

### VEHICLE PARTICULARS

Manufacturer .....	Peugeot
Model .....	Partner
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 .....	1560

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00044032100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMED KHALID S/O NIZAMUDIN
NRIC No .....	SXXXX374Z

Date Of Birth .....	07/05/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	07/04/1994
Driving experience .....	27 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92380282
Alt. Phone Number .....	-
Email Address .....	CS8558CS@GMAIL.COM
Address .....	BLK 786D WOODLANDS DRIVE 60
Address complement .....	#04-43
Postcode .....	734786
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 .....	AFTER-RAIN
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MOHD HIRWAN BIN JASMON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220210/2000

#### 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 .....	HANDED OVER TO THE POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBL124P
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	JOHARI SHAM BIN MOHD TAIB
NRIC No .....	SXXXX380G
Contact Number .....	(Phone) +65-88029114
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 .....	MOHAMED KHALID S/O NIZAMUDIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION ON RIGHT ARM (SLIGHT)
Injured person in which vehicle? .....	GBE9589J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MOHD HIRWAN BIN JASMON
Gender .....	Male
Phone No .....	(Phone) +65-91381374
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST PAIN (SLIGHT)
Injured person in which vehicle? .....	GBE9589J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

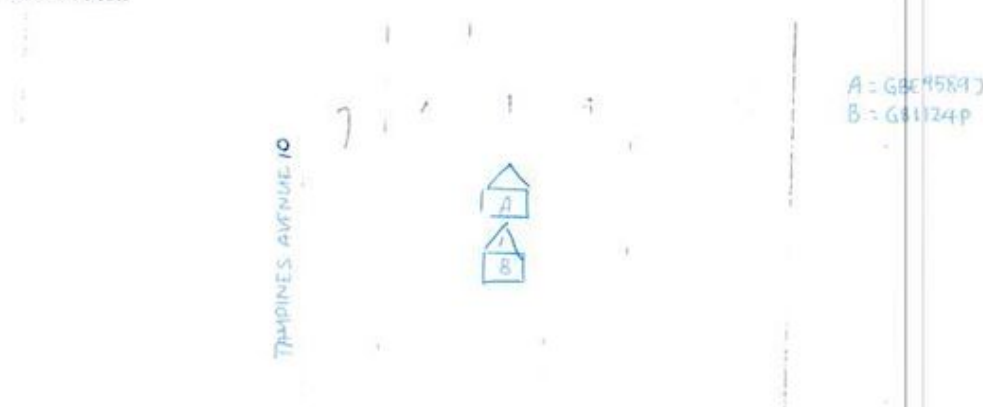
# IMPORTANT NOTICE

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  5. Any false reporting may be referred to the Police for investigation.
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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.

x 10/2/22  [Signature] 10/02/22

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 POLICE REPORT —  
— 7/20220210/2000 —

**Declaration**

We declare the foregoing particulars are true in every respect

x 10/2/22

Policyholder's Signature / Date & Time



*[Signature]*

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

10/02/2022

Witnessed by Reporting Centre Personnel



































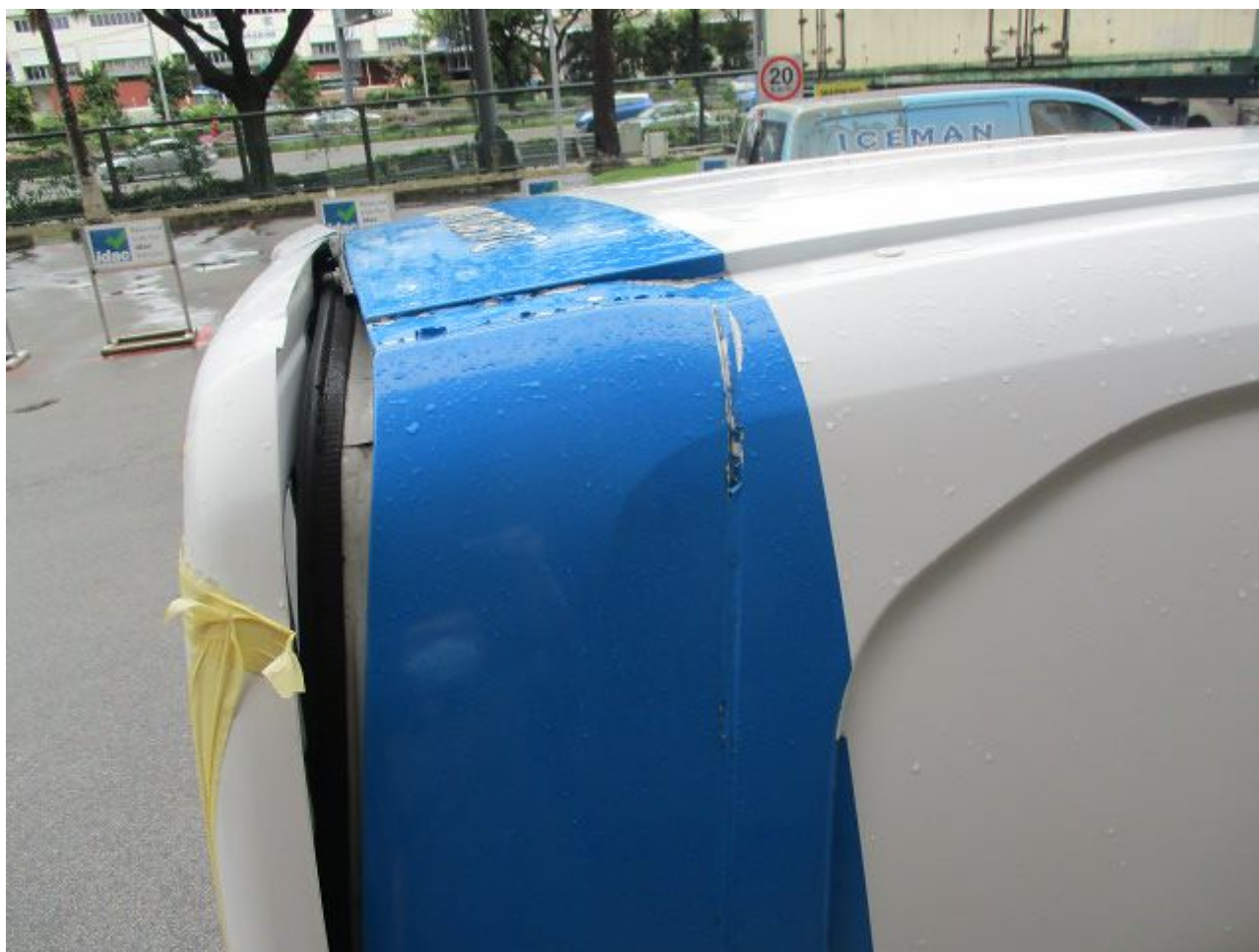






























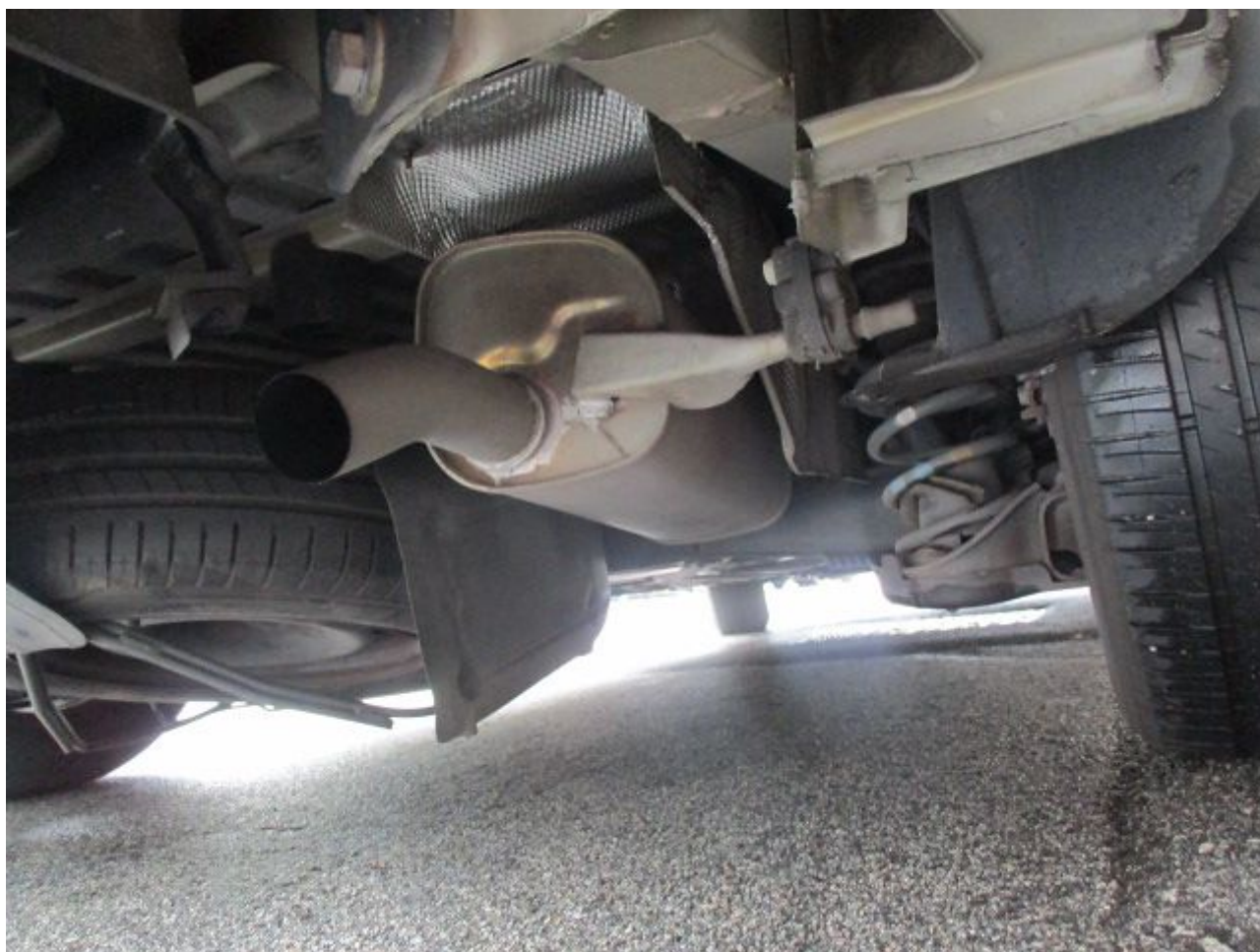












































# SINGAPORE POLICE FORCE



T/20220210/2000

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Report No. T/20220210/2000

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2022 00:28		Vide Report No.: G/20220209/0245		Station Diary No.: 6	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED KHALID S/O NIZAMUDIN			Address: APT BLK 786D WOODLANDS DRIVE 60 #04-43 SINGAPORE 734786		
ID Type / ID No.: NRIC NO / S7318374Z			Contact No.:		Mobile: 92380282
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 07/05/1973	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2022 22:00	Type of Location: Straight Road
Location:  TAMPINES AVENUE 10				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9589J	Van				Seriously Damaged	1
GBL124P	Van				Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20220210/2000

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20220210/2000

## CONTINUATION OF REPORT

Passenger			
Name	Mohd Hirwan Bin Jasmon	ID No.	NIL
Related Vehicle	GBE9589J (Van)	Contact No.	91381374
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MOHAMED KHALID S/O NIZAMUDIN	ID No.	S7318374Z
Related Vehicle	GBE9589J (Van)	Contact No.	92380282
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	Slight
Driver			
Name	Johari Sham Bin Mohd Taib	ID No.	S7243380G
Related Vehicle	GBL124P (Van)	Contact No.	88029114
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 09/02/2022 at about 2200hrs, I was driving my van (GBE9589J) along Tampines Ave 10 towards Tampines Ave 5. I was driving at the speed of about 50 to 60km/hr. I have a passenger with me. He is namely Mohd Hirwan Bin Jasmon.

While driving, I felt another vehicle (GBL124P) hit my van from the rear. After that, GBL124P hit my van from the rear again before attempting to drive off. I managed to stop GBL124P subsequently. The driver of GBL124P is namely Johari Sham Bin Mohd Taib.

After that, I called for Police. Police and ambulance arrived subsequently. My friend was being conveyed to Changi General Hospital as his chest felt painful. The driver of GBL124P complained that his neck felt painful and was sent to Changi General Hospital as well. I suffered abrasion on my right arm. I will see a





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**CONTINUATION OF REPORT**



T/20220210/2000

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Report No. T/20220210/2000

doctor after lodging the Police report.

I handed over the memory card of my van's in-car camera to the Police.



# SINGAPORE POLICE FORCE



T/20220210/2000

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Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20220210/2000

## 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:  
L / SGT 2 SER WEN LIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/02/2022 00:28

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Classification Of Case:

NP168

SN 130



Signature:

Singapore Police Force



**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: SN09222A0007 Vehicle Registration No: GBE9589J  
 Name (as shown in NRIC): Mohamed Khatid S/o Nizamudin NRIC/FIN/Passport No: S7318374Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 786D Woodlands Drive 60 #04-43 Singapore (734786)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9238 0282  
 Email Address: CS8558CS@GMAIL.COM  
 Date of Accident: 09/02/2022 Time of Accident: 22:00  
 Place of Accident: Tampines Ave 10 towards Tampines Ave 5.  
 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:

1. Amend the weather to After-Rain.

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Dence  
NRIC/FIN No.: \_\_\_\_\_  
Date: 10/2/22