

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	24/02/2022 17:41 (SGT)
Date of Accident	24/02/2022 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TO JURONG TOWNHALL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8602E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AERO(S)PTE LTD
Company Reg No	2XXXXX546Z
Email Address	aeroraju19@gmail.com
Mobile Phone No	(Phone) +65-98750229
Alternative Phone No	+65-98750229

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00012692102
Cover Note Number	-

DRIVER

Name of Driver	JAMALUDIN B A KARIM
NRIC No	SXXXX016J

Date Of Birth	09/08/1957
Occupation	Outdoor
Date Of Driving Pass	27/08/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98750229
Alt. Phone Number	-
Email Address	jamaludinkarim09@gmail.com
Address	BLK 450D BUKIT BATOK WEST AVE 6
Address complement	#13-669
Postcode	654450
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	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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

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

PLS REFER TO THE POLICE REPORT : T/20220224/7019 & T/20220224/2053

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	SJA3448Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	JAMALUDIN B A KARIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC8602E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

AYE TO JURONG TOWNHALL RD

(A) PC 8602E
(B) SJA 3448Z



Describe Circumstances of the Accident

*Pls refer to the police report: T/20220224/7019
T/2022 0224/2053*

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

24/02/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220224/7019

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

2 of 3

Report No. T/20220224/7019

CONTINUATION OF REPORT

Driver			
Name	JAMALUDIN B A KARIM	ID No.	S1229016J
Related Vehicle	PC8602E (minibus)	Contact No.	98750229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/02/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

i was driving to jurong hall and hit a rear portion of a car (sja3446z) we parked at the curb and took pictures of the damages.i do not have any footage of the accident, that is all.



T/20220224/2053

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Report No. T/20220224/2053

Continuation of CSF For NP168

Driver			
Name	JAMALUDIN B A KARIM	ID No.	S1229016J
Related Vehicle	PC8602E (Bus/Coach/Minibus)	Contact No.	98750229
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	07	Degree of Injury	Slight

Brief Facts.

AMMENDMENT TO PREVIOUS REPORT. REPORT NO:T/20220224/7019.

THE CAR COLLIDED ONTO MY REAR PORTION OF MY MINIBUS (PC8602E).























**SINGAPORE
POLICE FORCE**



T/20220224/7019

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

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Report No. T/20220224/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2022 14:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JAMALUDIN B A KARIM			Address: 450D BUKIT BATOK WEST AVENUE 6 #13-669 SINGAPORE 654450		
ID Type / ID No.: NRIC NO / S1229016J			Contact No.: Home/Office: Mobile: 98750229		
Nationality: SINGAPORE CITIZEN			Email: jamaludinkarim09@gmail.com		
Sex: Male	Age: 64	Date of Birth: 09/08/1957	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2022 08:30	Type of Location:
Location: JURONG TOWN HALL ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC8602E	minibus					0
SJA3448Z	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220224/7019

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

2 of 3

Report No, T/20220224/7019

CONTINUATION OF REPORT

Driver			
Name	JAMALUDIN B A KARIM	ID No.	S1229016J
Related Vehicle	PC8602E (minibus)	Contact No.	98750229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/02/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

i was driving to jurong hall and hit a rear portion of a car (sja3446z) we parked at the curb and took pictures of the damages.i do not have any footage of the accident, that is all.



SINGAPORE
POLICE FORCE



T/20220224/7019

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

3 of 3

Report No. T/20220224/7019

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

This report is lodged at Traffic Police Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
24/02/2022 14:59

Classification Of Case:



T/20220224/2053

1 of 3

Report No. T/20220224/2053

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20220224/7019

Report Number T/20220224/2053

Vide Report Number

Date/Time of Report Made 24/02/2022 15:52

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant JAMALUDIN B A KARIM

ID Type / ID No. NRIC NO / S1229016J

Home/Office

Mobile 98750229

Email jamaludinkarim09@gmail.com

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 24/02/2022 08:30

Accident Location AYER RAJAH EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8602E	Bus/Coach/Minibus					0
SJA3448Z	Car					0

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



T/20220224/2053

2 of 3

Report No. T/20220224/2053

Continuation of CSF For NP168

Driver			
Name	JAMALUDIN B A KARIM	ID No.	S1229016J
Related Vehicle	PC8602E (Bus/Coach/Minibus)	Contact No.	98750229
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	07	Degree of Injury	Slight

Brief Facts.

AMMENDMENT TO PREVIOUS REPORT. REPORT NO:T/20220224/7019.

THE CAR COLLIDED ONTO MY REAR PORTION OF MY MINIBUS (PC8602E).



T/20220224/2053

3 of 3

Report No. T/20220224/2053

Continuation of CSF For NP168

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.

Case Sensitivity



No

Officer-In-Charge of Case

TP / AEIT /
ANG YI TING, STEPHANIE

Classification of Case

1) INJURY / OTHERS

Signature of informant 	Signature of officer lodging report 
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	SINGAPORE POLICE FORCE
Signature: 	