

# 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 .....	02/03/2022 16:19 (SGT)
Date of Accident .....	02/03/2022 01:45 (SGT)
Exact Location of Accident .....	Bef Sg Seletar Bridge, Singapore
Additional Location Information .....	LENTOR AVE AFTER EXIT SLE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG5822B
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SINGAPORE TELECOMMUNICATIONS LIMITED
Company Reg No .....	199201624D
Email Address .....	chowpeng@singtel.com
Mobile Phone No .....	(Phone) +65-63463809
Alternative Phone No .....	(Office) +65-63463809

### VEHICLE PARTICULARS

Manufacturer .....	Citroen
Model .....	Berlingo
Variant .....	BERLINGO L2 1.6 BLUEHDI S&S ETG6
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Great Eastern General Insurance Limited
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	-
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMED BIN ABDULLAH
NRIC No .....	S1312757C

Date Of Birth .....	19/12/1958
Occupation .....	Outdoor
Date Of Driving Pass .....	27/12/1980
Driving experience .....	41 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97375241
Alt. Phone Number .....	-
Email Address .....	mohamedkompang@gmail.com
Address .....	BLK 220A BEDOK CENTRAL #13-54
Address complement .....	-
Postcode .....	461220
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RAZALI (98323664)
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004849999
Alt. Police Station Phone No .....	(Fax) +65-62181399
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT AND SKETCH

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMU9981U
Vehicle Manufacturer .....	Honda

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HUANG QIMING AMOS
NRIC No .....	S9133528Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

LENTOR AVE TOWARD YISHUN.

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GBD CAD

X X X X X X X X U TURN

A - GBG 5822 B

B - SM4 9981 U

Describe Circumstances of the Accident

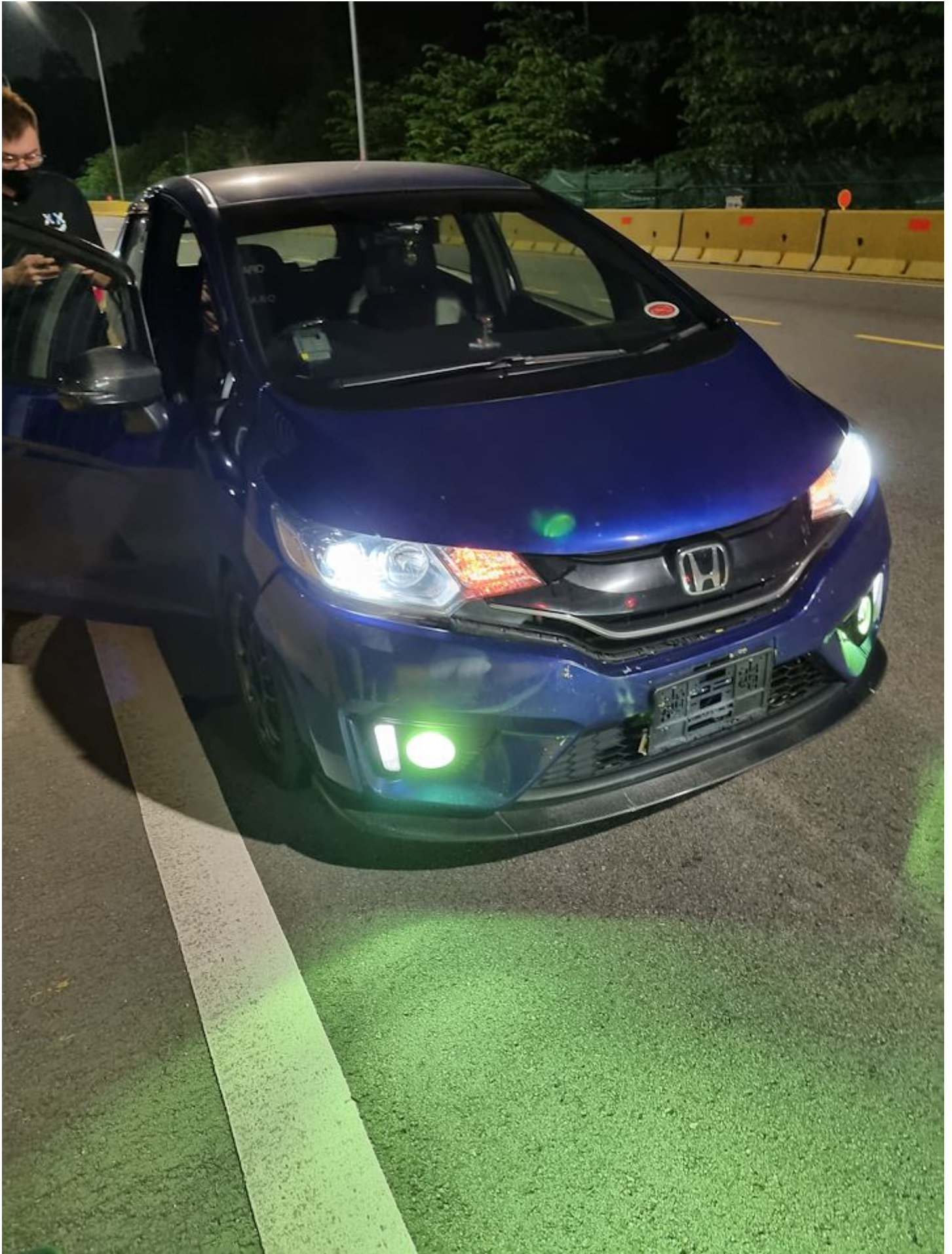
REFER TO POLICE REPORT NO T/20220302/2004

## Declaration

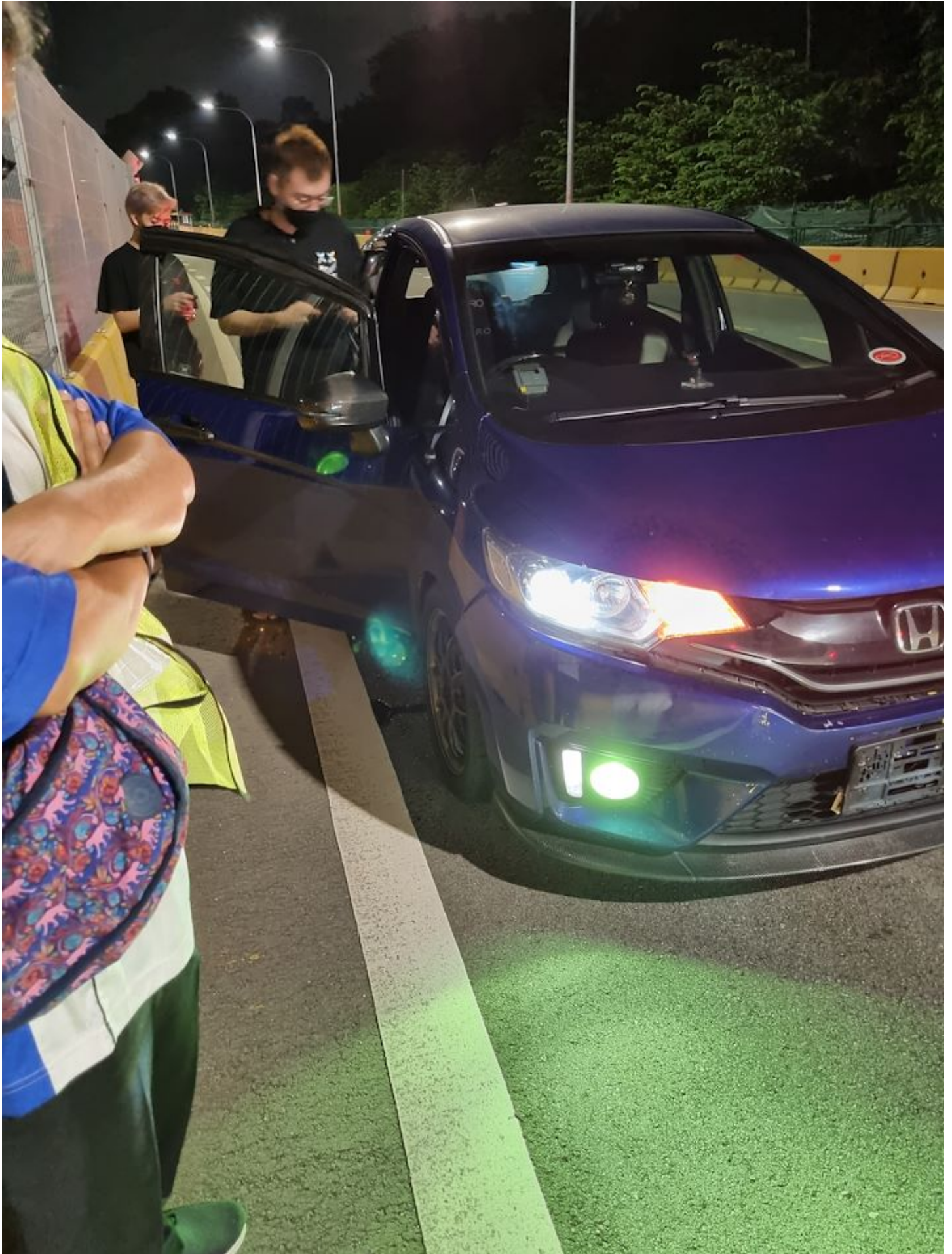
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel

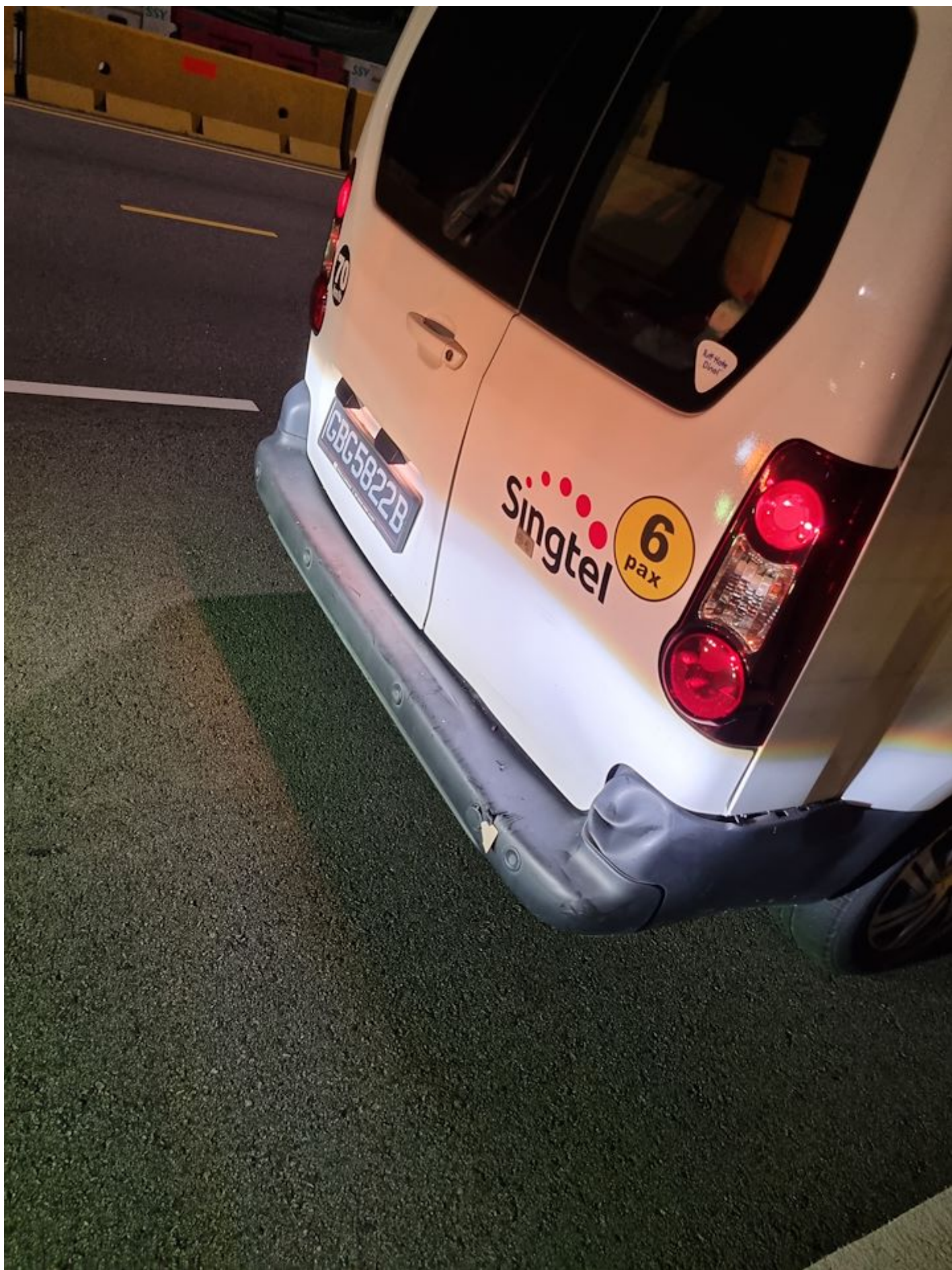




































































**SINGAPORE  
POLICE FORCE**



T/20220302/2004

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20220302/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2022 02:47	Vide Report No.:	Station Diary No.: 12
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**Informant's Particulars**

Name of Informant: MOHAMED BIN ABDULLAH			Address: APT BLK 220A BEDOK CENTRAL #13-54 SINGAPORE 461220	
ID Type / ID No.: NRIC NO / S1312757C			Contact No.: Home/Office: Mobile: 97375241	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 19/12/1958	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: SINGTEL TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2022 01:45	Type of Location: Straight Road
Location:  LENTOR AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5822B	Van	CITROEN		White	Slightly Damaged	1
SMU9981U	Car	HONDA	FIT	Blue	Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220302/2004

Police Station Of Origin:  
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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20220302/2004

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMED BIN ABDULLAH		ID No. S1312757C
Related Vehicle	GBG5822B (Van)		Contact No. 97375241
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 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	HUANG QIMING AMOS		ID No. S9133528Z
Related Vehicle	SMU9981U (Car)		Contact No. NIL
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 02/03/2022 at about 0145hrs, I was driving my vehicle bearing registration plate number GBG 5822 B on the second lane along Lentor Avenue after exiting SLE. I then wanted to make a U-Turn after exiting SLE, I signal my intention and filtered to the right lane before approaching the U-Turn after checking my blind spot and it was clear.

Suddenly a vehicle from the back hit on to my rear after I have filtered to the first lane. We got down and exchanged our particulars. No one was injured when the accident happened. My vehicle suffered some damages at the rear bumper. The other vehicle bearing registration plate number SMU 9981 U number plate dropped off.



**SINGAPORE  
POLICE FORCE**



T/20220302/2004

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569784  
Tel No: 1800-4849999

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Report No. T/20220302/2004

**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 1 SHAMEERUDIN BIN  
TAJUDDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/03/2022 02:47

Officer In Charge Of Case:  
TP / GIA /  
STAFF SGT MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

Classification Of Case:

NP168