

# 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 ..... 24/03/2022 15:54 (SGT)  
Date of Accident ..... 22/03/2022 08:40 (SGT)  
Exact Location of Accident ..... Bedok North Street 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC256Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CARE EXPRESS SERVICES  
Company Reg No ..... 5XXXX992M  
Email Address ..... info@careexpress.sg  
Mobile Phone No ..... (Phone) +65-88894435  
Alternative Phone No ..... +65-84398681

### 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 - Reporting only  
Vehicle Category ..... Bus  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNW00010462101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED NAN BIN SAID  
NRIC No ..... SXXXX893Z

Date Of Birth .....	22/01/1968
Occupation .....	Outdoor
Date Of Driving Pass .....	23/07/2017
Driving experience .....	4 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84398681
Alt. Phone Number .....	-
Email Address .....	info@careexpress.sg
Address .....	BLK 557 BEDOK NORTH STREET 3 #14-986
Address complement .....	-
Postcode .....	460557
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 Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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 .....	Kaki Bukit Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004429999
Alt. Police Station Phone No .....	(Fax) +65-62444377
Police Station Address .....	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220322/2061

#### 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 TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

Vehicle Category .....	NA / Unknown
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	LAMP POST
No. Of Passenger (Including Driver) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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4. The have 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. The 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 lodgment 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 making 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/ID No:

B- lamp post.

Please refer to Police report T/20220322/2061

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

#



1/2 mos

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_  
NRC/TIN No.: \_\_\_\_\_



































# SINGAPORE POLICE FORCE



T/20220322/2061

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Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20220322/2061

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2022 17:29	Vide Report No.: T/20220322/2038	Station Diary No.: 31
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### Informant's Particulars

Name of Informant: MOHAMED NAN BIN SAID			Address: APT BLK 557 BEDOK NORTH STREET 3 #14-986 SINGAPORE 460557	
ID Type / ID No.: NRIC NO / S6800893Z			Contact No.: Home/Office:	Mobile: 84393681
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 22/01/1968	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

### General Information of the Accident

General Information				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 22/03/2022 08:40	Type of Location: Bend
Location:  BEDOK NORTH STREET 3				
Lamp Post Number: 29				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC256Z	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

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999



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Report No. T/20220322/2061

## CONTINUATION OF REPORT

Driver			
Name	MOHAMED NAN BIN SAID	ID No.	S6800893Z
Related Vehicle	PC256Z (Van)	Contact No.	84393681
Hospital/Clinic	YANG & YAP CLINIC AND SURGERY (PTE LTD) / DR YANG ING HONG MEDICAL AND AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/03/2022	Date Discharge	22/03/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 22/03/2022 at about 0840hrs, I was travelling along Bedok North St 3 towards Bedok North Ave 2 bearing the registration plate number of PC256Z on my company van. While approaching the zebra crossing, i tried to apply my brake on my vehicle. However, I could not brake on time and i saw that there were pedestrian crossing the zebra crossing. Hence, to avoid hitting the pedestrian and the car that was stopped in front of the zebra crossing, i swerve the van to the left, mounted a kerb and thereafter collided into a lamppost (LP29). I then called for police assistance. No one was injured and no other government property damaged. No ambulance was at scene.

There were damages at the front bumper area.

The in-car camera SD card was then handed over to the Traffic Police at scene. I was then advised by the Traffic Police to lodge a Traffic accident report.

My company's van was also seized by the Traffic Police.

I also wish to add that there were no mechanical malfunction to the van and the brakes were working well.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-44B  
SINGAPORE 460526  
Tel No: 1800-4429999



T/20220322/2061

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Report No: T/20220322/2061

## 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:  
G / SGT 1 CHIA WEI HAO.  
SHAUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
22/03/2022 17:29

Classification Of Case:

NP168



SIGNATURE