

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 05/04/2022 19:33 (SGT)
Date of Accident 02/04/2022 12:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information COMMONWEALTH AVE WEST TWDS JURONG EAST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA4653K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MAT BUNGA DELIVERY SERVICES
Company Reg No 5XXXX939D
Email Address 1950MUHAMADAZ@GMAIL.COM
Mobile Phone No (Phone) +65-93382992
Alternative Phone No (Home) +65-93382992

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5121019686-01
Cover Note Number -

DRIVER

Name of Driver MUHAMAD BIN AHMAD ZAWAWI
NRIC No SXXXX680A

Date Of Birth	14/10/1950
Occupation	Outdoor
Date Of Driving Pass	20/06/1986
Driving experience	35 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93382992
Alt. Phone Number	-
Email Address	1950MUHAMADAZ@GMAIL.COM
Address	BLK 157 WOODLANDS ST 13 #04-743
Address complement	-
Postcode	730157
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	GY6095Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	MUHAMAD BIN AHMAD ZAWAWI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBA4653K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

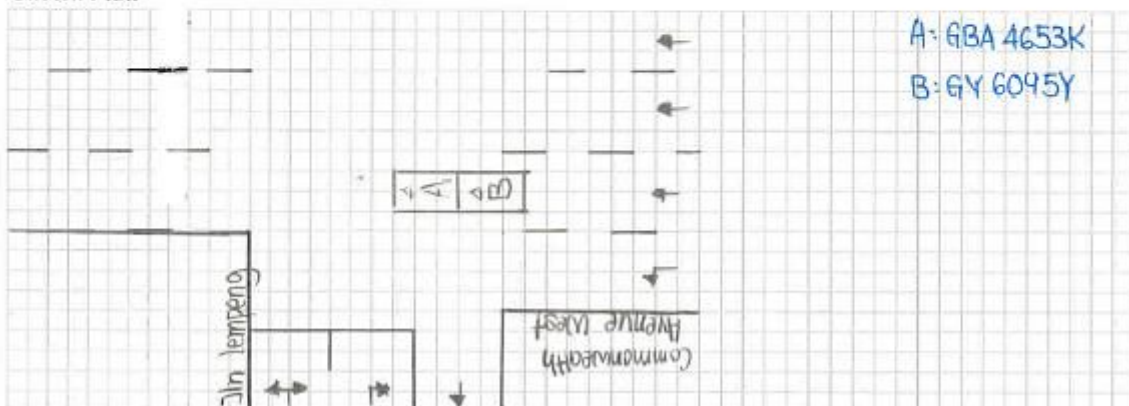
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to the police report (T/20220403/2019)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

may

Witnessed by Reporting Centre
Personnel







































**SINGAPORE
POLICE FORCE**



T/20220403/2019

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20220403/2019

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 /
SR STAFF SGT NADIAH BINTE
KAMSIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/04/2022 12:27

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168

WOODLANDS WEST N.P.C.
WOODLANDS STREET 12
SINGAPORE 738622
1800-363 9999



**SINGAPORE
POLICE FORCE**



T/20220403/2019

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220403/2019

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD BIN AHMAD ZAWAWI	ID No.	S1091680A
Related Vehicle	GBA4653K (Van)	Contact No.	93382992
Hospital/Clinic	LIFEPLUS MEDICAL GROUP (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/04/2022	Date Discharge	02/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SOH CHUAN TIONG	ID No.	S0222927G
Related Vehicle	GY6095Y (Van)	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 02/04/2022 at about 12.10pm, I was driving my van (registration number GBA4653K) along Commonwealth Avenue West heading towards Boon Lay Way. At the traffic junction of Commonwealth Avenue West and Jalan Lempeng, I was driving on Lane 3 and the lane on my left is for left turn only. As the traffic light was still green, I continue driving forward. Suddenly, a car on my left, which was on the left turn only lane, drove in front of my van causing me to slow down and eventually stopped my vehicle so that I don't hit the car. When my van was already stationary, shortly after, I heard screeching sound from my back and a vehicle then hit my van from the back.

I managed to park my van safely and make a check. A van (registration number GY6095Y) has hit the rear of my van. I checked that there was some dents and scratches on the rear of my van. The other vehicle has scratches and dents on the front part of his van. At that time, no one was injured. The van driver and I exchange our particulars.

Subsequently, I felt pain and decided to seek medical treatment at LifePlus Medical Group (Bedok). I was given 3 days medical leave due to neck strain and back contusion.

I wished to include that the car which was on my left and cut my lane at the traffic junction did not stopped the car. I was not able to note the vehicle number of the said car.



**SINGAPORE
POLICE FORCE**



T/20220403/2019

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220403/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2022 12:27	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: MUHAMAD BIN AHMAD ZAWAWI			Address: APT BLK 157 WOODLANDS STREET 13 #04-743 SINGAPORE 730157		
ID Type / ID No.: NRIC NO / S1091680A			Contact No.: Home/Office: Mobile: 93382992		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 14/10/1950	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2022 12:10	Type of Location: T-Junction
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBA4653K	Van				Slightly Damaged	0
GY6095Y	Van				Slightly Damaged	0

Details of Person Involved

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