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 witholding 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.

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 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 04/05/2022 19:22 (SGT) Date of Accident 30/04/2022 12:10 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG WEST STREET 61 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private hire

No - Claiming third party

Vehicle Registration Number SJC3759R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHEONG LIMOUSINE Company Reg No 5XXXX086A **Email Address** joycethen1886@gmail.com Mobile Phone No (Phone) +65-84983980

+65-84983980

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission CC

Auto 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. ThirdParty

Type of Coverage Fleet Policy

Policy Number DMHCSNA00002172100

Cover Note Number

DRIVER

Name of Driver MOHAMED SIDEK BIN MOHAMED FAKRI NRIC No SXXXX523Z

Date Of Birth 02/09/1989 Occupation Indoor Date Of Driving Pass 18/09/2020 Driving experience 1 YEAR AND 7 MONTHS Gender Mobile Number (Phone) +65-81017615 Alt. Phone Number Email Address sidfak89@gmail.com Address BLK 688F WOODLANDS DRIVE 75 Address complement #05-72 Postcode 736688 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: F/20220501/7007. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YM9627T Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

 Name of Driver
 ISLAM MOHAMMAD MINARUL

 Passport No/FIN
 GXXXX770X

 Contact Number
 (Phone) +65-82618339

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFU8877C Vehicle Manufacturer Toyota Vehicle Model **Alphard** Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LIM TAT WEE (LIN DAWEI) NRIC No SXXXX596D Contact Number (Phone) +65-97953821 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 SIDEK BIN MOHAMED FAKRI Gender Male Phone No (Phone) +65-81017615 Address Address Complement Post Code Approximate Age Years Old SUFFER A WHIPLASH ON THE BACK OF MY HEAD AND NECK Injuries Sustained AND SEVERE BACK SPRAIN. Injured person in which vehicle? SJC3759R Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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
- 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 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)

Lunderstand, 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
- (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

Sketch Plan

n & red traffic light A. SJC 3759R A B = YM 9627 T C- SFU 8877C Juring West Street 61.

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Declaration

We declare the foregoing particulars are true in every respect,

SNC N

Policyholder's Signature / Date &

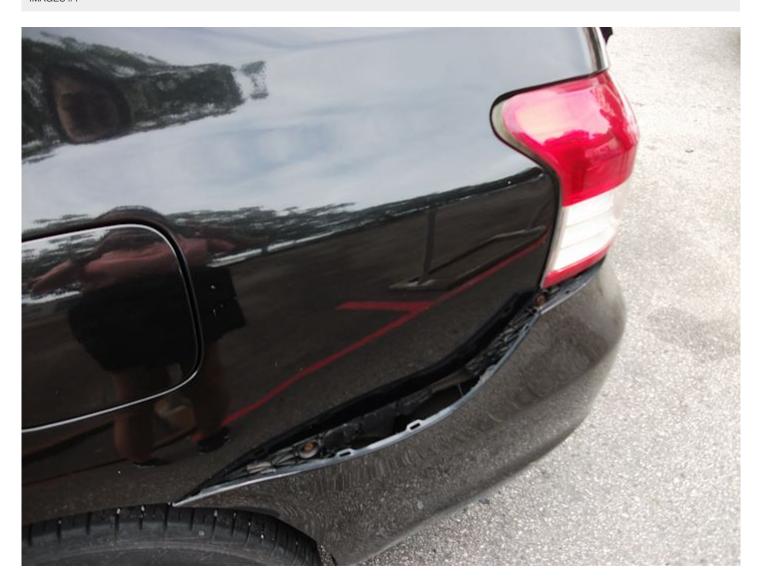
Driver's Signature (if driver is not the policyholder) / Date & Time

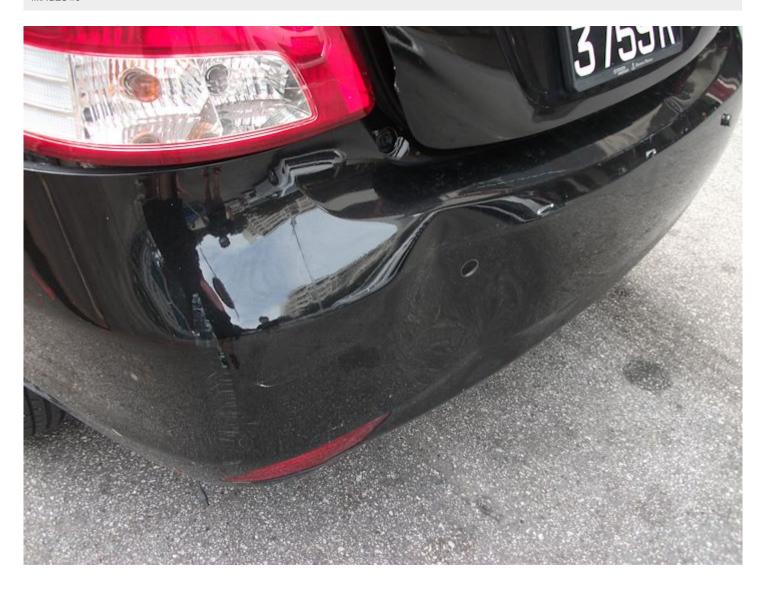
Witnessed by Reporting Centre Personnel



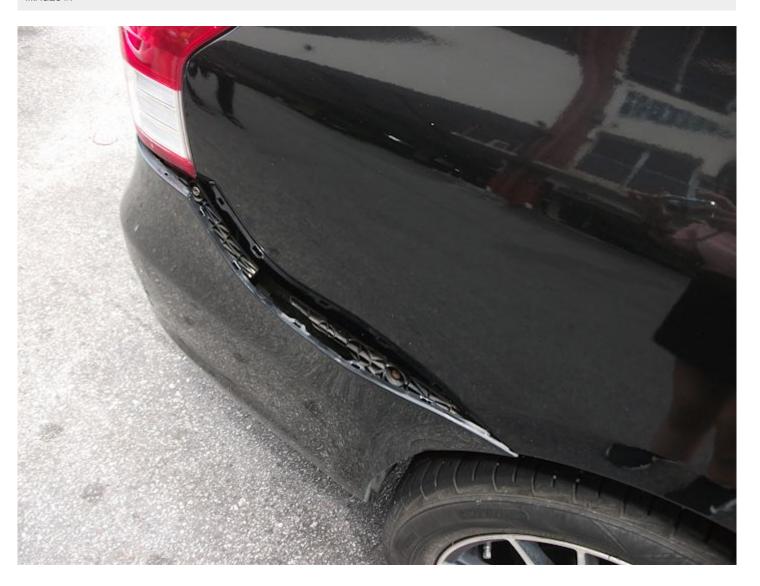


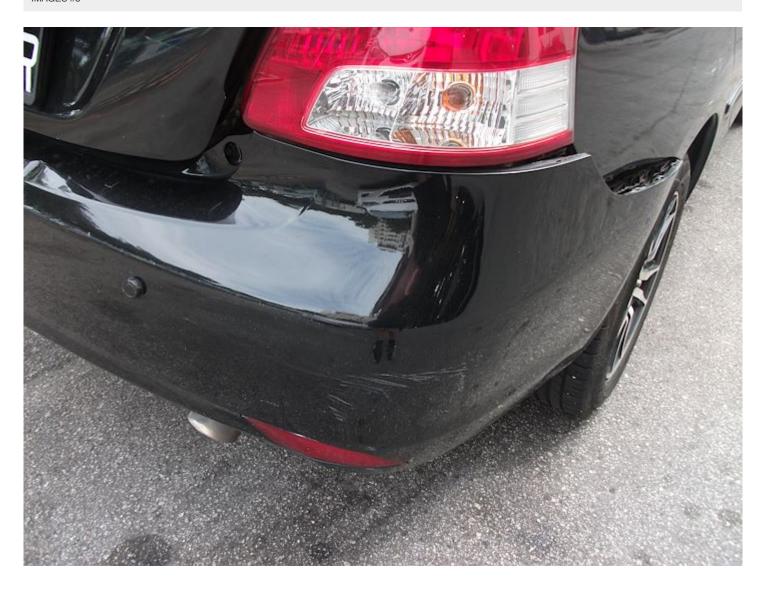










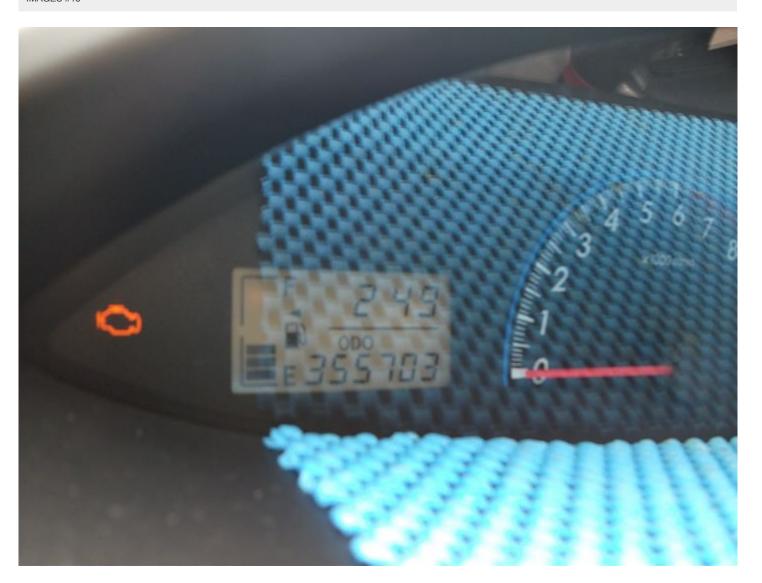






















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Report No. F/20220501/7007

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made 01/05/2022 11:32	Vide Report No.			Station Diary No
Name Of Informant MOHAMED SIDEK BIN MOHAMED FAKRI	Address 688F WOODLANDS DRIVE 75 #05-72 SINGAPORE 736688			
ID Type / ID No. NRIC NO / S8933523Z	Contact No. Home/Office: Mobile: 81017615			
Nationality SINGAPORE CITIZEN	Email Address sidfak89@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Security supervisor	Male	32	02/09/1989	Indian
Institution/School Name	Language English			
Date/Time Of Incident 30/04/2022 12:15 - 30/04/2022 13:00	Location Of Incident Jurong West Street 61. The main road			
Delet details	THE CONTROL STATE			

Brief details.

On the 30 April 2022 at approximately 1210hrs, I was driving along the main road towards Jurong West Street 61 heading to my Mother's place at Lorong Limau. I had a complete stop safely before the stop line at the traffic light nearby when it turned amber to red and out of a sudden after a few seconds I heard a loud bang at the back of my vehicle and shortly a strong crash impact to the back of my vehicle and I experienced a complete state of shock and felt very dizzy due to the rear end accident. I switched on the hazard light and stepped out of the vehicle shortly after my dizziness stopped to check what causes the accident. I witnessed a White Mistubishi lorry (YM9627T) just behind of my rented Black Toyota Vios car

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2022 11:32		
Officer In-Charge Of Case:	Classification Of Case:		





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220501/7007

(SJC3759R) and had a major dents to the rear end of the car body and the boot as well. There is one more Black Toyota Alphard (SFU8877C) right behind the White Lorry that is badly crashed from the front of the vehicle body due to the crash. I suspected that the Black Toyota Alphard driver was the reason that the rear end collision happened as he did not manage to stop the vehicle safely within the safe distance. I checked on the drivers and asked if they require any medical assistance but they rejected and wanted to settle internally. It was my first time experience of accident on the road. Not knowing of what to do next, i called the car rental dealer Mr Jacob to informed about the car accident. I was then directed to Mr Ang who is also the car rental dealer in charge of the vehicle. He guided me on the steps of what to do next such as take the photos of the surroundings, the damaged car and vehicles that is involved in the accident. I was also informed to collect their particulars and contact numbers for exchange of contacts and he will follow up accordingly. After everything has been collected, I was informed to meet Mr Ang at his residence to handover the damaged vehicle to him. He accompanied me to the nearest clinic and advised me to seek a doctor consultation due to the accident which causes me to suffer a whiplash on the back of my head and neck and severe back sprain. I finally managed to find a clinic that is open at Nex Mall (One Doctors Medical Centre). Doctor had examined my injuries and was given a 4 days MC. That is all I have to report.

Yours Sincerely, Mohamed Sidek.

Subjects Involve	d			
Suspect				
Person Name	Islam Mohammad Minarul			
Signature Of Off	icer Recording The Report:	Signature Of Informant:		
Not applicable		The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Inte Not applicable	erpreter:	Date/Time: 01/05/2022 11:32		
Officer In-Charg	e Of Case:	Classification Of Case:		





3.01

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220501/7007

ID Type	FIN NO	ID No	G2162770X	
Gender	Male	Age	30-45	
Race	Bangladeshi	Language	English	
Mobile No 82618339		Complexion	Dark	
Hair Colour	Black			
Victim				
Person Name	MOHAMED SIDEK BIN MOHAMED FAKRI			
ID Type	NRIC NO	ID No	S8933523Z	
Gender	Male	Age	32	
Race	Indian	Language	English	
Occupation	Security supervisor	Address	688F WOODLANDS DRIVE 75 #05-72 SINGAPORE 736688	
Mobile No	81017615	Is Informant A Victim?	Yes	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2022 11:32		
Officer In-Charge Of Case:	Classification Of Case:		

