SN092254000A / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 04/05/2022 19:22 (SGT)
SUBMITTED BY: Renee
VERSION: 1 (04/05/2022 19:22 (SGT))

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.
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

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
Alternative Phone No	+65-84983980

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
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	Male
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?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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	3
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	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?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM9627T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	-
Injuries Sustained	SUFFER A WHIPLASH ON THE BACK OF MY HEAD AND NECK AND SEVERE BACK SPRAIN.
Injured person in which vehicle?	SJC3759R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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. 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)**

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.

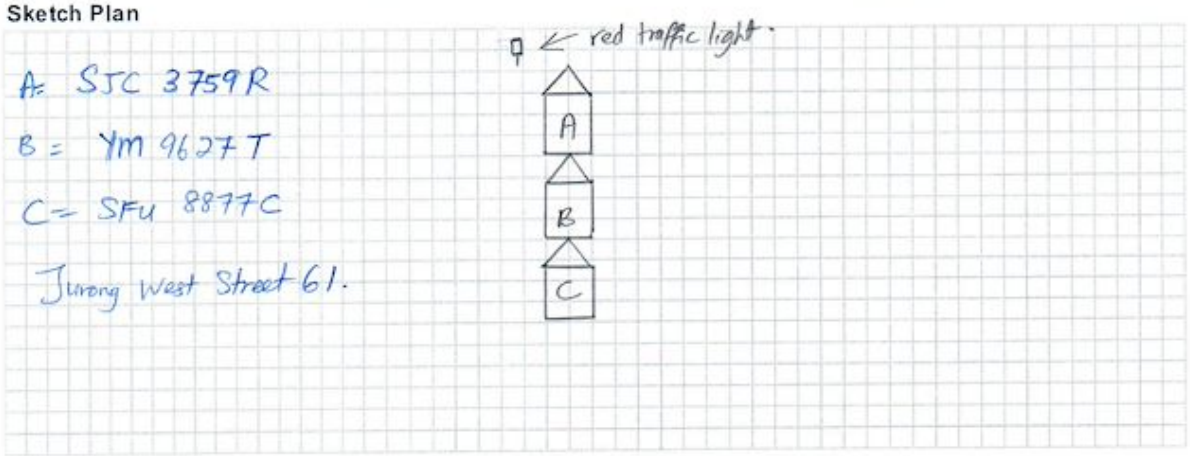
(collectively the "**Purposes**")

(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
CHEONG HOUSINE		4/5/22

Sketch Plan



Describe Circumstances of the Accident

— Pls refer to the police report: F/20220501/7007. ——

Declaration

I/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

R 4/5/22

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

TOYOTA MOTOR CORPORATION
MODEL NCP93R-BEPRKT
ENGINE 1NZ-FE 1497 cc
FRAME No. MR053HY9305041872
COLOR TRIM PLANT GVM(kg)
6U4 FE10 Z35 -
TM/A/BUILT U340E -02A NOV 07
MFD.BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

SINGAPORE POLICE FORCE

F/20220501/7007

POLICE REPORT (NP299)

Report No. F/20220501/7007

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	Vide Report No.	Station Diary No.
01/05/2022 11:32		

Name Of Informant	Address
MOHAMED SIDEK BIN MOHAMED FAKRI	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	Location Of Incident
30/04/2022 12:15 - 30/04/2022 13:00	Jurong West Street 61. The main road

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:	Signature Of Informant:
Not applicable	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:

SINGAPORE POLICE FORCE

F/20220501/7007

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 Involved	
Suspect	
Person Name	Islam Mohammad Minarul

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:

SINGAPORE POLICE FORCE

F/20220501/7007

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
Person Name	MOHAMED SIDEK BIN MOHAMED FAKRI (Informant)		

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:

PRIVATE HIRE