

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 willful 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 fees 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 05/05/2022 18:02 (SGT)
Date of Accident 04/05/2022 17:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE(Tuas) after CTE(AYE) exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBES109M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CIS-TRONICS PTE LTD
Company Reg No 200104955R
Email Address nicolas@cistronics.com.sg
Mobile Phone No (Phone) +65-96635895
Alternative Phone No +65-96635895

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5114898202-02
Cover Note Number

DRIVER

Name of Driver ISLAM NOZRUL
Passport No/FIN G2087686M

Accident report SN0722550015

Date Of Birth 06/01/1984
Occupation Outdoor
Date Of Driving Pass 08/10/2020
Driving experience 1 YEAR AND 7 MONTHS
Gender Male
Mobile Number (Phone) +65-88457610
Alt. Phone Number
Email Address nicolas@cistronics.com.sg
Address 50 Toh Guan Road East
Address complement #03-01
Postcode S608587
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 Chain Collision
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Yes
Number of vehicles involved in the accident 8
Was anybody injured in the Accident? Yes
Was any injured conveyed to hospital by ambulance? Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number JTF9743
Vehicle Category Motorcycle

PASSENGER 1

Name SOLAYMAN
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Hong Kah North Neighbourhood Police Post
Police Station Phone No (Phone) +65-1800567999
Alt. Police Station Phone No (Fax) +65-65652508
Police Station Address Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of Intended Prosecution given? No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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 GBJ3098Y
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number CB7721K
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Bus
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number EP1118U
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number JTF9743
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Motorcycle
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)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Taxi
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 UNKNOWN
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? JTF9743
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



1/20220504/0096

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Report No. T/20220504/0096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2022 18:58		Vide Report No.: J/20220504/0096	Station Diary No.: 69
Name of Informant: ISLAM NOZRUL		Address: 60 TOH GUAN ROAD EAST #03-01 QUEK INDUSTRIAL BUILDING SINGAPORE 606587	
ID Type / ID No.: FIN NO / G2087686M		Contact No.: Home/Office: Mobile: 88457810	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 38	Date of Birth: 06/01/1984	Type of Informant: Driver
Race: Bangladeshi		Language:	
Occupation: SYSTEM INSTALLER		Institution / School Name:	
Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident: Collision	Injury Sustained by Police: None	Drink Drive: No	Date/Time of Accident: 04/05/2022 17:05	Type of Location: Borealis Road
Location of Accident: PAN ISLAND EXPRESSWAY				
Road Surface: Dry		Road Speed Limit: None		
Traffic Control: Not Controlled		Traffic Volume: Moderate		
Weather Conditions: Clear		Anyone conveyed by ambulance: Yes		

Vehicle	Make	Model	Color	Damage	Notes
VEHICLE 1	TOYOTA	SPACE SUPER GL	White	Seriously Damaged	1
VEHICLE 2	TOYOTA	MODELS STANDARD RANGE	White	Slightly Damaged	0



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CONTINUATION OF REPORT

Vehicle	Make	Model	Color	Damage	Notes
GBES108M	Van	NISSAN NV200 1.8 MT ABS AIRBAG ZWD 6DR ELWBC	White	Seriously Damaged	1
GBJ308Y	Van	TOYOTA HIACE VAN TURBO 5DR MT	Silver	Seriously Damaged	0
JTF8743	Motorcycle	YAMAHA LC135		Seriously Damaged	0

Are Pedestrians Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NA			
Name:	ISLAM NOZRUL	ID No.:	G2087686M
Related Vehicle:	GBES108M (Van)	Contact No.:	88457810
Hospital/ Clinic:	NA	Class of Driving Licence & Expiry Date:	Class: 3 Date of Expiry: NA
Date/Time of Accident:	04/05/2022 17:05	Date/Time of Report:	05/05/2022 18:58
Rev. of Date/Time of Medical Leave:	NA	Rev. of Date/Time of Injury:	NA

Witness Details:
On 04/05/2022 at around 17:05hrs, I was driving along PE Avenue, TMA3. I was driving along road 2 and traffic volume was quite moderate.

Vehicle bearing plate number 88457810 (Van) was in front of me and had slowed down. I slowed down as well and suddenly felt an impact and came to a halt. This impact had caused me to collide with the Van.

A male driver (name: JTF8743) (V2) was in front of me and had slowed down. This is when a motorcycle (bearing plate number JTF8743) (V2) arrived in front of me in the right lane and collided with the motorcycle bearing plate number JTF8743 (V2) and leaving the road.

I went out to inspect the accident and discovered that I was a chain collision. The vehicle was parked on the side of the road and I was driving along the road. The vehicle bearing plate number JTF8743 (V2) was in front of me and had slowed down. This is when a motorcycle (bearing plate number JTF8743) (V2) arrived in front of me in the right lane and collided with the motorcycle bearing plate number JTF8743 (V2) and leaving the road.

After checking the Traffic Police report, I was informed that the vehicle bearing plate number JTF8743 (V2) was in front of me and had slowed down. This is when a motorcycle (bearing plate number JTF8743) (V2) arrived in front of me in the right lane and collided with the motorcycle bearing plate number JTF8743 (V2) and leaving the road.



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7/20220505/2083

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Report No: 7/20220505/2083

CONTINUATION OF REPORT

From the incident, my vehicle sustained serious dents and scratches on the rear door, V1 sustained serious dents and scratches on the front hood and bumper, rear door and broken rear windshield, V2 sustained serious damages on the front hood and bumper, V3 was totally damaged and V4 sustained slight scratches on the rear bumper.

The rider was injured and conveyed by ambulance to the nearest hospital, the lady passenger of V2 has a minor laceration on her shin. Other than that, no one else was injured or conveyed by ambulance.



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Report No: 7/20220505/2083

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 8442 808 during the report interview as reference.

Signature of Officer Recording This Report

Officer: HARILAN ABE BIN
OTHMAN

Signature of Insurance Officer:
Not applicable

Officer in Charge of Case

Officer: ITAM YULI BUDAH BUDDY SANTOSO
Case No: 65475 113

IP No:

Signature of Informant

Date/Time:
05/05/2022 14:54

Classification Of Case: