

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	04/07/2022 16:27 (SGT)
Reported by	Driver
Date of Accident	03/07/2022 14:00 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1315E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIONG CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No	2XXXXX076H
Email Address	shisha@siong.com.sg
Mobile Phone No	(Phone) +65-84396737
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	VIANO CDI2.2 EL
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	Commercial vehicle
Transmission	Auto
CC	2143

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00007782100

DRIVER

Name of Driver	HABIB
Passport No/FIN	GXXXX606T
Date Of Birth	11/06/1988
Occupation	Outdoor

Date Of Driving Pass	20/06/2017
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84396737
Alt. Phone Number	-
Email Address	shisha@siong.com.sg
Address	500 OLD CHOA CHU KANG RD
Address complement	#06-145 SUNGEI TGH LODGE
Postcode	698924
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 Bicyclist
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220703/2052

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CYCLIST
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CYCLIST
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	CYCLIST
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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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.



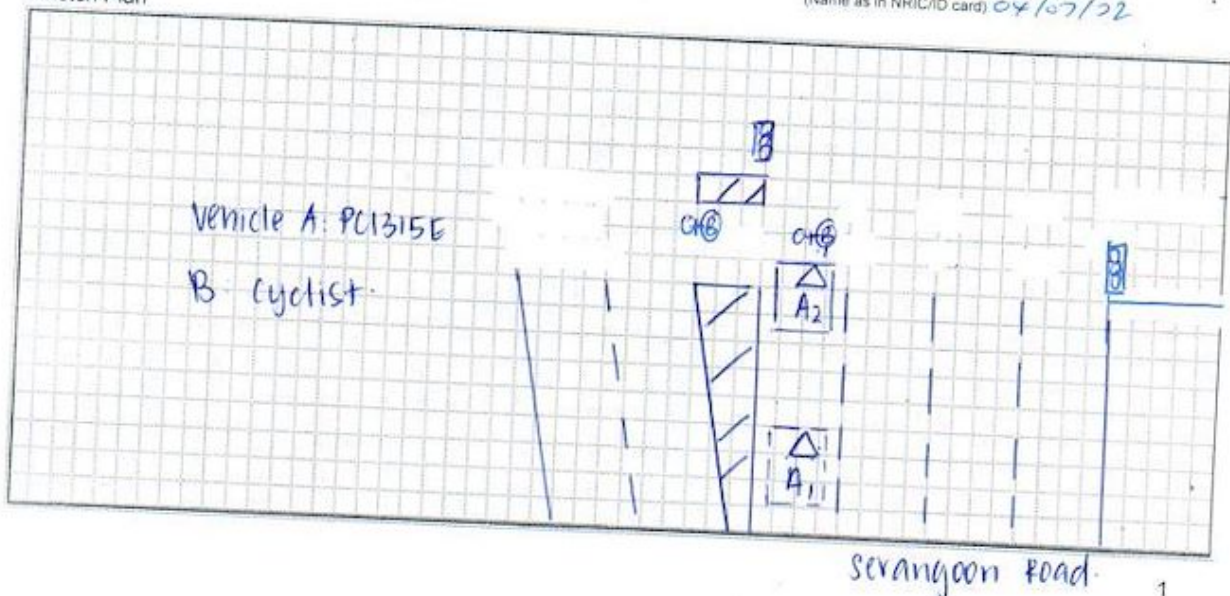
Policyholder's Signature / Date & Time

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

ROSLINDA BINTE A WAHAB

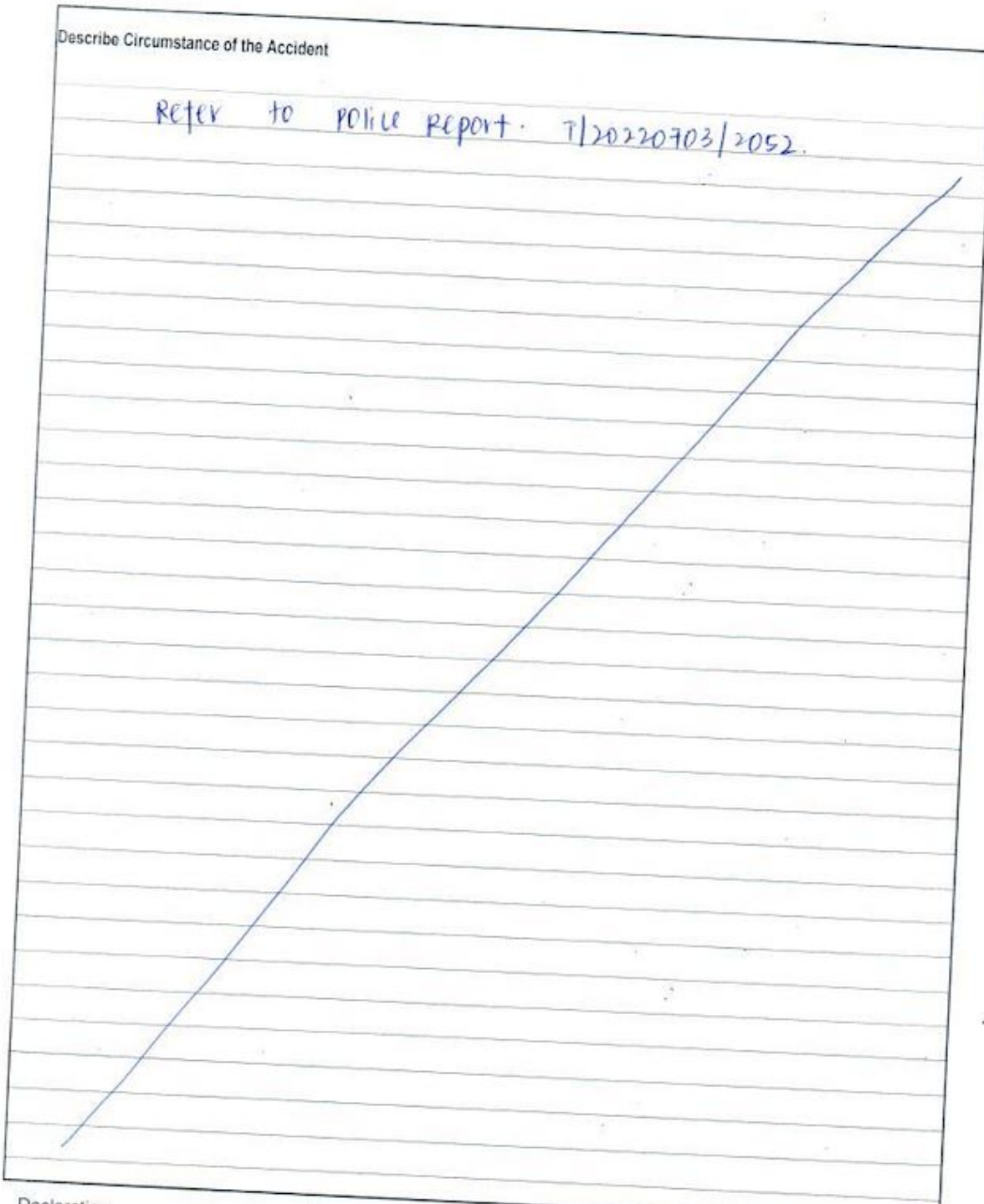
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 04/07/22

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report: T/20220703/2052.



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

ROSLINDA BINTE A WAHAB
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 04/07/22



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220703/2052

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Report No. T/20220703/2052

CONTINUATION OF REPORT

Driver		ID No.	
Name	HABIB	G2016606T	
Related Vehicle	PC1315E (Van)	Contact No.	84396737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 26/06/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/07/2022 at about 1400hrs, I was driving my company's vehicle (PC1315E) along Serangoon Road turning right onto PIE, I was on lane 4. When I was reaching the junction, it was green light for me to go straight. However, a cyclist from the left side came out and I collided into the cyclist. I also notice that the pedestrian crossing light was red for them as many pedestrians was waiting to cross.

After I hit into the cyclist, I came down from my vehicle and attend to the cyclist. Someone else called for the police and or ambulance.

Afterwards, ambulance came and took the cyclist to the hospital. Police also came to the scene, the police officer took my in-car camera and also gave me a report number A/20220703/0108. I was informed to lodge a police report.

That is all.











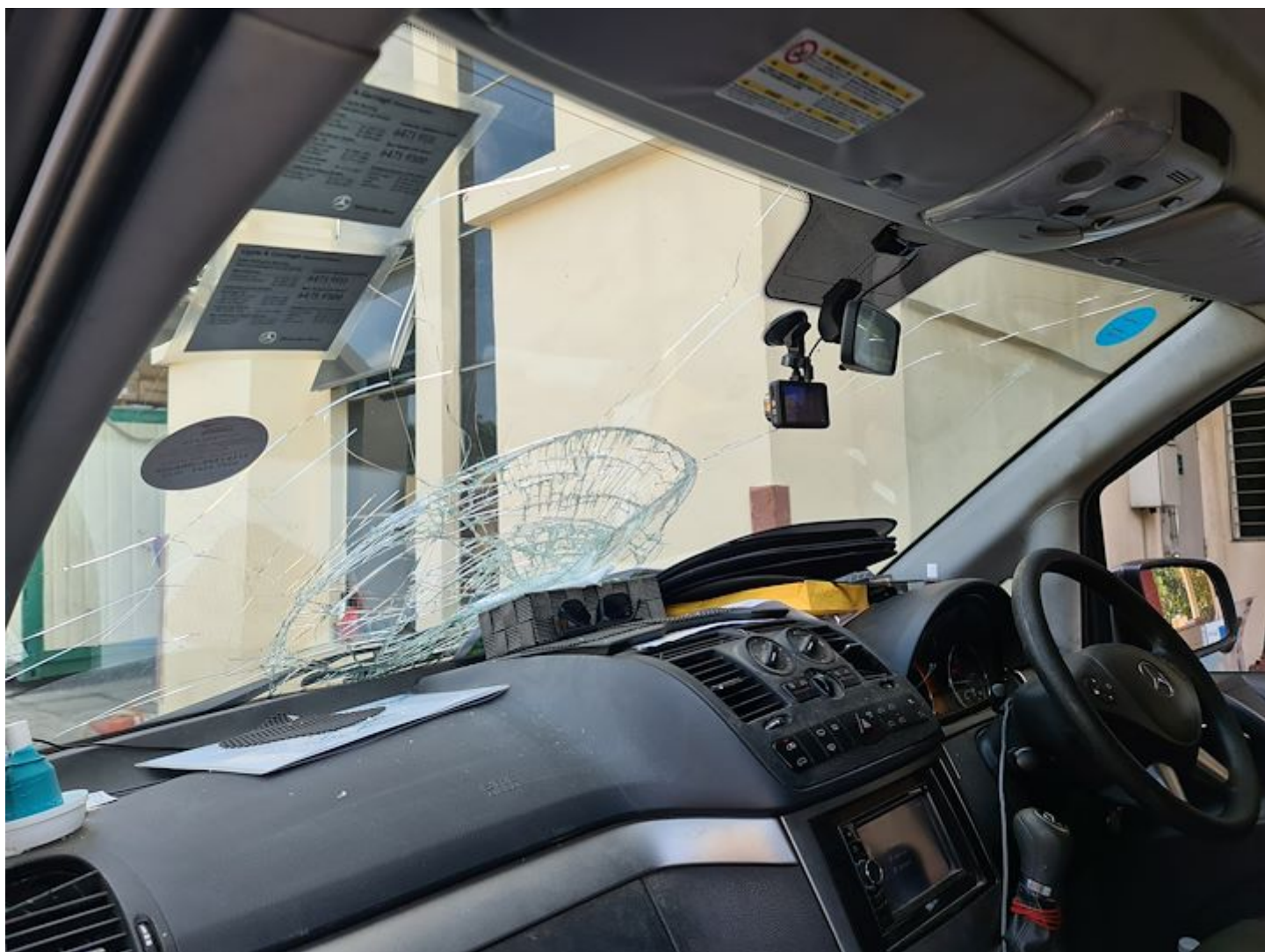














**SINGAPORE
POLICE FORCE**



T/20220703/2052

Police Station Of Origin:
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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20220703/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2022 17:29	Vide Report No.: A/20220703/0108	Station Diary No.: 110
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Informant's Particulars

Name of Informant: HABIB			Address: 500 OLD CHOA CHU KANG ROAD #06-145 SUNGEI TENGAH LODGE SINGAPORE 698924	
ID Type / ID No.: FIN NO / G2016606T			Contact No.:	Mobile: 84396737
Nationality: BANGLADESHI			Home/Office:	
			Email:	
Sex: Male	Age: 34	Date of Birth: 11/06/1988	Type of Informant: Driver	
Race: Bangladeshi			Language: English	Institution / School Name:
Occupation: CONSTRUCTION DRIVER			Driving Licence Information: Class: 3	Date of Expiry: 26/06/2027

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 03/07/2022 14:00	Type of Location: X-Junction
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1315E	Van	MERCEDES BENZ		Grey	Seriously Damaged	1
	Bicycle				No Damage	0

Details of Person Involved

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



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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20220703/2052

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Report No. T/20220703/2052

CONTINUATION OF REPORT

Driver		ID No.	
Name	HABIB		G2016606T
Related Vehicle	PC1315E (Van)	Contact No.	84396737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 26/06/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Afterwards, ambulance came and took the cyclist to the hospital. Police also came to the scene, the police officer took my in-car camera and also gave me a report number A/20220703/0108. I was informed to lodge a police report.

That is all.

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208678
Tel No: 1800-2949999



T/20220703/2052

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Report No. T/20220703/2052

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:

A /
SGT 2 WONG KIAN CHONG
DONOVAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

Date/Time:
03/07/2022 17:29

Classification Of Case: