

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 Actual 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	29/08/2022 17:49 (SGT)
Reported by	Driver
Date of Accident	27/08/2022 11:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ408G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UKA LEASING PTE LTD
Company Reg No	201105072Z
Email Address	QASAUTO2011@GMAIL.COM
Mobile Phone No	(Phone) +65-67429983
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5125053559

DRIVER

Name of Driver	YAZID BIN ABDUL RAHMAN
NRIC No	S7432770B
Date Of Birth	07/10/1974
Occupation	Outdoor

Date Of Driving Pass	28/04/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88745160
Alt. Phone Number	-
Email Address	QASAUTO2011@GMAIL.COM
Address	BLK 723 BEDOK RESERVOIR ROAD #02-5190
Address complement	-
Postcode	470723
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	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?	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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20220827/2102.

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	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4949B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	RAMAN NANDHAKUMAR
Contact Number	(Phone) +65-90033853
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	YAZID BIN ABDUL RAHMAN
Gender	Male
Phone No	(Phone) +65-88745160
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ408G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

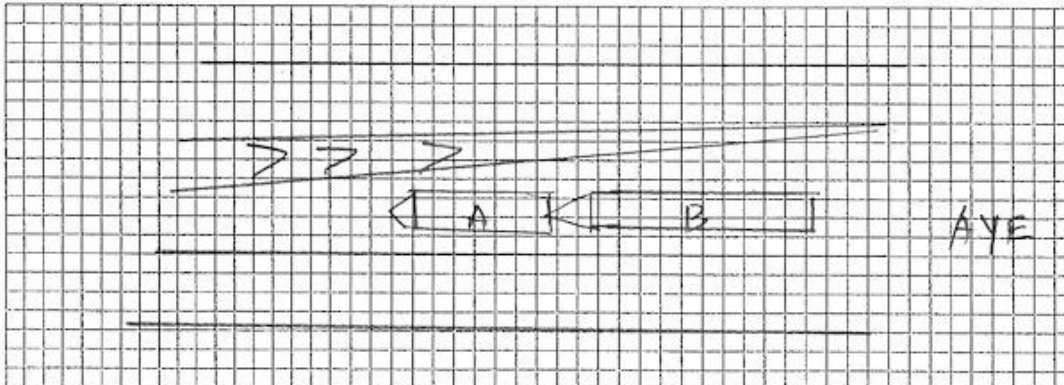


Driver's Signature (If driver is not the policyholder) / Date & Time
29/8/22



Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBJ 408 G
B: XE4949 B

Describe Circumstances of the Accident

As per Police report no. T/20220827/2102.

Declaration

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

29/8/22



Witnessed by Reporting Centre Personnel

















SINGAPORE POLICE FORCE		T/20220827/2102				
Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999		1 of 3 Report No: T/20220827/2102				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 27/08/2022 19:23		Vide Report No.:	Station Diary No.: 16			
Informant's Particulars						
Name of Informant: YAZID BIN ABDUL RAHMAN		Address: APT BLK 723 BEDOK RESERVOIR ROAD #02-5190 SINGAPORE 470723				
ID Type / ID No.: NRIC NO / S7432770B		Contact No.: Home/Office: Mobile: 88745160				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 47	Date of Birth: 07/10/1974	Type of Informant: Driver			
Race: Bugis	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2022 11:45			
Type of Location:						
Location: AYER RAJAH EXPRESSWAY						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow:		Traffic Control:	Traffic Volume:			
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ408G	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White	Slightly Damaged	0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

17022092712102

2 of 3

Report No. 17022092712102

Driver				
Name	YAZID BIN ABDUL RAHMAN	ID No.	S7432770B	
Related Vehicle	GBJ408G (Van)	Contact No.	88745160	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	27/08/2022	Date Discharge	27/08/2022	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	

Brief Details.

On the 27/8/2022 at about 1145 hrs, I was driving my van (GBJ408G, vehicle A) along AYE. While I was reaching the fork of MCE and CTE, I stayed on the road towards MCE. Suddenly, the vehicle in front of me did an emergency brake and I braked as well. I was able to stop in time. Suddenly, I felt an impact from the rear. As a result, I hit my head on the steering wheel. I then took my phone to call my friend and my friend called for an ambulance. The driver who knocked my vehicle came to check if I was ok. Police and ambulance came to the scene. While I was being attended to by the paramedics, my friend passed my in car camera SD card to the police and he handed over an acknowledgement slip to me and said that the police took my SD card. I was conveyed to SGH after that.

I got a 3 days MC.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Report No: 100228T0008

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 85474885 stating the report number as reference.

Signature of Officer Recording The Report: G/ SR STAFF SGT ONG YU XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2022 19:23
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 85472077	Classification Of Case:

NP168

SINGAPORE POLICE FORCE

Signature: