

# 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 .....	09/09/2022 10:12 (SGT)
Reported by .....	Driver
Date of Accident .....	08/09/2022 14:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHAI CHEE ST TURNING RIGHT INTO CARPARK BLK 41
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMR4112K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SHL MOTOR PTE LTD
Company Reg No .....	2XXXX500B
Email Address .....	sinhocklee@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-62826184
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00008032200

### DRIVER

Name of Driver .....	MOHAMMAD AMIN BIN SULAIMAN
NRIC No .....	SXXXX671J
Date Of Birth .....	14/06/1957
Occupation .....	Outdoor

Date Of Driving Pass .....	03/05/1977
Driving experience .....	45 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97743240
Alt. Phone Number .....	-
Email Address .....	sinhocklee@yahoo.com.sg
Address .....	BLK 609D TAMPINES NORTH DR 1
Address complement .....	#11-410
Postcode .....	524609
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 .....	Side Swipe
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

#### 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 WITH TRAFFIC POLICE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBS5197J
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	-
Passport No/FIN .....	GXXXX052L
Contact Number .....	(Phone) +65-81512722
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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6. This report will be forwarded by the insurers to 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.

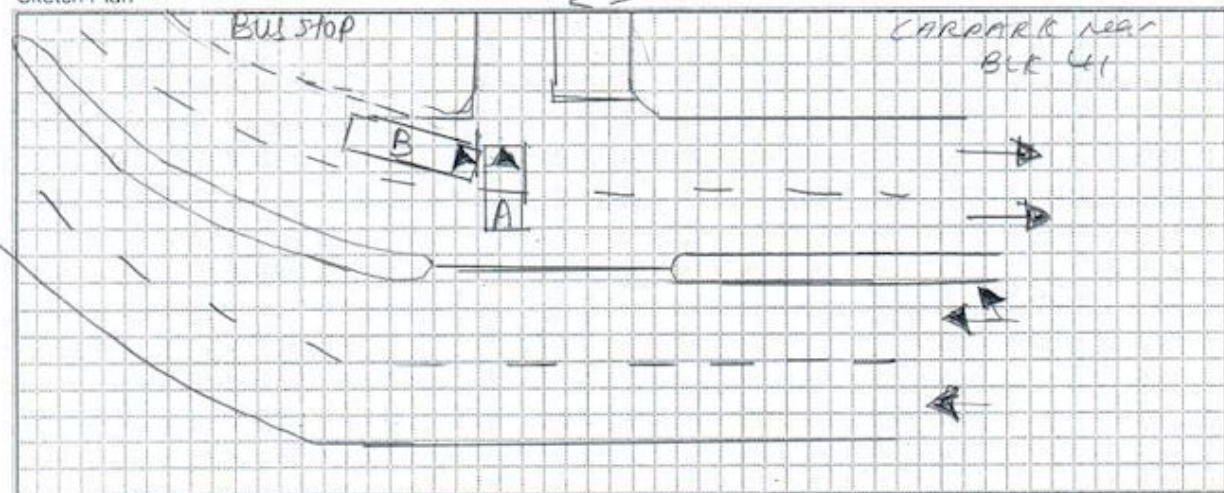


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

A - CAR 412K  
B - SB5 5197J

Describe Circumstance of the Accident

*P/s refer to the police report.*

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

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

*[Signature]*

*8/9/22*

*[Signature] 09/09/22*





**SINGAPORE  
POLICE FORCE**



T/20220909/2014

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20220909/2014

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Teo Yah Ching		ID No. G8299052L
Related Vehicle	SBS5197J (Bus/Coach/Minibus)		Contact No. 81512722
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMMAD AMIN BIN SULAIMAN		ID No. S1249671J
Related Vehicle	SMR4112K (Car)		Contact No. 97743240
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/09/2022 at around 1410hrs, I was travelling along Chai Chee Street towards bedok north ave 1. When I was turning into the carpark of blk 41 Chai Chee Street, a bus travelling straight hit the front left side of my vehicle. The bus was stationary before I make the turn, she starting moving after I make the turn and hit my vehicle. The bus brake abruptly to try and reduce the impact which caused the passenger to fall, causing injury to one of the passenger. The bus captain and the passenger were conveyed by ambulance. A traffic police attended to the incident and urge me to lodge a police report.





















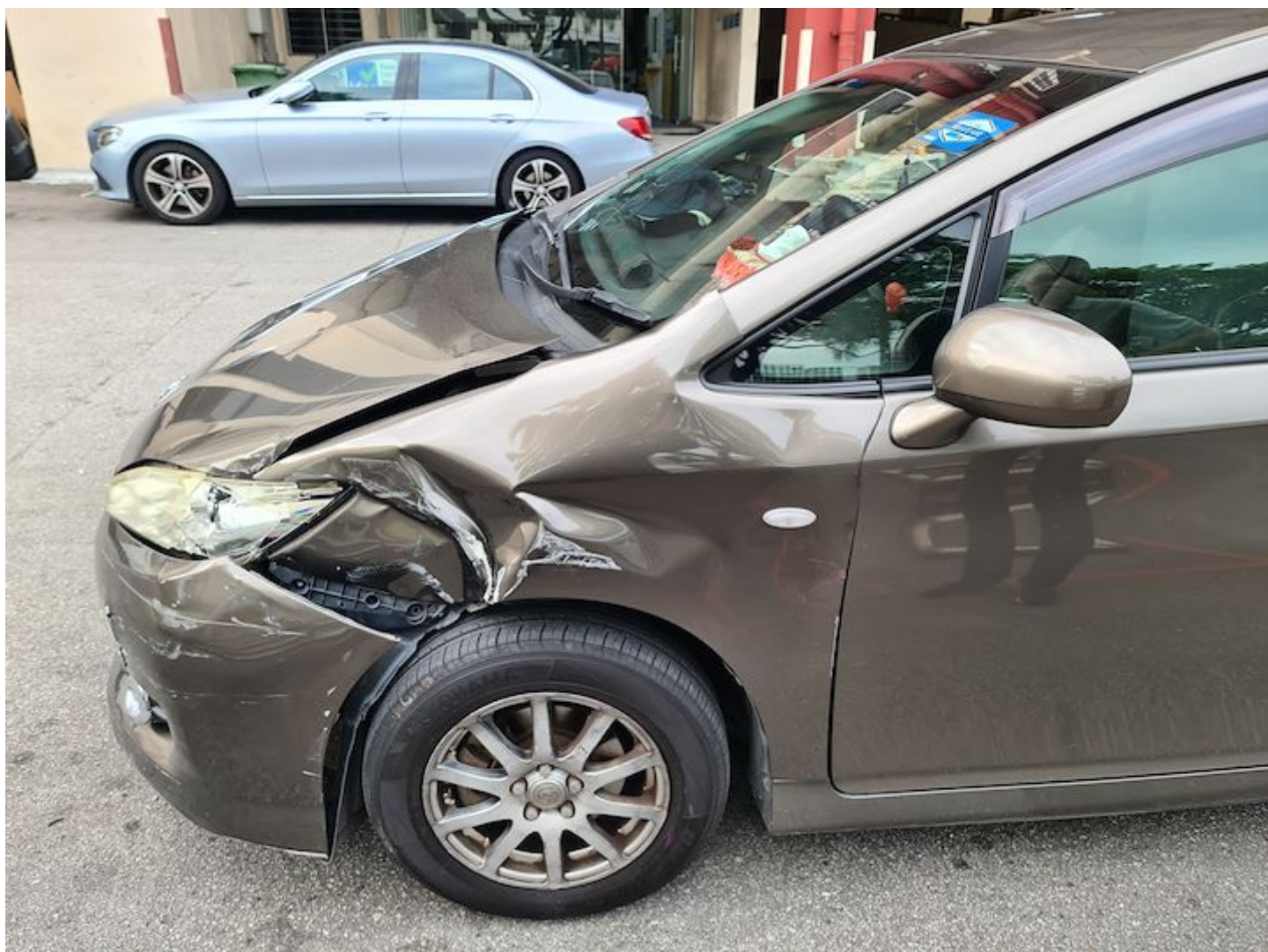






















**SINGAPORE  
POLICE FORCE**



T/20220909/2014

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20220909/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/09/2022 09:27	Vide Report No.: G/20220908/0146	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: MOHAMMAD AMIN BIN SULAIMAN			Address: APT BLK 609D TAMPINES NORTH DRIVE 1 #11-410 SINGAPORE 524609	
ID Type / ID No.: NRIC NO / S1249671J			Contact No.: Home/Office: Mobile: 97743240	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 14/06/1957	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2022 14:10	Type of Location: Straight Road
Location:  CHAI CHEE STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS5197J	Bus/Coach/Minibus	SCANIA	KUB4X2 9.3L A/T ABS TURBO	Multi-Colored	Slightly Damaged	0
SMR4112K	Car	TOYOTA	WISH 2.0 AUTO	Brown	Seriously Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
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T/20220909/2014

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2 of 3

Report No. T/20220909/2014

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Teo Yah Ching		ID No. G8299052L
Related Vehicle	SBS5197J (Bus/Coach/Minibus)		Contact No. 81512722
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMMAD AMIN BIN SULAIMAN		ID No. S1249671J
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3 of 3

Report No. T/20220909/2014

**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:

G /

SGT 2 SAMNEL LEE LE KUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/09/2022 09:27

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Classification Of Case:

NP168

