

## 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 .....	14/09/2022 15:27 (SGT)
Reported by .....	Driver
Date of Accident .....	12/09/2022 15:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GUL CIRCLE T -JUNC
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK8022C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ANAND 108(S)PTE LTD
Company Reg No .....	2XXXXX559Z
Email Address .....	jagjasjag@hotmail.com
Mobile Phone No .....	(Phone) +65-90036099
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 .....	Auto
CC .....	2754

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2070167564-01

#### DRIVER

Name of Driver .....	SAHARUDIN BIN RAHMAD
NRIC No .....	SXXXX403A
Date Of Birth .....	07/12/1969
Occupation .....	Outdoor

Date Of Driving Pass .....	04/07/1996
Driving experience .....	26 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90074234
Alt. Phone Number .....	-
Email Address .....	danerahmad@gmail.com
Address .....	BLK 272A JURONG WEST ST 24
Address complement .....	#06-78
Postcode .....	641272
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 .....	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? .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
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 .....	WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YL1788U
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SAHARUDIN BIN RAHMAD
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK8022C
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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

*Police Report*

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*  
Policyholder's Signature / Date & Time

*[Signature]* 14/9/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 14/09/22  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20220914/2005

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20220914/2005

**CONTINUATION OF REPORT**

Driver			
Name	SAHARUDIN BIN RAHMAD	ID No.	S6942403A
Related Vehicle	GBK8022C (Van)	Contact No.	90074234
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2022	Date Discharge	12/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 12/09/2022 at about 1540hrs, I was driving V1) GBK8022C out from JTC Logistics Hub @ Gul and onto Gul Circle. I was already moving out on Gul Circle when suddenly, V2) YL1788U who came from the direction of Gul Ave collided onto the side of my passenger seat. I wish to state that V2 was supposed to stop and give way to me as there is a stop line however he failed to do so as he mentioned that he was rushing. Subsequently, ambulance and Traffic Police arrived. Myself and the driver of V2 was conveyed by ambulance. The damage of V1 is serious on its passenger seat side. I was given 3 days of MC for the injuries I sustained. I wish to state that I have footage of the incident.
























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T/20220914/2005

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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20220914/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/09/2022 09:40	Vide Report No.:	Station Diary No.: 44
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**Informant's Particulars**

Name of Informant: SAHARUDIN BIN RAHMAD			Address: APT BLK 272A JURONG WEST STREET 24 #06-78 SINGAPORE 641272		
ID Type / ID No.: NRIC NO / S6942403A			Contact No.: Home/Office: Mobile: 90074234		
Nationality: SINGAPORE CITIZEN			Email: banerahmad@gmail.com		
Sex: Male	Age: 52	Date of Birth: 07/12/1969	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/09/2022 15:40	Type of Location: T-Junction
Location:  GUL CIRCLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
GBK8022C	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver	Seriously Damaged	0
YL1788U	Lorry	mitsubishi	FUSO FK62FMZ1R DEB	White	Slightly 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/20220914/2005

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20220914/2005

**CONTINUATION OF REPORT**

Driver			
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T/20220914/2005

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Tel No: 1800-2689999

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Report No. T/20220914/2005

**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:

J /  
SCSGT(1) SYAIFUL AMRUL BIN  
BORHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/09/2022 09:40

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

NP168