

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 20/06/2022 13:06 (SGT)
Date of Accident 18/06/2022 15:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD INTO CTE (NORTHBOUND) NEAR LAMP POST 314F
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH8740K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HM LIMO PTE. LTD.
Company Reg No 201527887G
Email Address sk1885m@gmail.com
Mobile Phone No (Phone) +65-98573386
Alternative Phone No +65-98573386

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120076561-01
Cover Note Number drivo CLASSIC

DRIVER

Name of Driver JUMARI BIN NAIYAN

Date Of Birth	10/04/1964
Occupation	Outdoor
Date Of Driving Pass	22/05/1985
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94200369
Alt. Phone Number	-
Email Address	skl1885m@gmail.com
Address	BLK 93 HENDERSON ROAD #02-250
Address complement	-
Postcode	150093
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHRIS P
Gender	Male

PASSENGER 2

Name	JEAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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	SNC4609L
Vehicle Manufacturer	Byd
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAKE KALPANA RAMAKANTH
Contact Number	(Phone) +65-91314891
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMB1312D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KANMANI
Contact Number	(Phone) +65-91673645
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JUMARI BIN NAIYAN
Gender	Male
Phone No	(Phone) +65-94200369
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH8740K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

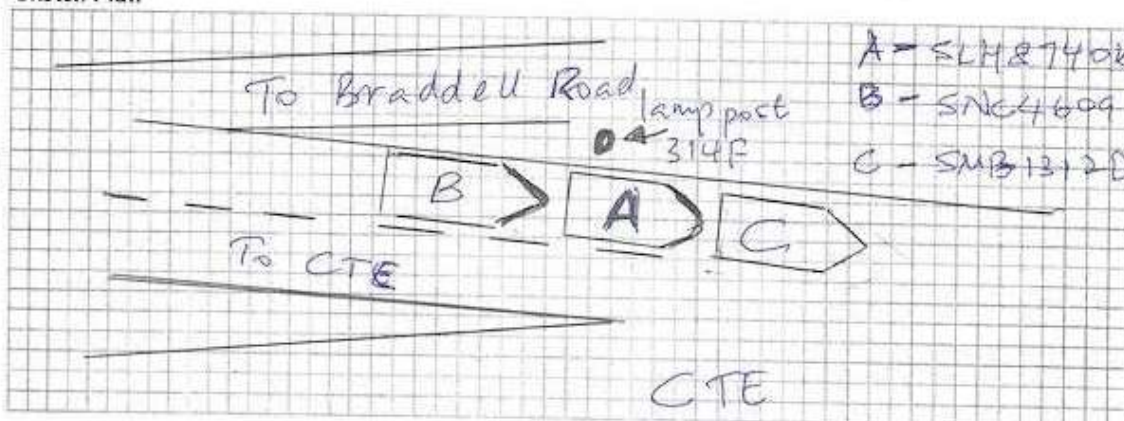


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report No. T/20220619/2057

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20220619/2057

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 4

Report No. T/20220619/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2022 18:06	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: JUMARI BIN NAIYAN	Address: APT BLK 93 HENDERSON ROAD #02-250 SINGAPORE 150093		
ID Type / ID No.: NRIC NO / S1660614F	Contact No.: Home/Office: Mobile: 94200369		
Nationality: SINGAPORE CITIZEN	Email: jumarinaian@gmail.com		
Sex: Male	Age: 58	Date of Birth: 10/04/1964	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2022 15:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 314F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH8740K	Car				Seriously Damaged	2
SMB1312D	Bus/Coach/Mi nibus				No Damage	0
SNC4609L	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20220619/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUMARI BIN NAIYAN	ID No.	S1660614F
Related Vehicle	SLH8740K (Car)	Contact No.	94200369
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	sake kalpana ramakanth	ID No.	NIL
Related Vehicle	SNC4609L (Car)	Contact No.	91314891
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

Brief Details.

On 18/06/2022 at about 1545hrs I was driving my grab car bearing registration number SLH8740K along PIE (Tuas) towards CTE (Northbound) at the fork into CTE near lamppost 314F. I was driving behind a SMRT bus bearing registration number SMB1312D, the bus was trying to merge onto CTE and it was during heavy traffic. I was stationary, when a car bearing registration number SNC4609L collided onto my rear and I did not collided with any vehicle at this point. Before I could recover from the 1st-shock, the car bearing registration number SNC4609L collided with me the second time and due to the impact I collided on to the bus in front of me bearing registration number SMB1312D.

My car has 2 passengers while I was doing Grab (Id number: A-3JPX24CWWFLI). My passengers did not suffer any injuries during the incident, however I was informed that she will be visiting the doctors to make a check. I sustained 5 days MC from Mount Alvernia Hospital due to the incident. I only have a front facing in car camera and I have already saved the footages. My car sustained damages due to the incident. I have already updated GRAB company regarding the incident.

My passenger details as follows:

- 1) Jean (HP: 9710 2909)
- 2) Chris P (HP: 9425 5496)



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Report No. T/20220619/2057

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220619/2057

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Report No. T/20220619/2057

Police Station Of Origin:
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142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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:

E /
SGT 2 SULAIMAN AD-DARANI
BIN MOHAMAD ISMAIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/06/2022 18:06

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

Classification Of Case:

PRIVATE HIRE

