

## 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 .....	04/10/2022 14:27 (SGT)
Reported by .....	Driver
Date of Accident .....	01/10/2022 11:00 (SGT)
Exact Location of Accident .....	1 Tanah Merah Coast Rd, Singapore 498722
Additional Location Information .....	TANAH MERAH COAST ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD4295J
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	THINK ONE LEASING PTE LTD
Company Reg No .....	2XXXXX609M
Email Address .....	raj@tol.com.sg
Mobile Phone No .....	(Phone) +65-96788488
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Ckb45abtn2
Variant .....	PRIME MOVER
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 .....	13074

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	20-ML000183-R00

#### DRIVER

Name of Driver .....	MOHAMMAD YAZID BIN MOHAMMAD YUSOP
NRIC No .....	SXXXX167A
Date Of Birth .....	09/04/1973
Occupation .....	Outdoor

Date Of Driving Pass .....	03/11/2001
Driving experience .....	20 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87265473
Alt. Phone Number .....	-
Email Address .....	raj@tol.com.sg
Address .....	APT BLK 510A WELLINGTON CIRCLE
Address complement .....	#06-53
Postcode .....	751510
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? .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD5888S
Vehicle Manufacturer .....	Volvo
Vehicle Model .....	TIPPER
Vehicle Variant .....	-
Vehicle Colour .....	White

Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	BADLY DAMAGED
Details of property damaged in accident .....	FRONT PORTION
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMMAD YAZID BIN MOHAMMAD YUSOP
Gender .....	Male
Phone No .....	(Phone) +65-87265473
Address .....	APT BLK 510A WELLINGTON CIRCLE
Address Complement .....	#06-52
Post Code .....	751510
Approximate Age Years Old .....	49
Injuries Sustained .....	NECK,BODY BACK
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## Describe Circumstances of the Accident

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## 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

# SKETCH PLAN

## IMPORTANT NOTICE

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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.

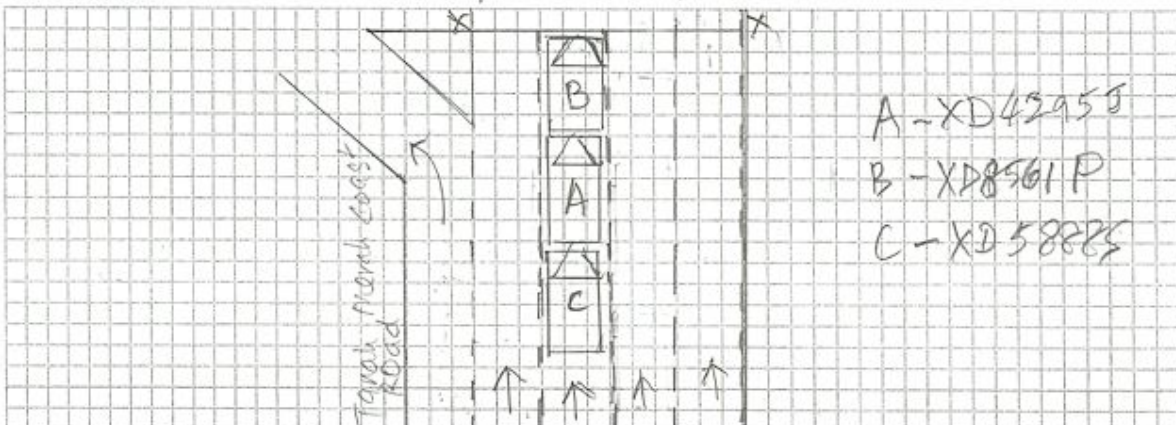


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan







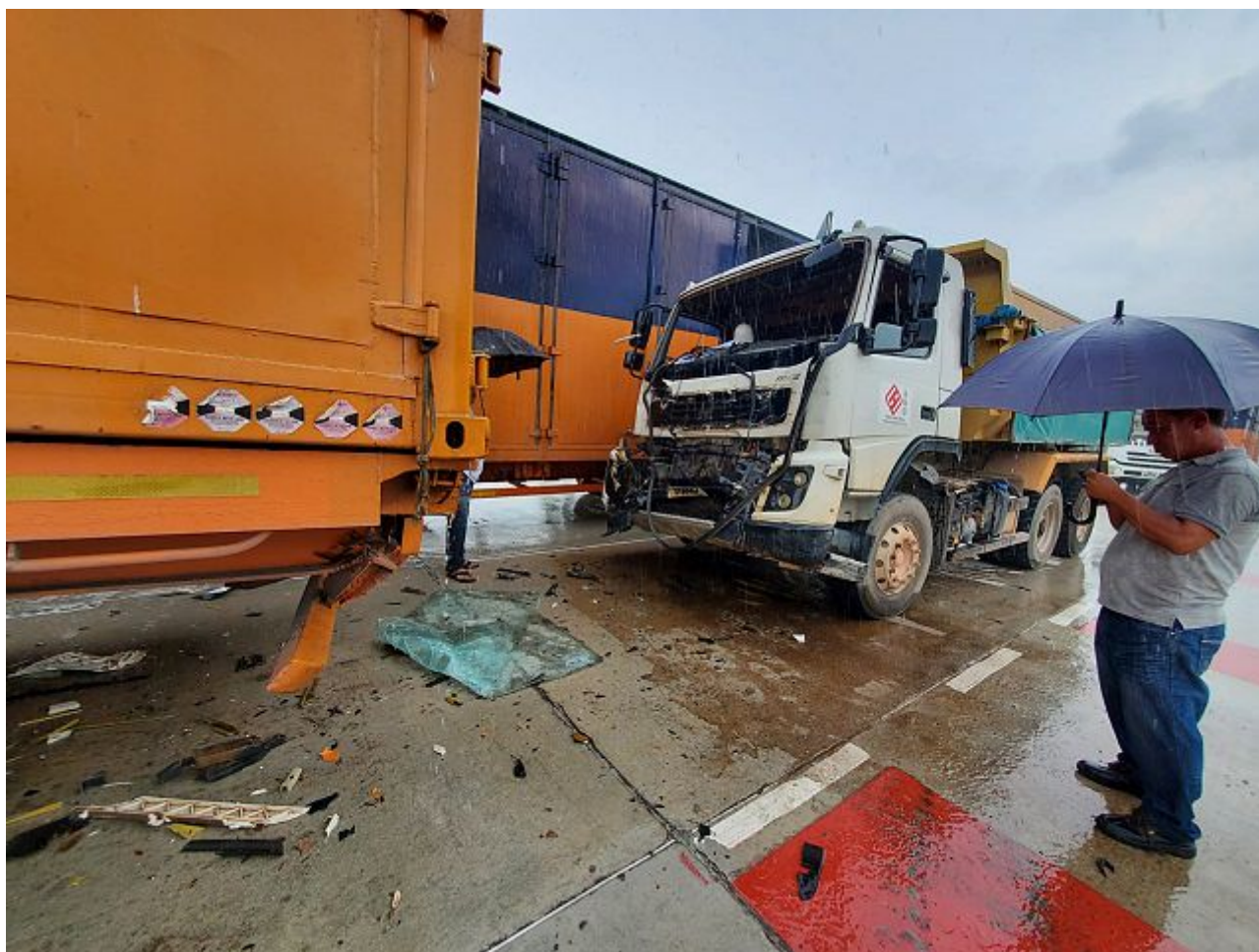


























**SINGAPORE  
POLICE FORCE**



T/20221002/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20221002/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2022 10:47		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: MOHAMMAD YAZID BIN MOHAMAD YUSOP		Address: APT BLK 510A WELLINGTON CIRCLE #06-53 SINGAPORE 751510		
ID Type / ID No.: NRIC NO / S7312167A		Contact No.: Home/Office: Mobile: 87265473		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 09/04/1973	Type of Informant: Driver	
Race: Javanese		Language:	Institution / School Name:	
Occupation: Trailer-truck driver		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2022 11:00	Type of Location: Straight Road
Location:  TANAH MERAH COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
XD4295J	Prime mover				Slightly Damaged	0
XD5888S	Tipper truck				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/20221002/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20221002/2018

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMAD YAZID BIN MOHAMAD YUSOP	ID No.	S7312167A
Related Vehicle	XD4295J (Prime mover)	Contact No.	87265473
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2022	Date Discharge	01/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 01/10/2022 at about 1100hrs, I was driving along Tanah Merah Coast Road. I was driving on lane 3 of a 3 lane road. As I approached the traffic light junction, there is a lorry ahead of me whom had stop due to the traffic light. I then slowed down my vehicle and came to a complete stop. As I was stationary, I felt an impact coming from the rear of my vehicle. I was unable to alight from my vehicle to make a check as I was in pain due to the impact.

The ambulance came and conveyed me to Changi general hospital. I was given 5 days medical leave from 01/10/2022 to 05/10/2022, reference MC.EMD2022172266. The doctor diagnosed me with some whiplashed injury on my neck and swollen left leg.





**SINGAPORE  
POLICE FORCE**



T/20221002/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20221002/2018

**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:  
L /  
SGT 3 ELFY TARMYZY BIN  
YOSREY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/10/2022 10:47

Officer In Charge Of Case:  
TP / GIT /  
SI VILTON HIA WEE SIANG  
Contact No.: 65476232

Classification Of Case:

NP168