

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 18/01/2021 17:17 (SGT)
Date of Accident 16/01/2021 10:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TANJONG KATONG ROAD SOUTH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM3098J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EDS HOLDING PTE LTD
Company Reg No -
Email Address RAHMAN3098@GMAIL.COM
Mobile Phone No (Phone) +65-98471421
Alternative Phone No (Office) +65-98471421

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model OTHERS
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D19MCV0001809_01
Cover Note Number -

DRIVER

Name of Driver ABDUL RAHMAN BIN HAJA MOHIDEEN
NRIC No S1374225A
Date Of Birth 06/07/1959
Occupation Outdoor

Date Of Driving Pass	18/02/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93877153
Alt. Phone Number	-
Email Address	RAHMAN3098@GMAIL.COM
Address	APT BLK 432 JURONG WEST STREET 42 #06-568
Address complement	-
Postcode	640432
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	FBR2951Z
Vehicle Manufacturer	Yamaha
Vehicle Model	Aerox
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Motorcycle
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) -

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.

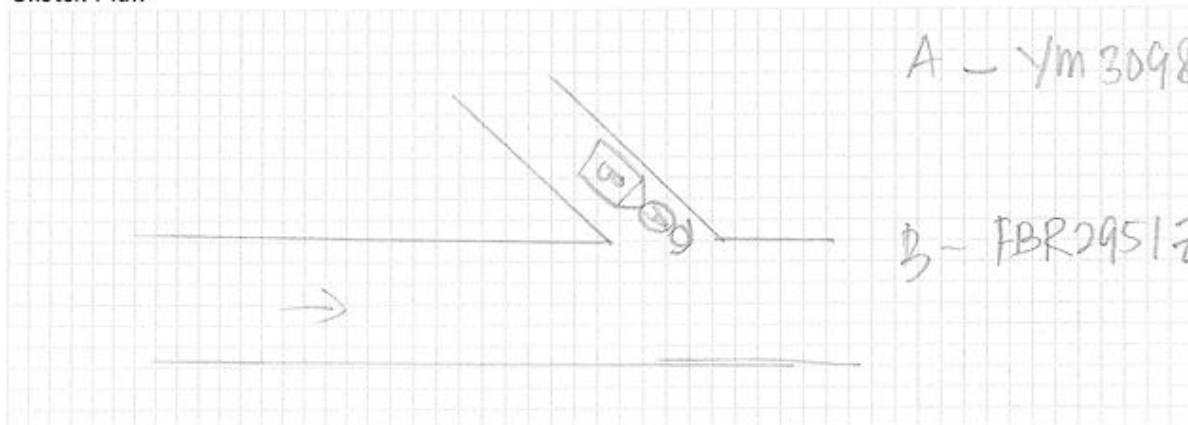


Policyholder's Signature / Date & Time

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

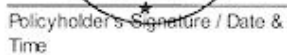
IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vac@idac.com.sg
Witnessed by Reporting Centre Personnel

Sketch Plan



refn to police report.

We declare that the foregoing particulars are true in every respect.



~~Handwritten signature~~

Witnessed by Reporting Centre
Personnel















**SINGAPORE
POLICE FORCE**



T/20210118/2073

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210118/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2021 13:35	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN HAJA MOHIDEEN			Address: APT BLK 432 JURONG WEST STREET 42 #06-568 SINGAPORE 640432		
ID Type / ID No.: NRIC NO / S1374225A			Contact No.: Home/Office: Mobile: 93877153		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 06/07/1959	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2021 10:15	Type of Location: Bend
Location: TANJONG KATONG ROAD SOUTH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBR2951Z	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	No Damage	0
YM3098J	Lorry	MITSUBISHI	FE83PE6SR DEA	White	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20210118/2073

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Report No. T/20210118/2073

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

On the 16/01/2021 at about 1015hrs, I am driving my company lorry bearing carplate number (YM3098J) along Amber Road turning left towards Tanjong Katong Road South. I was at the junction waiting to filter out onto ECP. There was a motorcycle (FBR2951Z) in front of me. I noticed that the motorcycle moved off slowly and I followed suit. I was also checking my blind spots at the point of time.

When I turned back from checking my blind spot, I then noticed that the motorcycle suddenly emergency braked. I could not brake in time and I collided into the motorcycle box. It was not a hard collision but a slight bump to the motorcycle. The female motorcyclist then lost her balance and fell.

Immediately, I got off my vehicle and wanted to check on the motorcyclist. I observed that the female motorcyclist is alright as she is able to get up by herself and did not sustain any visible injuries. Both of us then exchanged particulars, did cursory checks around the motorcycle and took photos. Then the lady then picked up her motorcycle and left.

I was then informed by the motorcyclist to make a police report and thus I am here to do so.

I wish to inform that there are no one injured hence no paramedics at scene, no traffic police and also no government properties damaged.



**SINGAPORE
POLICE FORCE**



T/20210118/2073

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210118/2073

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 TAN ZHI XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2021 13:35
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	