

## 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 ..... 12/10/2022 14:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/10/2022 12:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOLLAND AVE TOWARD HOLLAND ROAD (OPP LAM POST 13)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GX5129X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... THL FOUNDATION EQUIPMENT PTE. LTD.  
Company Reg No ..... 200408545C  
Email Address ..... jamaludinmohamedodin@gmail.com  
Mobile Phone No ..... (Phone) +65-96986649  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... P/UP LOWBED  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 2664

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... B 29148160 TMV

#### DRIVER

Name of Driver ..... JAMALUDIN BIN MOHAMED  
NRIC No ..... S1569865I  
Date Of Birth ..... 30/04/1962  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/10/1985
Driving experience .....	37 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96986649
Alt. Phone Number .....	-
Email Address .....	jamaludinmohamedodin@gmail.com
Address .....	BLK 657 WOODLANDS RING ROAD #09-334
Address complement .....	-
Postcode .....	730657
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 - Major/Minor Rd
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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN/TP 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 .....	SHD7218C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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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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 Traffic Police Department for investigation.
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.

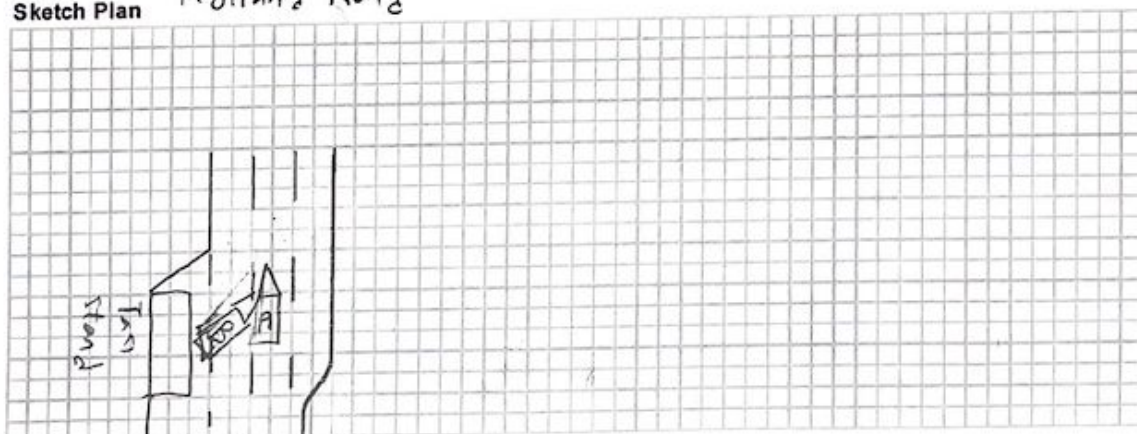
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Holland Road



Holland Ave

A: GX5129X

B: SHD721BC

1

Describe Circumstance of the Accident

Refer to TP report

## Declaration

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

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Policyholder's Signature / Date & Time

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

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















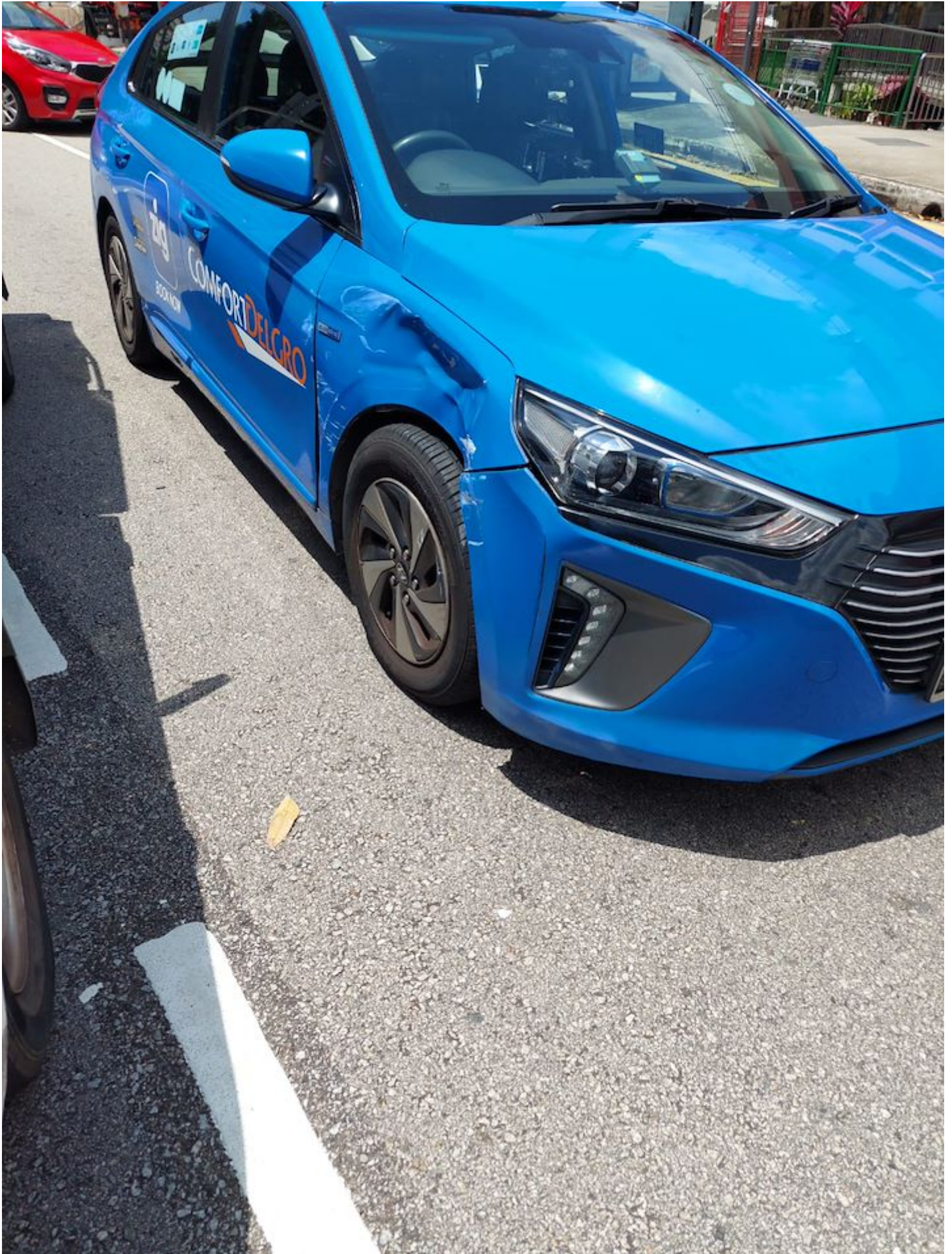




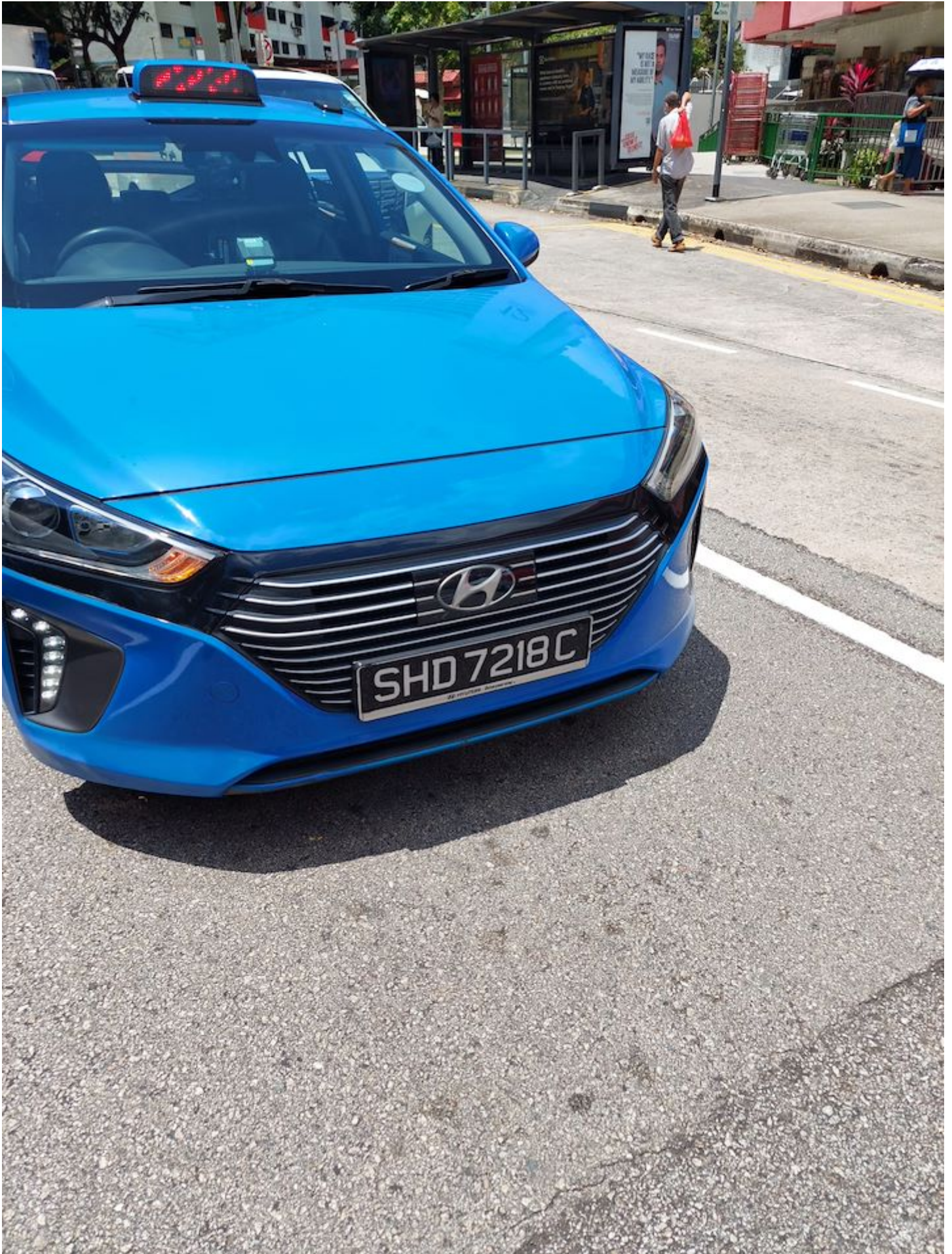
















# SINGAPORE POLICE FORCE



T/20221011/2075

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Report No. T/20221011/2075

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2022 16:36		Vide Report No.:		Station Diary No.: 100	
<b>Informant's Particulars</b>					
Name of Informant: JAMALUDIN BIN MOHAMED			Address: APT BLK 657 WOODLANDS RING ROAD #09-334 SINGAPORE 730657		
ID Type / ID No.: NRIC NO / S1569865I			Contact No.: Home/Office: Mobile: 96986649		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 30/04/1962	Type of Informant: Driver		
Race: Malayalee			Language:		Institution / School Name:
Occupation: DISPATCH DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2022 12:10	Type of Location: Straight Road
Location: HOLLAND AVENUE				
Lamp Post Number: 13				
Weather: Sunny		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 Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX5129X	Lorry				Slightly Damaged	0
SHD7218C	Car				Slightly Damaged	1



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T/20221011/2075

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Report No. T/20221011/2075

## 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 /

SGT 1 MANIKADAN V S

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/10/2022 16:36

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20221011/2075

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Report No. T/20221011/2075

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

**Brief Details.**

On the 11/10/2022, while working, I was driving on Holland Ave heading towards Holland Road driving on the right lane. At Holland Road Shopping Centre, a taxi at the taxi stand wanted to head to the rightmost lane to make a u turn. As I was approaching the traffic junction, I had slowed down my vehicle. Later the front right side of the taxi collided with the left front side of my vehicle.

No one from this incident was injured.

I am lodging this report for insurance claim purpose.