

## 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 .....              | 14/10/2022 10:06 (SGT)  |
| Reported by .....                     | Driver  |
| Date of Accident .....                | 11/10/2022 09:30 (SGT)  |
| Exact Location of Accident .....      | Singapore   |
| Additional Location Information ..... | TRAFFIC LIGHT T-JUNCTION AT BUKIT BATOK CRESCENT<br>AND BUKIT BATOK ST 23 |
| Country/State of Loss .....           | Singapore   |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBC8797S |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | SHECEY (SINGAPORE) PTE LTD |
| Company Reg No .....           | 199803737W                 |
| Email Address .....            | SALES@SHECEY.COM.SG        |
| Mobile Phone No .....          | (Phone) +65-62763383       |
| Alternative Phone No .....     | -                          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Mitsubishi                |
| Model .....  | L200                      |
| 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 .....   | Manual                    |
| CC .....   | 0                         |

#### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5119359433-01            |

#### DRIVER

|                      |                 |
|----------------------|-----------------|
| Name of Driver ..... | HAMZA BIN RAHIM |
| NRIC No .....        | S9448711J       |
| Date Of Birth .....  | 28/12/1994      |

|  |                                   |
|--|-----------------------------------|
| Occupation .....   | Outdoor                           |
| Date Of Driving Pass .....   | 05/04/2017                        |
| Driving experience .....   | 5 YEARS AND 6 MONTHS              |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-97278812              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | HADDEN.HAMZA@OUTLOOK.SG           |
| Address .....  | BLK 22 TEBAN GARDENS ROAD #25-129 |
| Address complement .....   | -                                 |
| Postcode .....   | 600022                            |
| 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 - Cross Junction |
| 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 .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER FOR ATTACHMENT

#### 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 ..... | SHC2009C |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |

|   |                      |
|---|----------------------|
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | Blue                 |
| Vehicle Category .....                        | Taxi                 |
| Name of Driver .....                          | RAHMAT               |
| Contact Number .....                          | (Phone) +65-83858343 |
| 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 .....                              | HAMZA BIN RAHIM                   |
| Gender .....  | Male                              |
| Phone No .....  | (Phone) +65-97278812              |
| Address .....   | BLK 22 TEBAN GARDENS ROAD #25-129 |
| Address Complement .....                                  | -                                 |
| Post Code .....   | 600022                            |
| Approximate Age Years Old .....                           | -                                 |
| Injuries Sustained .....                                  | -                                 |
| Injured person in which vehicle? .....                    | GBC8797S                          |
| Were seat belts worn? .....                               | Yes                               |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                               |

### INJURED 2

|   |                      |
|---|----------------------|
| Name of injured person .....                              | RAHMAT               |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-83858343 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | -                    |
| Injured person in which vehicle? .....                    | SHC2009C             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                  |

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

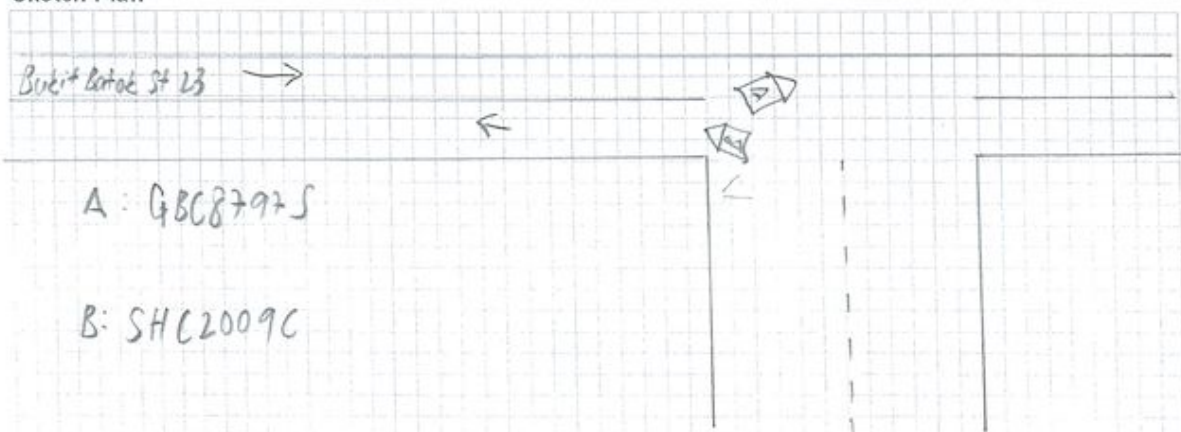
SHECEY (SINGAPORE) PTE LTD  
 51 BUKIT BATOK CRESCENT  
 #07-30/31 UNITY CENTRE  
 SINGAPORE 658077  
 TEL: 6276 3383 FAX: 6316 2328  
 E-Mail: sales@shecey.com.sg

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/2022/011/705B

Declaration

We declare the foregoing particulars are true in every respect.

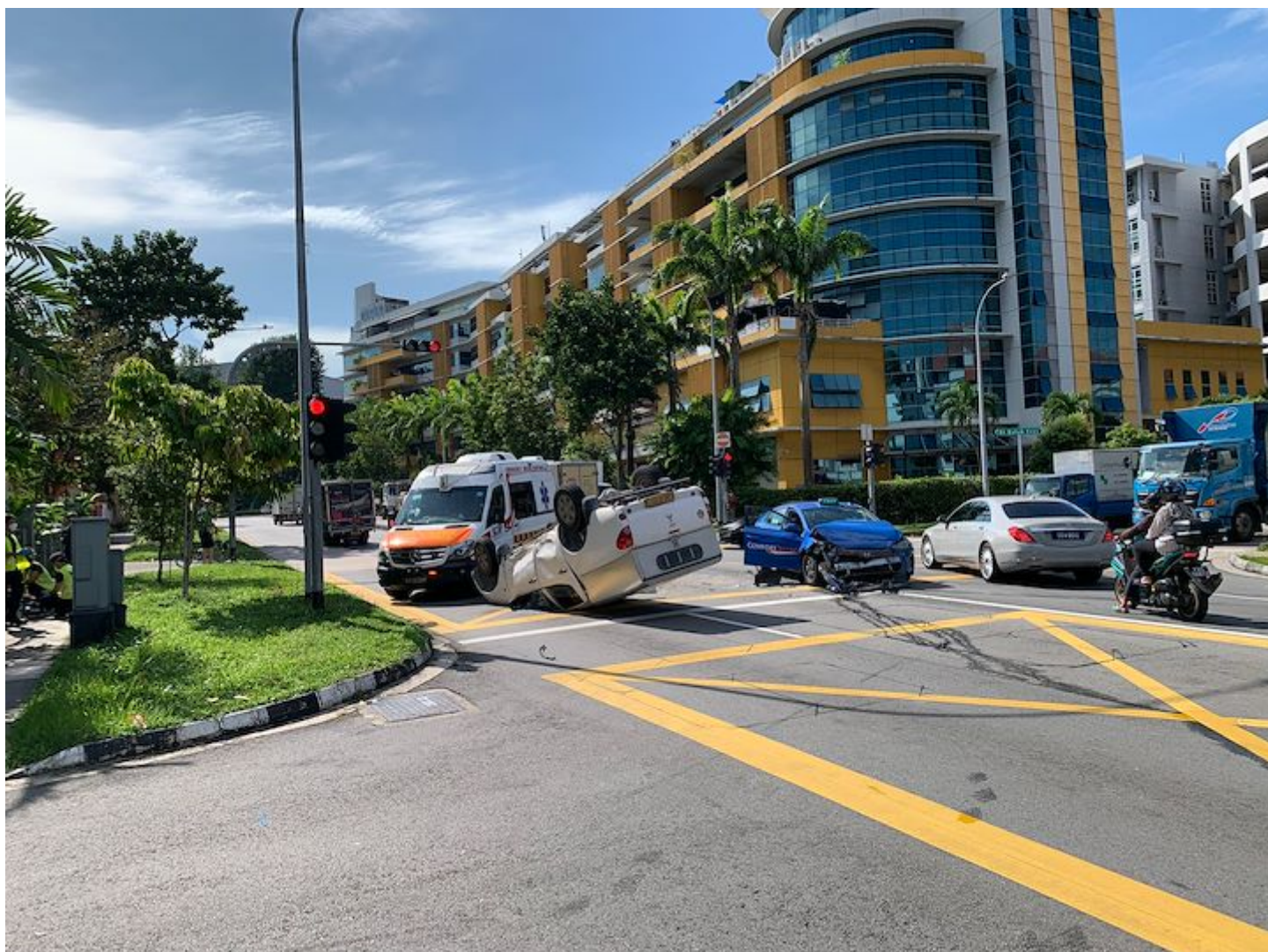
HECEY (SINGAPORE) PTE LTD  
51 BUKIT RATOK CRESCENT  
#07-30/31 UNITY CENTRE  
SINGAPORE 658077  
TEL: 6276 3383 FAX: 6316 2328  
E-Mail: sales@hecey.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

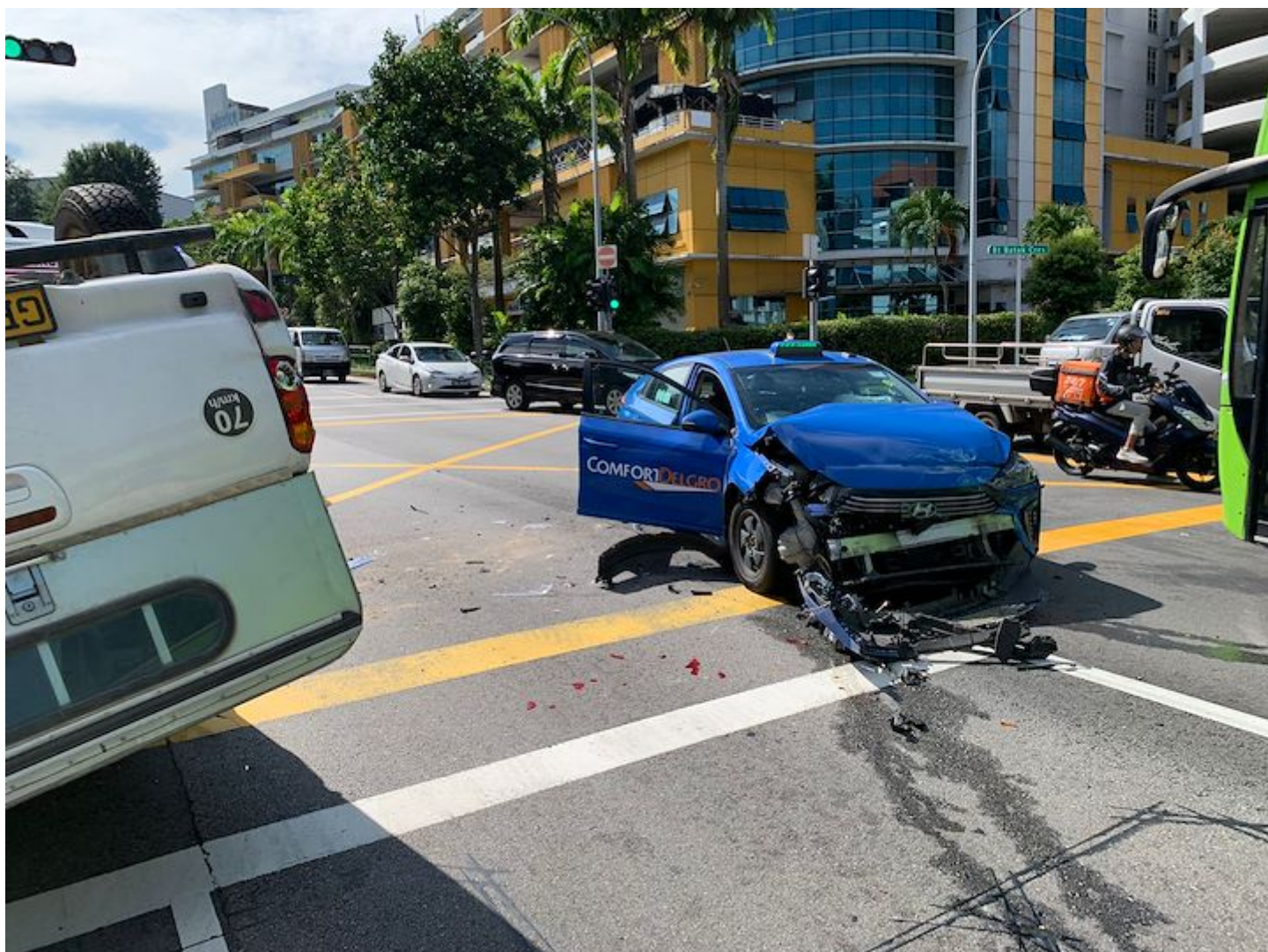




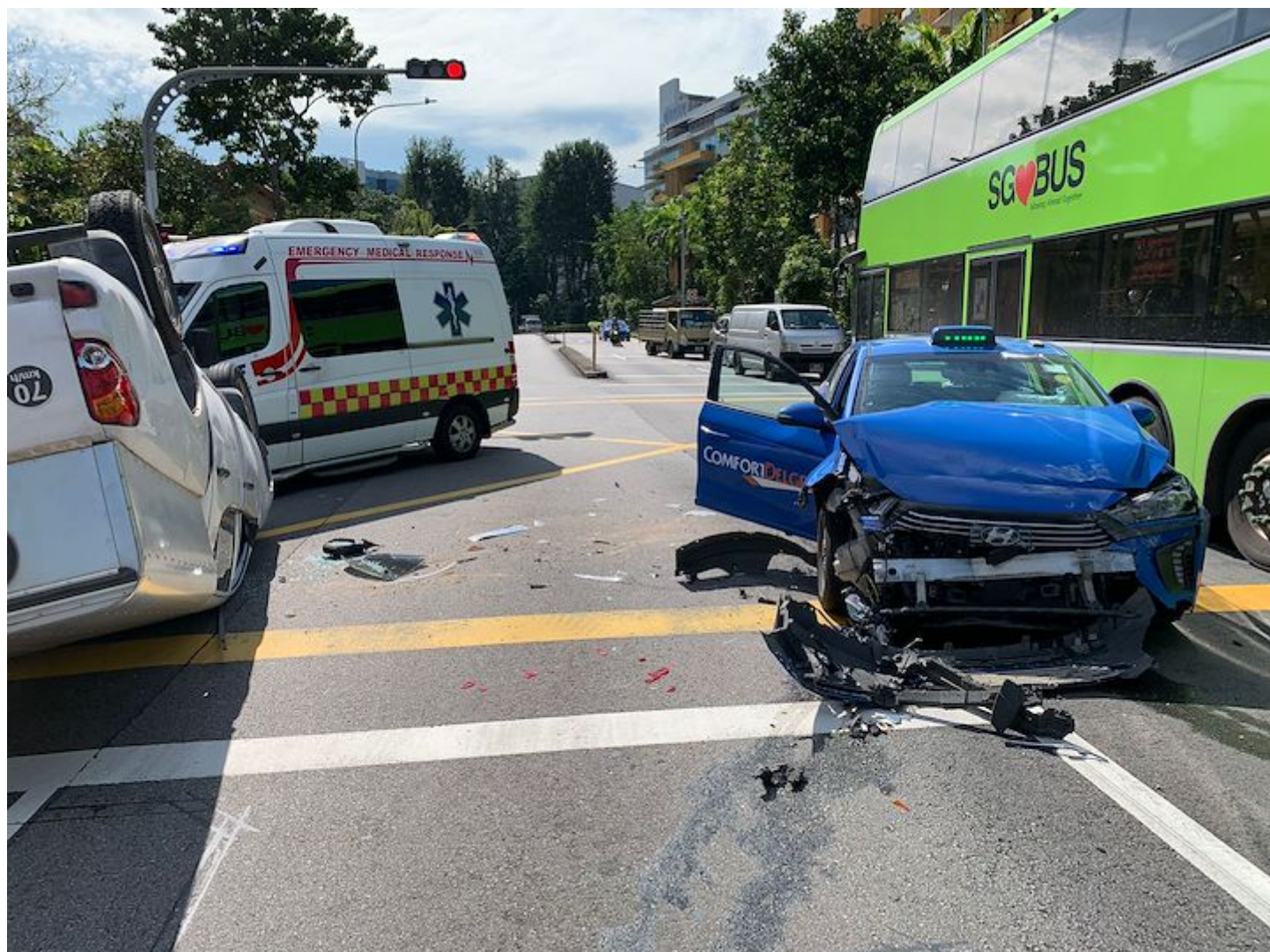




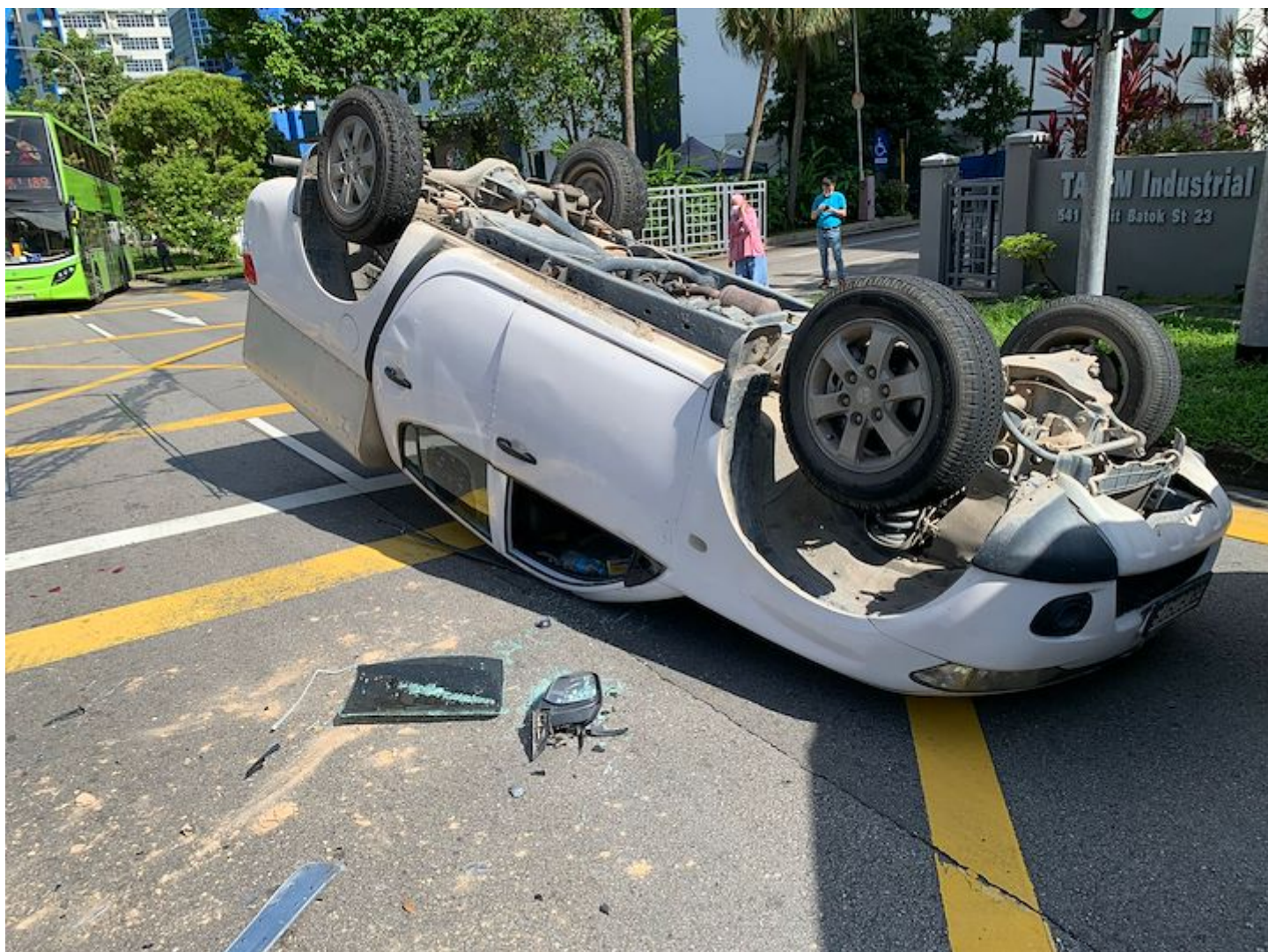








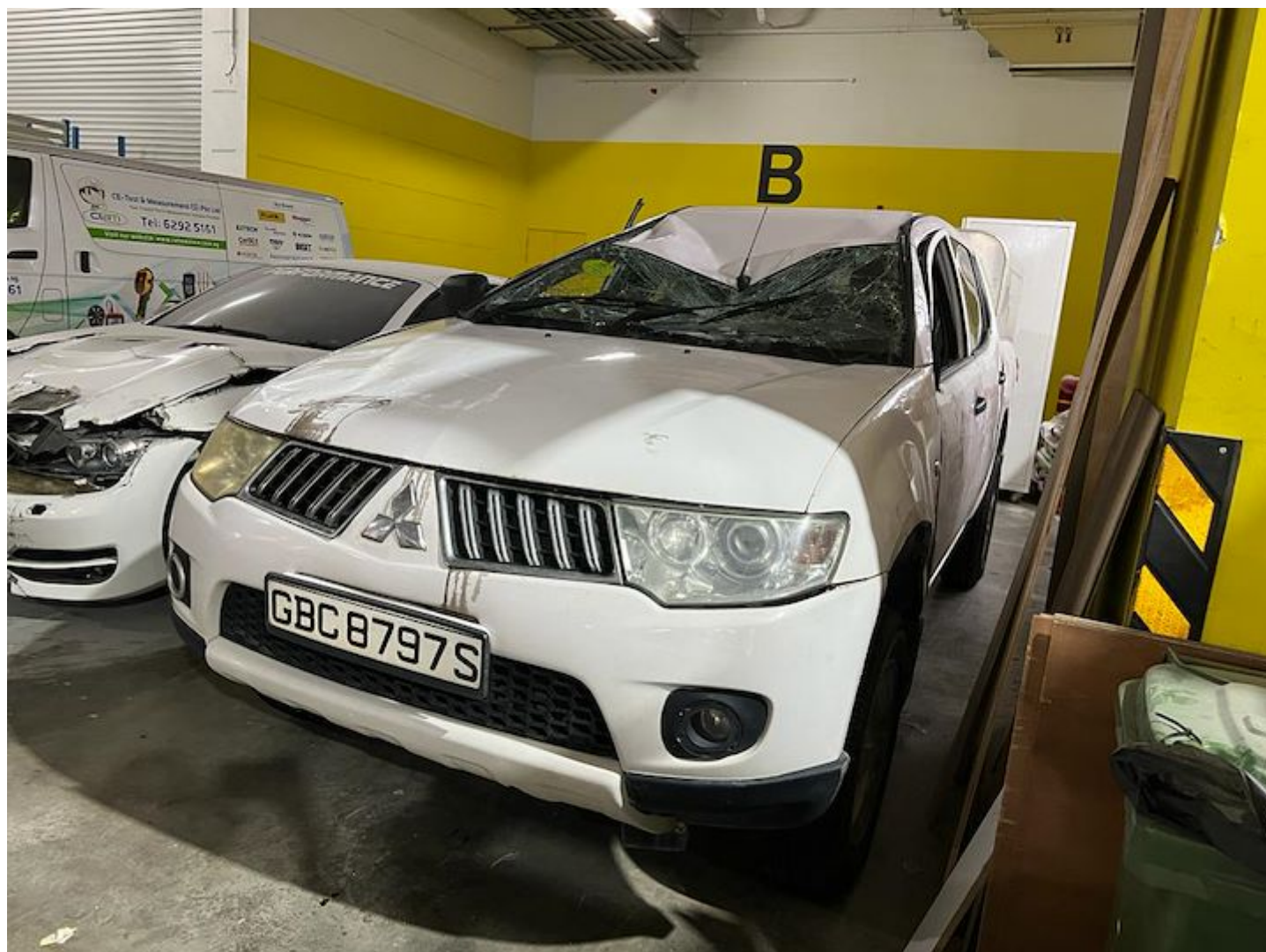


































**SINGAPORE  
POLICE FORCE**



T/20221011/7058

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20221011/7058

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>11/10/2022 21:26 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars                  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>HAMZA BIN RAHIM    |            | Address:<br>22 TEBAN GARDENS ROAD #25-129 SINGAPORE 600022 |                              |
| ID Type / ID No.:<br>NRIC NO / S9448711J |            | Contact No.:<br>Home/Office: Mobile: 97278812              |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:<br>HADDEN.HAMZA@OUTLOOK.SG                          |                              |
| Sex:<br>Male                             | Age:<br>27 | Date of Birth:<br>28/12/1994                               | Type of Informant:<br>Driver |
| Race:<br>Boyanese                        |            | Language:<br>English                                       | Institution / School Name:   |
| Occupation:<br>Field Technician          |            | Driving Licence Information:<br>Class:                     | Date of Expiry:              |

| General Information of the Accident                       |                           |  |   |                                   |
|---|---------------------------|--|---|-----------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive: No                          | Date/Time of Accident: 11/10/2022 09:30 | Type of Location: T-Junction      |
| Location:<br><br>BUKIT BATOK STREET 23                    |                           |  |   |                                   |
| Weather: Sunny  |                           | Road Surface: Dry                        |   | Road Speed Limit: 20 Km/h         |
| Traffic Flow: Two Way                                     |                           | Traffic Control: Traffic Light - Working |   | 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 | Conditio             | No of |
| GBC8797S                    | Lorry |         |       |       |                      | 0     |
|                             | Car   | HYUNDAI | Ioniq | Blue  | Seriously<br>Damaged | 0     |





**SINGAPORE  
POLICE FORCE**



T/20221011/7058

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20221011/7058

## CONTINUATION OF REPORT

|                                   |                  |                                   |                                   |
|-----------------------------------|------------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                  |                                   |                                   |
| Any Pedestrian Involved: No       |                  |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                  | Use of Pedestrian Crossing: NA    |                                   |
| <b>Driver</b>                     |                  |                                   |                                   |
| Name                              | HAMZA BIN RAHIM  | ID No.                            | S9448711J                         |
| Related Vehicle                   | GBC8797S (Lorry) | Contact No.                       | 97278812                          |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL              | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL              | Degree of                         | NIL                               |
| <b>Driver</b>                     |                  |                                   |                                   |
| Name                              | RAHMAT           | ID No.                            | NIL                               |
| Related Vehicle                   | (Car)            | Contact No.                       | 83858343                          |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 11/10/2022       | Date                              | 11/10/2022                        |
| No. of Days granted Medical Leave | NIL              | Degree of                         | Slight                            |

**Brief Details.**

At about 9.30am, I was driving a pickup truck, Mitsubishi L200, from Bukit Batok Crescent heading towards Bukit Batok St 23 towards PIE. When the traffic light turned green, i drove off after the first vehicle move and that was when the taxi from my right side collided with my vehicle from head to side, causing my vehicle to overturn and i've suffered giddiness, headbump, stiffed neck, scratches and minor injuries.



**SINGAPORE  
POLICE FORCE**



T/20221011/7058

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20221011/7058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476178

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
11/10/2022 21:26

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SY0522AE0001 Vehicle Registration No: GBC8797S  
 Name (as shown in NRIC): HAMZA BIN RAHIM NRIC/FIN/Passport No: S9448711J  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 22 TEBAN GARDENS ROAD #25-129 Singapore ( 600022 )  
 Contact (Tel): 6276 3383 Mobile No.: 9727 8812  
 Email Address: SALES@SHECEY.COM.SG  
 Date of Accident: 11 OCT 2022 Time of Accident: 09:30  
 Place of Accident: TRAFFIC LIGHT T-JUNCTION AT BUKIT BATOK CRESCENT AND BUKIT BATOK ST 23  
 Insurance Company: INCOME INSURANCE LIMITED

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Upload Wrong Vehicle Registration Number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:

GIARMC Addendum Form