

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	26/10/2022 17:30 (SGT)
Reported by	Driver
Date of Accident	23/10/2022 04:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH GUAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5233E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D22099203MFCV120

DRIVER

Name of Driver	VEERAPPAN KARTHIK
NRIC No	GXXXX058M
Date Of Birth	27/04/1990
Occupation	Outdoor

Date Of Driving Pass	03/01/2014
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90515748
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	67 UBI AVENUE 1 #02-05
Address complement	-
Postcode	S (408942)
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	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?	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	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

Please refer to attached 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	SLU432J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

ACCIDENT STATEMENT

ACCIDENT DATE: (23/10/2022)(DD/MM/YYYY), TIME (04:50)(HH:MM)

LOCATION: TOH GUAN ROAD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 5233E
b) INSURANCE COMPANY: HS FIRST CAPITAL INSURANCE
c) POLICY NO: D-22099203MFCV/120
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: Toyota
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: Leasing
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIANG HOCK CAR RENTAL PTE LTD. (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 201538731R CONTACT: 98792002
C) ADDRESS: 2, JALAN MASJID
5418945

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: VEERAPPAN KARAYICK (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 672143058M CONTACT: 90515748
C) ADDRESS: 67 UBI AVE 1
#62-05106, SINGAPORE 408947
D) DATE OF BIRTH: (27/04/1990) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 8Y 8M 07 Feb 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Leasing

- 5.A) WEATHER CONDITION: (CLEAR/RAINING/OTHERS)
B) ROAD SURFACE: (DRY/WET/OTHERS)

6. WAS ANYBODY INJURED: (YES/NO)

7. REPORTED TO POLICE: (YES/NO)

IF YES PLEASE STATE WHICH POLICE STATION: UBI AVE 10

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SLV 432 J MODEL: Toyota
B) DRIVER'S NAME: MOHAMED SIDK BIN BUSOP
C) NRIC/FIN PASSPORT NO: 81176310C CONTACT:

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: STY 2173 X MODEL: Toyota
B) DRIVER'S NAME: MOHAMED RIZKY BIN MOHAMED SIAHAP
C) NRIC/FIN PASSPORT NO: 87228503 F CONTACT:

Describe Circumstances of the Accident

On 23/10/2022 @ 4:50pm I was driving the Vehicle GBR 5233E along Tolt Guan Road, I saw an accident in front of me and the vehicle before me SLV 432J stopped immediately, then I ~~try~~ tried to stop, but I accidentally hit him, then later I ~~come~~ came down and saw there was a vehicle STY 2173X away from the vehicle SLV 432J. Then Police came we exchange particulars.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

V. Jalil

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

[Signature]

26/10/2022

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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

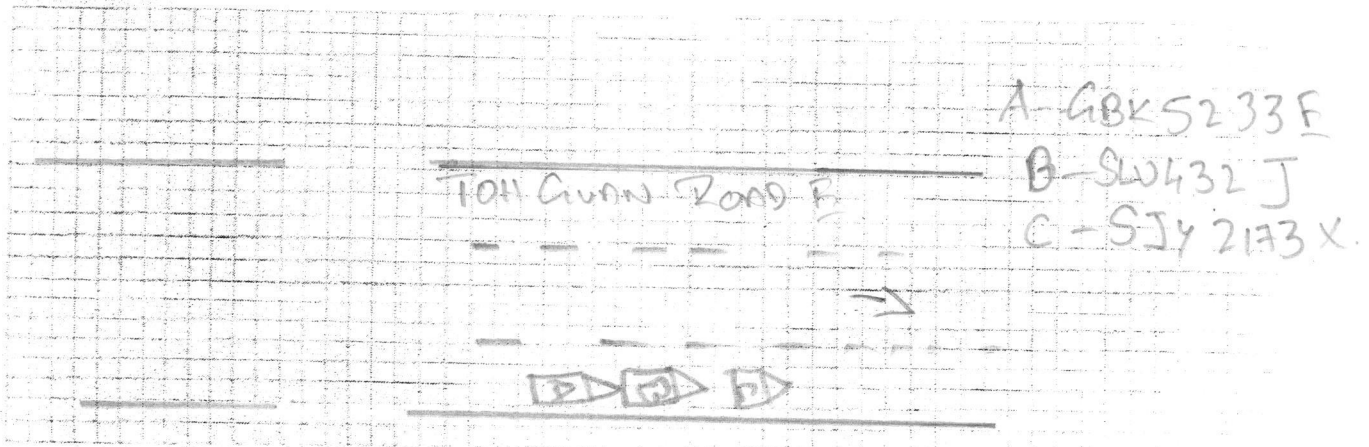


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





SINGAPORE POLICE FORCE



T/20221024/7017

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

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Report No. T/20221024/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2022 14:16	Vide Report No.: D/20221023/0075	Station Diary No.:
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Informant's Particulars

Name of Informant: CHOW MOHAMED FIRMAN ZURAIMI			Address: 316B YISHUN AVENUE 9 #11-224 SINGAPORE 762316	
ID Type / ID No.: NRIC NO / S8409425J			Contact No.: Home/Office: Mobile: 89389860	
Nationality: SINGAPORE CITIZEN			Email: firman.chow@times24.com.sg	
Sex: Male	Age: 38	Date of Birth: 02/04/1984	Type of Informant: Driver supervisor	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2022 16:50	Type of Location: Straight Road
Location: TOH GUAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5233E	Van	TOYOTA	Hiace	White	Slightly Damaged	0
SJY2173X	Car	TOYOTA		Grey	Slightly Damaged	0



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

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLU432J	Car	TOYOTA		White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	VEERAPPAN KARTHIK	ID No.	G2143058M
Related Vehicle	GBK5233E (Van)	Contact No.	96587945
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: 06/02/2024
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Driver

Name	MOHAMAD RUDY BIN MOHAMAD	ID No.	S7725503F
Related Vehicle	SJY2173X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Driver

Name	MOHAMED SIDEK BIN EUSOPE	ID No.	S1176310C
Related Vehicle	SLU432J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20221024/7017

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

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Report No. T/20221024/7017

CONTINUATION OF REPORT

Driver supervisor			
Name	CHOW MOHAMED FIRMAN ZURAIMI	ID No.	S8409425J
Related Vehicle	NIL	Contact No.	89389860
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 23/10/22 at about 4.50pm. My technician was driving Company Van, (GBK5233E), along Toh Guan Road towards Boonlay Way (Lamp post 40).

A car bearing plate no. SLU432J was driving in front of him. It sudden brake and stop without him noticing it what actually happen. He have tried to avoid and applied the brakes but not able to stop on time and hit the car rear vehicle.

Ambulance and traffic police was activated site and was given case card D/20221023/0075.



**SINGAPORE
POLICE FORCE**



T/20221024/7017

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

4 of 4

Report No. T/20221024/7017

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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

Date/Time:
24/10/2022 14:16

Classification Of Case: