

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	31/10/2022 17:29 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 11:45 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1428H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HEALTH OPTIMUM
Company Reg No	53438936L
Email Address	SHAHRUKH21@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91063540
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MM001040-R01

DRIVER

Name of Driver	MOHAMMAD RIZWAN JAVEL S/O MOHAMMAD HARON
NRIC No	S7970769D
Date Of Birth	23/12/1979
Occupation	Indoor

Date Of Driving Pass	13/03/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90088524
Alt. Phone Number	-
Email Address	SHAHRUKH21@HOTMAIL.COM
Address	BLK 473 C UPP SERANGOON CRESCENT #02-347
Address complement	-
Postcode	533473
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
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	-

PASSENGER 1

Name	PAX 1
Gender	Female

PASSENGER 2

Name	PAX 2
Gender	Female

PASSENGER 3

Name	PAX 3
Gender	Female

PASSENGER 4

Name	PAX 4
Gender	Male

PASSENGER 5

Name	PAX 5
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989

Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	FBL7309C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LEE KUANG BENG
NRIC No	S7105666Z
Contact Number	(Phone) +65-92275271
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 those who may be sited outside of Singapore, for one or more of the above Purposes.

HEALTH OPTIMUM
UEN: 53438936L
46 EAST COAST ROAD
#10-03 EASTGATE
SINGAPORE 428766

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

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**SINGAPORE
POLICE FORCE**



T/20221030/2010

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20221030/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2022 10:16	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: MOHAMMAD RIZWAN JAVED S/O MOHOMMAD HARON		Address: APT BLK 473C UPPER SERANGOON CRESCENT #02-347 SINGAPORE 533473	
ID Type / ID No.: NRIC NO / S7970769D		Contact No.: Home/Office: Mobile: 90088524	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 23/12/1979	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Restaurant manager		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2022 11:45	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7309C	Motorcycle				Slightly Damaged	0
GBG1428H	Van				Slightly Damaged	5

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221030/2010

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221030/2010

CONTINUATION OF REPORT

Rider			
Name	Lee Kuang Beng	ID No.	S7105666Z
Related Vehicle	FBL7309C (Motorcycle)	Contact No.	92275271
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MOHAMMAD RIZWAN JAVED S/O MOHOMMAD HARON	ID No.	S7970769D
Related Vehicle	GBG1428H (Van)	Contact No.	90088524
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 29/10/2022 at 1147hrs. I was driving from sims ave towards paya lebar mrt near geylang Lorong 21. I had an accident with a motorcyclist. My vehicle was stationary at the traffic junction, and the motorcyclist couldn't stop in time and hit the back of my vehicle. I called the police assistance, Traffic Police and ambulance came to the scene and attended to us. The rider does not wish to convey to the hospital at the point of time and I was not given any case card for the incident. I am making this report for my insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20221030/2010

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221030/2010

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:

F /

SGT 1 TAN YONG BIN

y

Signature Of Informant:

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Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2022 10:16

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

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: _____ Vehicle Registration No: GBG 14284
 Name (as shown in NRIC): MOHAMMAD RIZWAN JAVE NRIC/FIN/Passport No: DS7970769D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90988524
 Email Address: _____
 Date of Accident: 29/10/22 Time of Accident: 1145
 Place of Accident: S1 M AVE
 Insurance Company: _____

(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:

CLAIMING THIRD PARTY

HEALTH OPTIMUM
 UEN: 53438938L
 46 EAST COAST ROAD
 #10-03 EASTGATE
 SINGAPORE 428766

Policyholder / Actual Driver's Signature
 Date:

PROGRESSIVE CAR CARE PTE LTD
 B1X 3022A Ubi Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5336 Fax: 6741 7208
 Email: claims@procarcare.com.sg

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: