

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 10/11/2022 16:59 (SGT)
Reported by Owner
Date of Accident 09/11/2022 16:25 (SGT)
Exact Location of Accident Teban Gardens Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3389D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MEISEI INTERNATIONAL PRIVATE LIMITED
Company Reg No 1XXXXX827W
Email Address nizam@meisei.com
Mobile Phone No (Phone) +65-94318679
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R-HKFMS3
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
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22V05012344

DRIVER

Name of Driver SAINAL BIN NABAM
NRIC No SXXXX538B
Date Of Birth 28/09/1964
Occupation Outdoor

Date Of Driving Pass	25/01/1985
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94318679
Alt. Phone Number	-
Email Address	haziahenal@gmail.com
Address	BLK 703 WEST COAST ROAD #04-397
Address complement	-
Postcode	120703
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	Collided into Parked Vehicle
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	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 POLICE REPORT T/20221110/7029

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	SCQ9339P
Vehicle Manufacturer	Mercedes
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)	-

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 the Police Officer.
3. Information provided must be as accurate and complete as possible. Any falsified information or withholding of material facts may give rise to serious consequences to invalidate policy validity.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurers or 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 GAA Records Management Centre established by the Commissioner of Police, Singapore (GRC) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to the use of this report being made in a case provided.
8. **Consent under the Personal Data Protection Act (PDPA):**
 - a. I understand, acknowledge, agree and consent that:
 - i. My insurer, my partner and the General Insurance Association of Singapore (GIA) may be permitted to collect, store, use and process my personal data provided in this form and any other personal information provided by me or provided by the insurer exclusively for **Personal Information** (and its use and transfer with the prior consent of all members of which a third party vehicle) involved in the accident (or insurance) and those related activities in connection with the accident and/or connected therewith, as the "Purposes". The insurers, however, may bring the Monetary Authority of Singapore and any relevant government agency authority, such as the police, for the purposes of:
 - i. investigating, handling and/or dealing with my claims including the settlement of the claims and any necessary arrangements relating to the claims;
 - ii. processing the accident and/or my claims;
 - iii. carrying out and/or dealing with my obligations of responding to any claims by law;
 - iv. administering my claims including the making of compensation, settlements, claims, repairs or policies to me which may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external basis of providing that, for example, such as:
 - i. complying with applicable law in administering, processing, handling and/or dealing with my claims exclusively for the "Purposes";
 - ii. public safety, which may involve vehicles involved in the accident and the relevant agencies and those may be permitted to access and/or process my personal information; and/or more of the above mentioned;
 - iii. my Personal Information may also be disclosed by any of the insurers and/or GIA to other third party service providers or agents including third parties (as the "Third Parties") which may be used outside of Singapore, Malaysia and/or the above Purposes.



Policyholder's Signature & Date

Police Officer's Signature & Date (if applicable)

Witness's Signature & Date (if applicable)

Sketch Plan




Describe Circumstance of the Accident


REFER TO POLICE REPORT 7/2022/140/2025

Declaration

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

☒ Policyholder's Signature / Date & Time

 10/11/2022 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 10/9/2022 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022

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**SINGAPORE
POLICE FORCE**



T/20221110/7029

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

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Report No. T/20221110/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2022 14:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SAINAL BIN NABAM			Address: 703 WEST COAST ROAD #04-397 SINGAPORE 120703	
ID Type / ID No.: NRIC NO / S1672538B			Contact No.:	Mobile: 94318679
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: Haziahenal@gmail.com	
Sex: Male	Age: 58	Date of Birth: 28/09/1964	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2022 16:25	Type of Location: Car Park
Location: TEBAN GARDENS ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 5 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCQ9339P	Car	MERCEDES BENZ		Grey	Slightly Damaged	0
YP3389D	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20221110/7029

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

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Report No, T/20221110/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAINAL BIN NABAM	ID No.	S1672538B
Related Vehicle	YP3389D (Lorry)	Contact No.	94318679
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.

I working as a driver for Meisei International PTE LTD for 11 years. On the above mention date time and place, I was driving company lorry 14ft YP3389D along Teban Gardens Road, While I was reversing my lorry hit onto a stational vehicle, Mercedes. I alighted and check on the car when see small scratch there was no one there. I called my manager and informed accordingly. Informed by him to leave a note with my contact number and proceed to make report.

**SINGAPORE
POLICE FORCE**

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



T/20221110/7029

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Report No. T/20221110/7029

CONTINUATION OF REPORTSketch 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 / TPB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
10/11/2022 14:18

Classification Of Case: