

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	14/02/2023 13:32 (SGT)
Reported by	Driver
Date of Accident	13/02/2023 12:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOA PAYOH EAST TURNING INTO TOA PAYOH LORONG 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4116Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DHKS PET SUPPLIES PTE LTD
Company Reg No	1XXXXX002E
Email Address	dhkspetssg@gmail.com
Mobile Phone No	(Phone) +65-93891786
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP001192

DRIVER

Name of Driver	MOHAMAD SANI BIN JOHARI
NRIC No	SXXXX854C
Date Of Birth	17/07/1961
Occupation	Outdoor

Date Of Driving Pass	07/08/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93891786
Alt. Phone Number	-
Email Address	dhkspetssg@gmail.com
Address	APT BLK 22 SIN MING ROAD
Address complement	# 10-228
Postcode	570022
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	Side Swipe
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)	2
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	NOOR ANDRI BIN RAMLY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMC699P
Vehicle Manufacturer	Toyota
Vehicle Model	C-hr
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	JESSICA
NRIC No	SXXXX080D
Contact Number	(Phone) +65-96458684
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.

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.



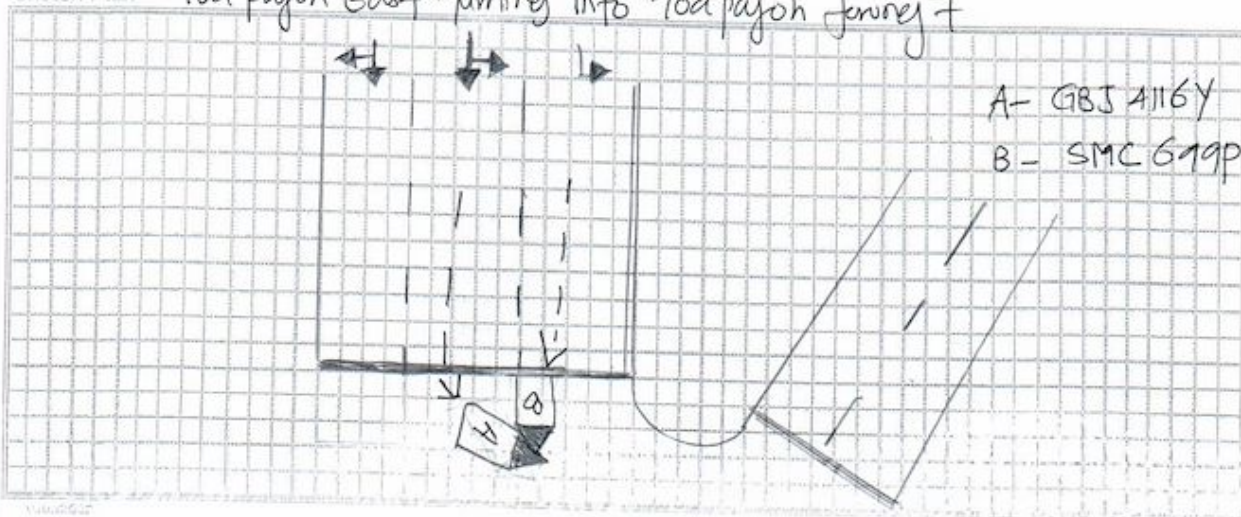
Policyholder's Signature / Date & Time

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

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

Sketch Plan

toa payoh East turning into toa payoh junction



Describe Circumstance of the Accident

please Refer to the attached Police Report
 - T/20230213/2095-

Declaration

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



Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)
/ Date & TimeWitnessed by Reporting Centre Personnel
(Name as in CRIC/ID card)

y3-7802



**SINGAPORE
POLICE FORCE**



T/20230213/2095

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 4
Report No. T/20230213/2095

CONTINUATION OF REPORT

Passenger			
Name	Noor Andri Bin Ramly	ID No.	S8400392A
Related Vehicle	GBJ4116Y (Lorry)	Contact No.	88152074
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	NIL
Driver			
Name	MOHAMAD SANI BIN JOHARI	ID No.	S1514854C
Related Vehicle	GBJ4116Y (Lorry)	Contact No.	93891786
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Jessica	ID No.	S2693080D
Related Vehicle	SMC699P (Car)	Contact No.	96458684
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	NIL

Brief Details.

On 13/02/2023 at about 1255hrs, I was driving my company lorry, GBJ4116Y, White Toyota Dyna along Toa Payoh East turning left into Lor 7 Toa Payoh, I was driving along lane 2 where I can turn left or go straight. I then turned left into Lor 7 Toa Payoh where one vehicle(SMC699P, Blue Toyota CHR) that was driving along the 3rd lane who can only turn left however, had drove straight. Her vehicle front had then collided with my vehicle left side. We then came down took photo and exchange particular after which she say she was in a rush and rush off. She also informed that she will lodge a police report. I then came to lodge a police report regarding the matter. There is no video camera in my vehicle. There is no rain and the road was dry. The damage on my lorry is some scratch on the left door and body. The damage on her vehicle is front right bumper dent and scratches.



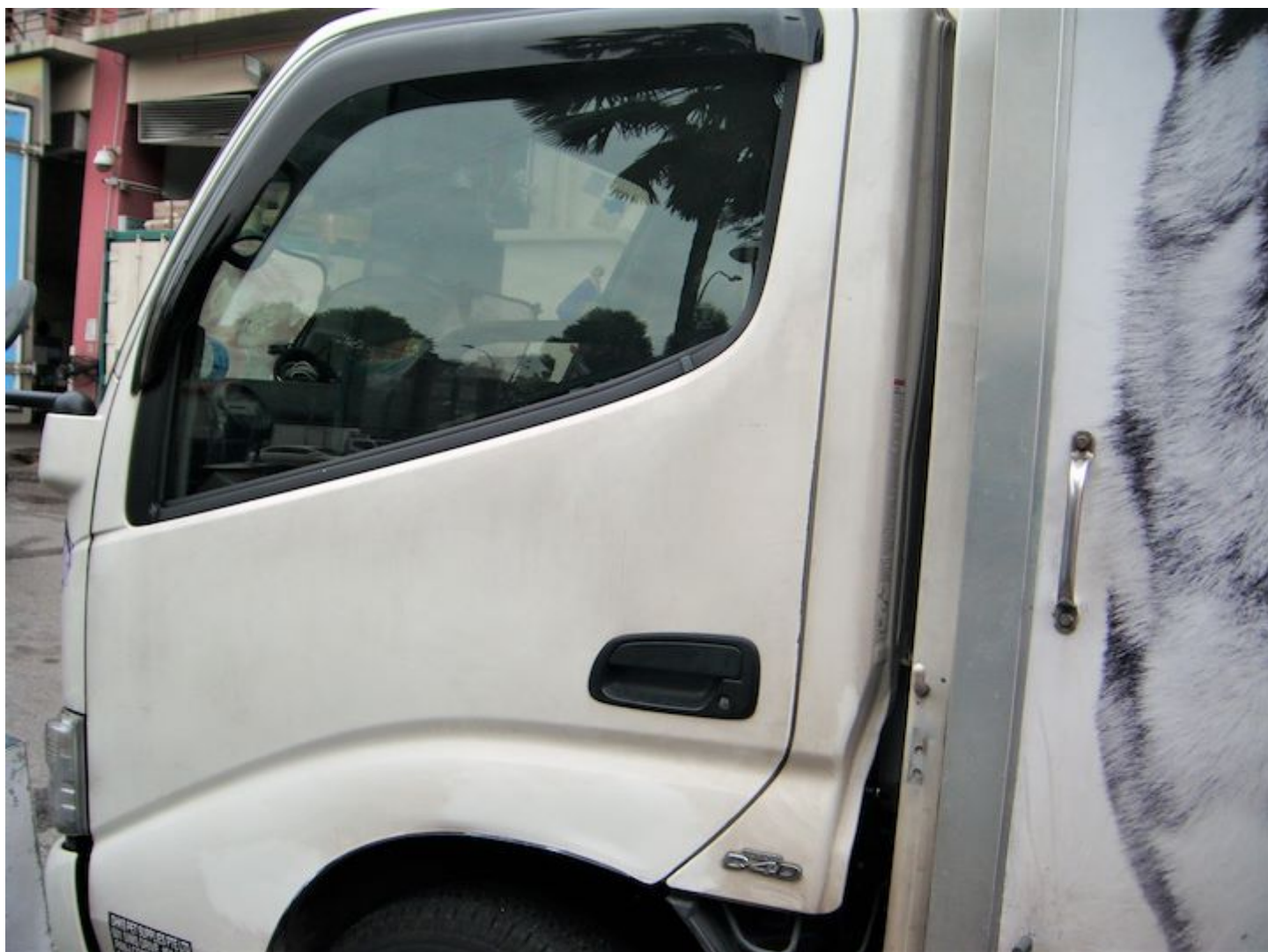



















**SINGAPORE
POLICE FORCE**


T/20230213/2095

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20230213/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2023 16:32	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: MOHAMAD SANI BIN JOHARI			Address: APT BLK 22 SIN MING ROAD #10-228 SINGAPORE 570022	
ID Type / ID No.: NRIC NO / S1514854C			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 93891786
			Email:	
Sex: Male	Age: 61	Date of Birth: 17/07/1961	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2023 12:55	Type of Location: X-Junction
Location: TOA PAYOH EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
GBJ4116Y	Lorry	TOYOTA	Dyna	White	Slightly Damaged	0
SMC699P	Car	TOYOTA	CHR	Blue	Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
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T/20230213/2095

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20230213/2095

CONTINUATION OF REPORT

Passenger			
Name	Noor Andri Bin Ramly	ID No.	S8400392A
Related Vehicle	GBJ4116Y (Lorry)	Contact No.	88152074
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	NIL
Driver			
Name	MOHAMAD SANI BIN JOHARI	ID No.	S1514854C
Related Vehicle	GBJ4116Y (Lorry)	Contact No.	93891786
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Jessica	ID No.	S2693080D
Related Vehicle	SMC699P (Car)	Contact No.	96458684
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	NIL

Brief Details.

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Report No. T/20230213/2095

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



T/20230213/2095

4 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20230213/2095

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:

G /
SR STAFF SGT RICKY TAN WEI
SAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/02/2023 16:32

Officer In Charge Of Case:

TP / GIA /
SR STAFF SGT FAH KRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168
SINGAPORE
POLICE FORCE

SIGNATURE