

# 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 .....	15/02/2023 08:14 (SGT)
Reported by .....	Driver
Date of Accident .....	14/02/2023 07:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE TOWARDS AMK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC9333R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	NETWORK EXPRESS COURIER SERVICES PTE LTD
Company Reg No .....	1XXXXX663M
Email Address .....	network@networkcourier.com.sg
Mobile Phone No .....	(Phone) +65-84200866
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 .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNA00109002200

### DRIVER

Name of Driver .....	ABDUL RAHMAN BIN MOHAMED ARIB
NRIC No .....	SXXXX784F
Date Of Birth .....	29/06/1961
Occupation .....	Outdoor

Date Of Driving Pass .....	27/02/1990
Driving experience .....	33 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-84200866
Alt. Phone Number .....	-
Email Address .....	network@networkcourier.com.sg
Address .....	APT BLK 204 MARSILING DRIVE
Address complement .....	# 03-208
Postcode .....	730204
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 on collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	No
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 .....	FBC9559Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	MUHAMMAD FAIZAL BIN ZULKIFLI
NRIC No .....	SXXXX568Z

Contact Number .....	(Phone) +65-93258976
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBJ7275B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YEO TECK CHOON
NRIC No .....	SXXXX576C
Contact Number .....	(Phone) +65-84941792
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 .....	ABDUL RAHMAN BIN MOHAMED ARIB
Gender .....	Male
Phone No .....	(Phone) +65-84200866
Address .....	APT BLK 204 MARSILING DRIVE
Address Complement .....	# 03-208
Post Code .....	730204
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOULDER PAIN
Injured person in which vehicle? .....	GBC9333R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

IMPORTANT NOTICE

- ### 8. Consent under the Personal Data Protection Act (PDPA)

my Personal Information may be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their in-house law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre Personnel  
(Name as in NRICAD card)

### Sketch Plan

## SLE Towards APIK



Describe Circumstance of the Accident

I was going to work at the above stated date and time and was driving along SLE towards AMK. It was raining heavily. Vehicle B was in front of me and suddenly vehicle B put on emergency brake and I hit the rear left portion of vehicle B.

When vehicle B tries to avoid the motorcycle and swift a little to right hand side, but the bike got skidded and hit vehicle B and stopped right in front of my van. But my vehicle did not hit the Bike, just the Bike hit my front number plate only.

Declaration

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



Policyholder's Signature / Date & Time

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

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

*[Signature]*  
14/02/2023

*[Signature]* 15/02/2023

















































