

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	30/03/2023 14:09 (SGT)
Reported by	Actual Driver
Date of Accident	18/03/2023 14:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	465 GEYLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4804U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PIYA AUTO PTE LTD
Company Reg No	201503255W
Email Address	GRACE@MILLIONAUTO.COM
Mobile Phone No	(Phone) +65-62649091
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002718

DRIVER

Name of Driver	MOHAMAD AMIRIL BIN MOHAMAD
NRIC No	T0403802E
Date Of Birth	07/02/2004
Occupation	Outdoor

Date Of Driving Pass	17/03/2013
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-97434211
Alt. Phone Number	-
Email Address	MSCHONG@MILLIONAUTO.COM
Address	BLK 143 YISHUN RING RD
Address complement	#01-46
Postcode	760143
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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	SHB9586L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



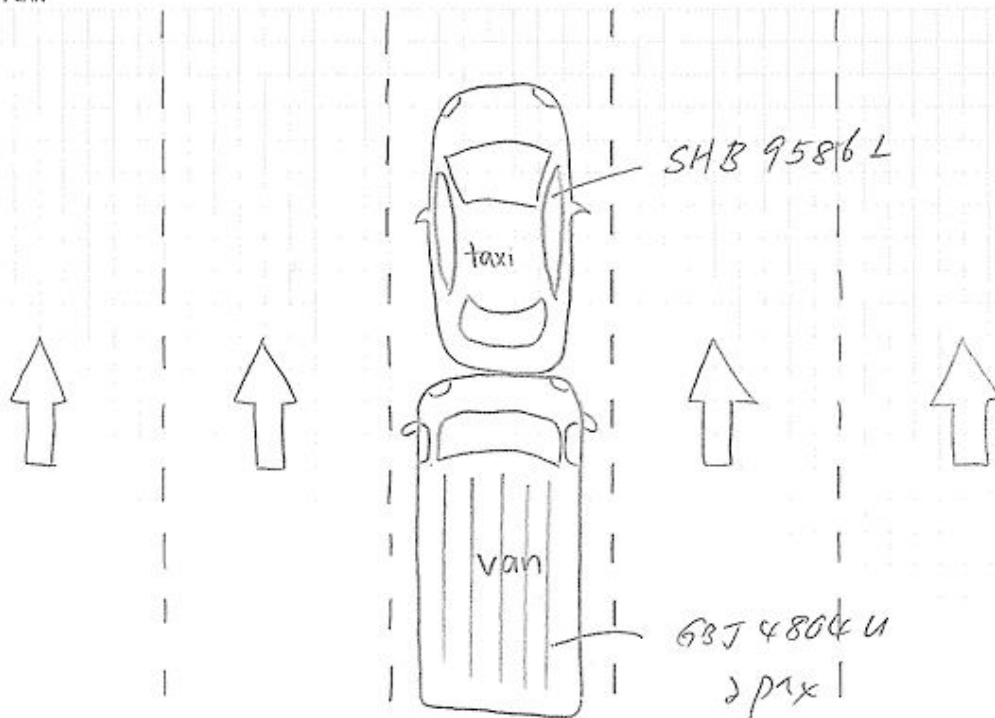
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/03/23
11:55 am



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on geylang road towards sims ave on 18/03/2023 around 2:02pm. Traffic was heavy during that time. I was at lane 3 on a 5 lane road. The taxi in front of me slowed down so i also applied my brakes and stopped very close behind the taxi. I accidentally released my brake pedal causing my van to slowly moved forward at slow speed. Due to this my front bumper collided with the rear bumper of the taxi. I stopped immediately after the collision. I approached the driver to check on him and asked if could settle privately, but the taxi driver declined. We only switched phone numbers and the taxi driver drove off without exchanging particulars like Nric and driver license.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/03/23

11:56 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No

Insured

Veh No









**SINGAPORE
POLICE FORCE**



T/20230328/2055

1 of 3

Report No. T/20230328/2055

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2023 14:49	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: MOHAMAD AMIRIL BIN MOHAMAD ANUAR		Address: APT BLK 143 YISHUN RING ROAD #01-46 SINGAPORE 760143	
ID Type / ID No.: NRIC NO / T0403802E		Contact No.: Home/Office: Mobile: 97434211	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 07/02/2004	Type of Informant: Driver
Race: Malay		Language:	
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: 18/03/2023 14:05	Type of Location: Straight Road
Location: GEYLANG ROAD				
Lamp Post Number: 44				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4804U	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver	No Damage	1
SHB9586L	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	No Damage	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/20230328/2055

Police Station Of Origin:
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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3
Report No. T/20230328/2055

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD AMIRIL BIN MOHAMAD ANUAR		ID No. T0403802E
Related Vehicle	GBJ4804U (Van)		Contact No. 97434211
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	MR POH		ID No. NIL
Related Vehicle	SHB9586L (Car)		Contact No. 91898490
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.

V1 - GBJ4804U

V2 SHB9586L

On 18/03/2023 at about 1402hrs, I was driving V1 on lane 3 on the 5-lane road along Geylang Rd towards Sims Ave. The traffic was very heavy during that point of time and V2 was in front of me slowly down. I noticed V2 slowed down hence, I applied my brakes too.

I wish to state that I accidentally let go of my brake pedal causing my vehicle to slowly continue moving forward, at a slow speed. Due to this, V1 collided with the rear of V2. I immediately applied my brakes again upon the collision. Both myself and the driver of V2 alighted from our vehicles and made a check on our vehicles. We then exchanged contact details and continued our separate ways as after making a check, there were no damages at all to both vehicles. Both myself and the driver of V2 were not injured as well and no traffic police or ambulance attended to us.

I wish to state that I have an in-car camera in V1 however there is no SD card in it.

On 28/03/2023, IO Leslie from TP called me and advised me to lodge a police report hence, I am here lodging this report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230328/2055

3 of 3

Report No. T/20230328/2055

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
SGT 2 MUHAMMAD FAUZI BIN
MOHD ZAIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /

Contact No.:

NP168

Signature Of Informant:

Date/Time:
28/03/2023 14:49

Classification Of Case:



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: SM13233U000D Vehicle Registration No: GBJ4804U
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: GRACE@MILLIONAUTO.COM
 Date of Accident: 18/03/2023 Time of Accident: 14:02HRS
 Place of Accident: 465 GEYLANG ROAD
 Insurance Company: India International Insurance

(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:

AMEND CORRECT VEHICLE NUMBER AND EMAIL ADDRESS

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: