

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	12/04/2023 15:14 (SGT)
Reported by	Actual Driver
Date of Accident	11/04/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CIVIC CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9692C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZUELLIG PHARMA PTE.LTD.
Company Reg No	1XXXXX919W
Email Address	fadelikadir@ymail.com
Mobile Phone No	(Phone) +65-98774847
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300370344 MKC

DRIVER

Name of Driver	MOHAMED FADELI S/O ABDUL KADIR
NRIC No	SXXXX368D
Date Of Birth	01/11/1981
Occupation	Outdoor

Date Of Driving Pass	27/12/2006
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98774847
Alt. Phone Number	-
Email Address	fadelikadir@ymail.com
Address	APT BLK 509 TAMPINES CENTRAL
Address complement	# 01-393
Postcode	520509
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	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?	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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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	YQ7515A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	IDRUS BIN MOHD
NRIC No	SXXXX035E
Contact Number	(Phone) +65-81481924
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	MOHAMED FADELI S/O ABDUL KADIR
Gender	Male
Phone No	(Phone) +65-98774847
Address	APT BLK 509 TAMPINES CENTRAL
Address Complement	# 01-393
Post Code	520509
Approximate Age Years Old	-
Injuries Sustained	NECK AND RIGHT HAND PAIN
Injured person in which vehicle?	GBH9692C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
1030 AM
12/4/23

Witnessed by Reporting Centre Personnel
12/4/2023

Sketch Plan



A : GBH9692C
B : YQ7515A

Describe Circumstances of the Accident

On 11-04-2023 at about 2:15pm. I was travelling along Woodlands Civic Centre. I was going straight. Suddenly a vehicle B (YQ 7515A) reversed and hit my front portion of my vehicle (GBH 9692C).

Declaration

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

[Signature] 1030am
12/4/23

Witnessed by Reporting Centre Personnel

[Signature] 12/4/2023





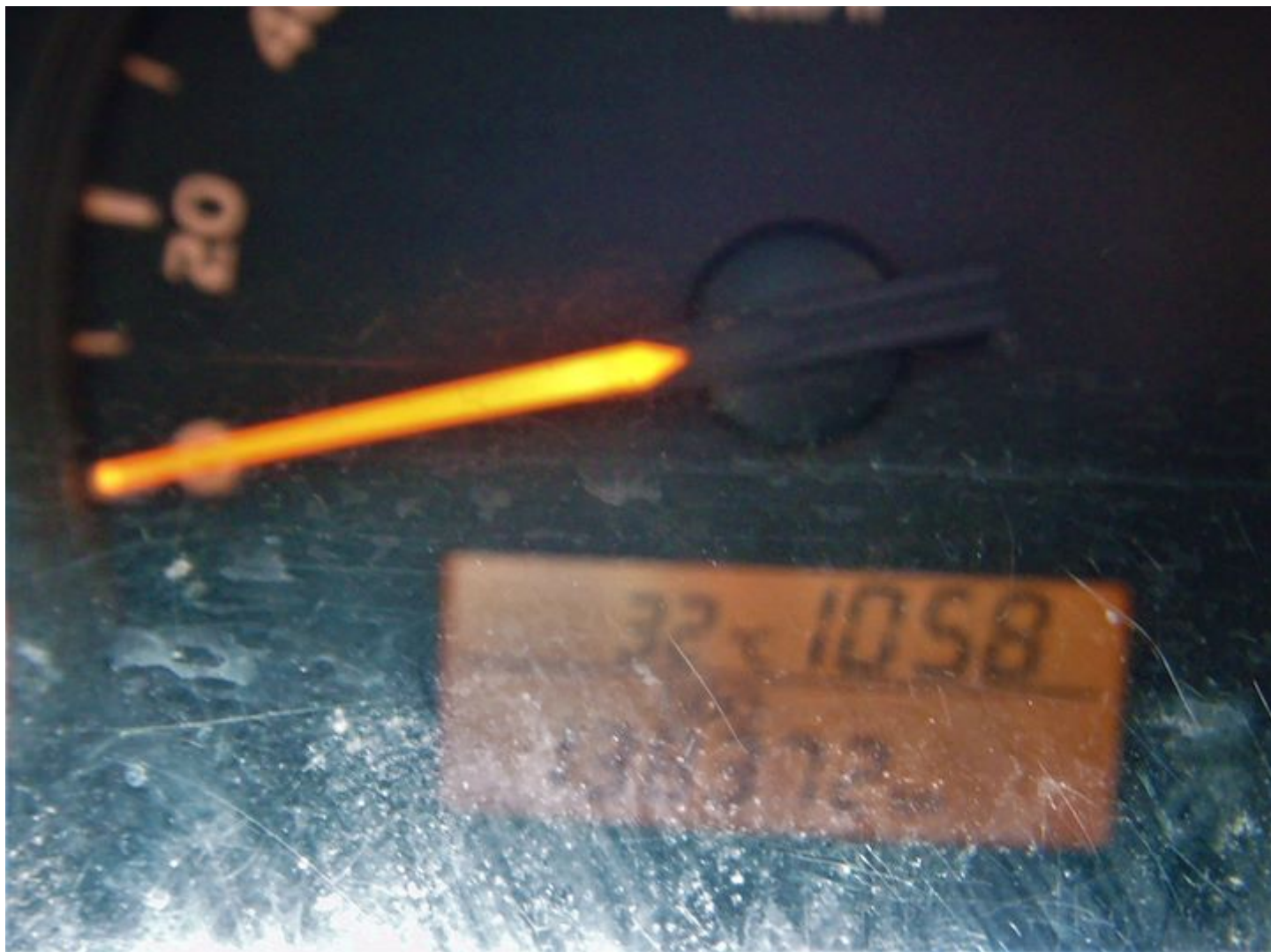
















**SINGAPORE
POLICE FORCE**



T/20230417/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20230417/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2023 21:20	Vide Report No.:	Station Diary No.: 78
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Informant's Particulars

Name of Informant: MOHAMED FADELI S/O ABDUL KADIR			Address: APT BLK 509 TAMPINES CENTRAL 1 #01-393 SINGAPORE 520509		
ID Type / ID No.: NRIC NO / S8136368D			Contact No.: Home/Office: Mobile: 98774847		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 01/11/1981	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Other car and light goods vehicle drivers			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: 11/04/2023 14:15	Type of Location: Service road
Location: SOUTH WOODLANDS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBH9692C	Van				Slightly Damaged	0
YQ7515A	Lorry				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
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Tel No: 1800-5871999

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Report No. T/20230417/2108

CONTINUATION OF REPORT

Driver			
Name	MOHAMED FADELI S/O ABDUL KADIR	ID No.	S8136368D
Related Vehicle	GBH9692C (Van)	Contact No.	98774847
Hospital/Clinic	RUBY MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/04/2023	Date Discharge	12/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am lodging this traffic accident report as required by my company for insurance claims. I am working as a deliveryman for my company Zuellig Pharma Pte Ltd. On 11/4/2023, I was driving the company vehicle (GBH9692C) and doing errands at the Woodlands Civic Centre. I was about to exit the loading/unloading service road and I queue at the exit. In front of me was a garbage disposal truck (YQ7515A) and he was also waiting at the gantry. Suddenly he started to reverse his vehicle. I press the horn to signal to him but he did not stop. Thus, I also reverse my van but half way the engine stall and the truck reverse until it collide with my company van. There were dented and scratches on the front bumper of the van. No one was injured at that time and we left the place after exchanging information. The next day, I began to feel pain on my body and I visited the doctor who diagnose me with sprains and joint strains from my adjacent muscles of my right shoulder. I was given 3 days of medical leave and painkillers.



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POLICE FORCE**



T/20230417/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20230417/2108

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SR STAFF SGT AZFARULLAH BIN ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2023 21:20
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: TM00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SLOZ 234C 0002 Vehicle Registration No: GBH 9692C
Name (as shown in NRIC) : Mohamed Fadel s/o Abdul Kadir NRIC/FIN/Passport No : S 8136 368D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 509 Tampines Central # 01-393 Singapore (S20509)
Contact (Tel) : 9877 4847 Mobile No. : _____
Email Address : fadelikadir @ ymail - com
Date of Accident : 11.04.2023 Time of Accident : 14:15 pm
Place of Accident : Woodlands Civic Centre
Insurance Company: MSIG Insurance (Singapore) Pte Ltd

(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:

Was the accident reported to the police ? = NO
& change to = YES (T/20230417/2108)

Policyholder / Driver's Signature
Date:



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