

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	17/04/2023 16:09 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM JALAN BOON LAY ROAD TO JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5501J
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUILDLINK CONSTRUCTION PRIVATE LIMITED
Company Reg No	2XXXXX073D
Email Address	aminnurul737@gmail.com
Mobile Phone No	(Phone) +65-93806787
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 - 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	DMCVSNW00011062301

DRIVER

Name of Driver	AMIN MD NURUL
Passport No/FIN	GXXXX279T
Date Of Birth	05/12/1989
Occupation	Outdoor

Date Of Driving Pass	21/08/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91343507
Alt. Phone Number	-
Email Address	aminnurul737@gmail.com
Address	500 OLD CHOACHU KANG ROAD , SUNGEI TENGAH LODGE
Address complement	# 08-70
Postcode	698924
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 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?	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	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 THE ATTACHED POLICE REPORT - T/20230415/7039

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	SKP7020G
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	DAVID CHANG
NRIC No	SXXXX896A
Contact Number	(Phone) +65-98191678
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	AMIN MD NURUL
Gender	Male
Phone No	(Phone) +65-91343507
Address	500 OLD CHOA CHU KANG ROAD , SUNGEI TENGAH LODGE
Address Complement	# 08-70
Post Code	698924
Approximate Age Years Old	-
Injuries Sustained	I NJURED AT THE BACK OF THE HEAD AND MINOR INJURY ON LEFT LEG - GIVEN 3 DAYS OF MC
Injured person in which vehicle?	GBA5501J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
2. This ~~Form~~ 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 ~~use~~ use 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 submission 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 ins ~~urer~~ urer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or ~~process~~ 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.

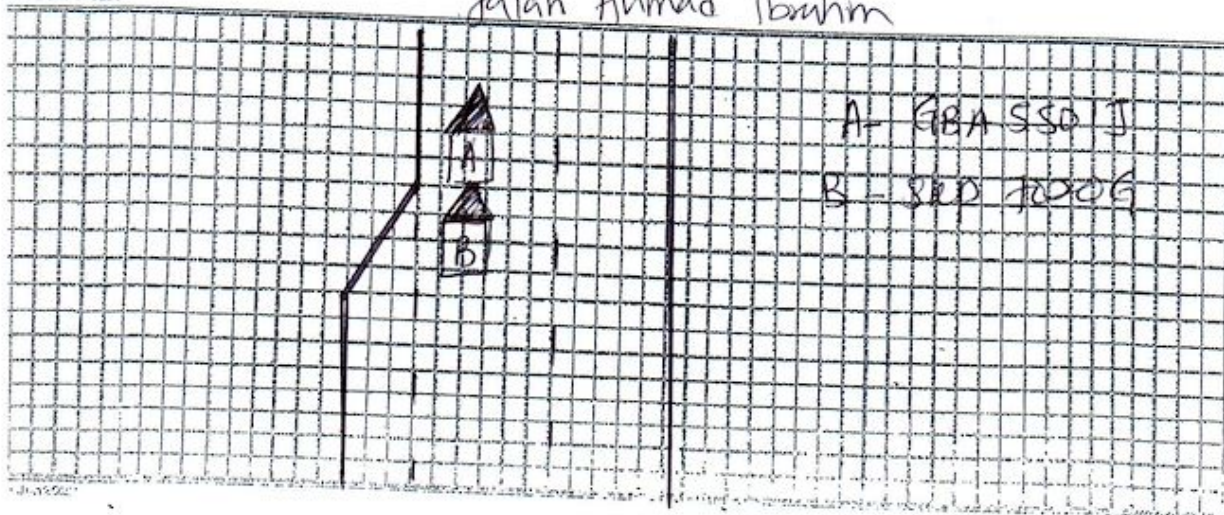


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

Please Refer to the attached
police Report - T/20230415/7039 -

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 & Time

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

vJun2022

2



**SINGAPORE
POLICE FORCE**

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



T/20230415/7039

2 of 3

Report No. T/20230415/7039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMIN MD NURUL	ID No.	G6720279T
Related Vehicle	GBA5501J (Lorry)	Contact No.	91343507
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/04/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	DAVID CHANG	ID No.	S9574896A
Related Vehicle	SKP7020G (Car)	Contact No.	98191678
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.

Driver in small lorry was coming out from Jalan Boon Lay Road to Jalan Ahmad Ibrahim. Driver turned on hazard light and looked to the right before turning to the right lane. Driver began to slow down as he was approaching work site located on the left road side. That was when a car hit the back of his lorry. The force was hard enough to push the lorry off the road and onto the pedestrian side. Driver hit the back of his head and minor injury to his left leg. Both drivers exchange information and took photos. After that, the lorry was shifted into the work site area and the other vehicle had been towed away from the scene.
























**SINGAPORE
POLICE FORCE**


T/20230415/7039

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

1 of 3

Report No. T/20230415/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2023 20:57		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: AMIN MD NURUL		Address: 500 OLD CHOA CHU KANG ROAD #08-70 SUNGEI TENGAH LODGE SINGAPORE 698924	
ID Type / ID No.: FIN NO / G6720279T		Contact No.: Home/Office: Mobile: 91343507	
Nationality: BANGLADESHI		Email: aminnurul737@gmail.com	
Sex: Male	Age: 33	Date of Birth: 05/12/1989	Type of Informant: Driver
Race: Bangladeshi		Language: English	
Occupation: Civil engineering/Building construction labourer		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 17:45	Type of Location: Side Road merging
Location: JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBA5501J	Lorry	TOYOTA		Silver	Slightly Damaged	0
SKP7020G	Car	AUDI		White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**

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



T/20230415/7039

2 of 3

Report No. T/20230415/7039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMIN MD NURUL	ID No.	G6720279T
Related Vehicle	GBA5501J (Lorry)	Contact No.	91343507
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/04/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	DAVID CHANG	ID No.	S9574896A
Related Vehicle	SKP7020G (Car)	Contact No.	98191678
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.

Driver in small lorry was coming out from Jalan Boon Lay Road to Jalan Ahmad Ibrahim. Driver turned on hazard light and looked to the right before turning to the right lane. Driver began to slow down as he was approaching work site located on the left road side. That was when a car hit the back of his lorry. The force was hard enough to push the lorry off the road and onto the pedestrian side. Driver hit the back of his head and minor injury to his left leg. Both drivers exchange information and took photos. After that, the lorry was shifted into the work site area and the other vehicle had been towed away from the scene.

**SINGAPORE
POLICE FORCE**

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



T/20230415/7039

3 of 3

Report No. T/20230415/7039

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

This report is lodged at Jurong West NPC Kiosk 1
NP168

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

Date/Time:
15/04/2023 20:57

Classification Of Case:



Ng Teng Fong
General Hospital

MEDICAL CERTIFICATE (Ref:1403182628)

ORIGINAL

NAME: AMIN MD NURUL

NRIC: G6720279T

Type of Medical Leave granted: **Outpatient Sick Leave**


The above-named patient is unfit for duty for 3 day(s) from 16/04/2023 to 18/04/2023 inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from 15/04/2023 18:51 to 15/04/2023 19:35.

15/04/2023
Date

Dr. Perez ALCANTARA MICHELLE (18268J)
Issued by


Signature

Location: EMERGENCY DEPARTMENT



Discharge Advices

STABLE HEAD INJURY

The following instructions contain general information and advice regarding your condition and are designed to provide you with a guide on how best to safeguard your health. However, in specific cases you may receive different/additional instructions from your doctor. You are advised to follow any specific written or oral instructions given to you by your doctor or healthcare worker. Please seek clarification in case of doubt.

A mild headache, nausea, slight dizziness, mood swings, fatigue, poor concentration and forgetfulness may develop a few hours or days after a head injury. Such symptoms usually resolve by itself in a few weeks.

Instructions

1. Rest until you recover
2. Do not take alcohol or sleeping pills
3. Do not drive a car/ride a motorcycle
4. Do not operate any machinery
5. Take medications as prescribed. Do not change or discontinue medications without consulting your doctor
6. Visit specialist outpatient clinic as instructed

Please seek immediate medical attention at Emergency Department if you notice any of the following signs and symptoms:

1. Worsening headache, giddiness or vomiting
2. Persistent drowsiness
3. Seizure
4. Disorientation, confusion or irritability
5. Blurred or double vision
6. Weakness of arms or legs or slurred speech
7. Stiff neck and fever



NG TENG FONG GENERAL HOSPITAL
EMERGENCY DEPARTMENT

AFTER VISIT SUMMARY

NAME: AMIN MD NURUL

MRN: G6720279T

ADDRESS:
212 HOUGANG STREET 21
#03-333 C/O BUILDINK CONSTRUCTION PTE LTD
Singapore 530212

DOB: 5/12/1989
AGE: 33 y.o.
GENDER: M

PHONE: 9134 3507 (Mobile)

CSN: 100175782901

DIAGNOSIS

ED Arrival Information

Arrival	Means of arrival	Escorted by
15/4/2023 18:51	Walk In	-

Primary Physician

Primary Physician
ALCANTARA, Michelle Perez

Diagnosis

Diagnosis	Comments
Scalp contusion - Primary	
Neck sprain	
Knee contusion	

Disposition plan

ED Disposal	Comment
Discharged	--

Allergies (Reviewed on: 15/04/23)

No Known Allergies

Procedure Orders

None

DISPOSITION

Discharge Advice

NTFGH ED STABLE HEAD INJURY DISCHARGE ADVICE

Medical Certificate/ Light Duty/ Time Chit

MC ID	Issued	Type	Start Date	End Date	Duration (Days)	Question	Answer
1403182628	Medical Certificate/ Light Duty	Outpatient Sick Leave	16 Apr 2023	18 Apr 2023	3	Question Certificate Eligible for Court Absence Class	No Print

EMERGENCY DEPARTMENT, 1 Jurong East Street 21 Singapore 609606
Printed on 15/4/2023 7:35 PM

Page 1 of 2

Discharge Medications

Medication	Instructions	Dispense	Start Date	End Date	Auth. Provider
Diclofenac Sodium EC Tablet	Take 50 mg every 8 hours when required for pain (fever or pain) for up to 7 days.	--	15/4/2023	22/4/2023	Perez ALCANTARA MICHELLE
Famotidine Tablet	Take 20 mg 2 times a day when required (-) for up to 7 days.	--	15/4/2023	22/4/2023	Perez ALCANTARA MICHELLE
Paracetamol 450mg, Orphenadrine Citrate 35mg Tablet	Take 2 tablets 3 times a day when required for pain for up to 5 days.	--	15/4/2023	20/4/2023	Perez ALCANTARA MICHELLE

Referral Orders

None

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.

**TAX INVOICE**

Page 1 of 2

MR. AMIN MD NURUL

BILL REF. NO.
17540303EBILL DATE
15 APR 2023LOCATION
NTFGHNRIC / FIN / MRN
GXXXX279T

VISIT DATE ► 15 APR 2023 06:51 PM

BLK 212 #03-333
HOUGANG STREET 21
C/O BUILDINK CONSTRUCTION
PTE LTD
SINGAPORE 530212

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	267.00
GOVT SUBSIDY	\$	-139.00
TOTAL AMOUNT (BEFORE GST)	\$	128.00
8% GST	\$	10.24
GST absorbed by Govt	\$	-10.24
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	128.00
TOTAL AMOUNT PAYABLE	\$	128.00
Net Payment made	\$	-128.00
FINAL AMOUNT PAYABLE	\$	0.00

\$ 0.00
FINAL AMOUNT PAYABLE

CHARGES

CASE NO	SPECIALTY / CLASS	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
9221090606C	ACCIDENT & EMERGENCY / NA		
SERVICES	DESCRIPTION		
A&E ATTENDANCE FEE		256.00	128.00
ORPHENADRINE 35MG/PARACETAMO L 450MG TAB		3.90	0.00
DICLOFENAC SOD 50MG TABLET		4.50	0.00
FAMOTIDINE 20MG TABLET		2.60	0.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	267.00	
	GOVT SUBSIDY	-139.00	
	TOTAL AMOUNT (BEFORE GST)		128.00
	8% GST		10.24
	GST absorbed by Govt (for subsidised patient only)		-10.24
	Subtotal		128.00
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		128.00

National University Health Services Group Pte Ltd | www.ntfgh.com.sg | www.jch.com.sg
1 Jurong East Street 21, Singapore 609606 | Tel: +65 6908 2222
Company Registration No. 200910555Z | GST Reg No. 200910555Z

PRINTED ON: 15 APR 2023 07:54 PM

For bill enquiries, please contact us at
<https://for.sg/asknuhs> or Tel: +65 6407 8138
For other enquiries, please contact us at +65 6908 2222

**TAX INVOICE**

Page 2 of 2

BILL REF. NO.
17540303EBILL DATE
15 APR 2023
NRIC / FIN / MRN
GXXXX279TPATIENT NAME
MR. AMIN MD NURUL**PAYMENT SUMMARY**

TOTAL AMOUNT (AFTER GOVT SUBSIDY)		128.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. AMIN MD NURUL		128.00
MR. AMIN MD NURUL	TOTAL AMOUNT PAYABLE	
PAYOR(S)	TRANSACTION/RECEIPT DATE	AMOUNT (\$)
MR. AMIN MD NURUL		-128.00
Receipt No: J001967753 \$ 128.00	Net Payment made	-128.00

FINAL AMOUNT PAYABLE	\$ 0.00
-----------------------------	----------------

PAYMENT OPTIONS & ADVISORY**Payment Policy**

- An admin fee may be imposed if payment is not received within 21 days from the bill date.
- Credit balance from your bill will be used to offset any other outstanding bills that you may have within the same payment account.
- If no bill number is indicated, the payment received will be used to offset the oldest outstanding bill.
- Payment made via AXS and E-Payments will be updated to your bill within 3 working days.

NETS

NETSV022.D51

NTFGH

A&E

THANK YOU

111075050000

07505002

001622

NETS PURCHASE

SAV

DBS BANK

15 APR 2023

19:54:21

001622

125552

00

TOTAL:

\$128.00

APPROVED

NETS

*****DUPLICATE*****