

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 28/04/2023 21:21 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 28/04/2023 12:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information MERCHANT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7230Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE DARK GALLERY PTE LTD
Company Reg No 201437302M
Email Address discoverthedark@thedarkgallery.com
Mobile Phone No (Phone) +65-88930424
Alternative Phone No +65-97913313

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fb70bb1srdea
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 2977

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPCVE001563

DRIVER

Name of Driver MUHAMMAD NASRI BIN YUSRI
NRIC No S8932781D
Date Of Birth 22/09/1989
Occupation Outdoor

Date Of Driving Pass	12/08/2011
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88930424
Alt. Phone Number	-
Email Address	mohd.nasri.y@gmail.com
Address	BLK 451A BUKIT BATOK WEST AVENUE 6 #08-717
Address complement	-
Postcode	651451
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	Raining
Road Surface	Wet

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)	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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230428/2080

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME8407C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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 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.

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.



28 APR 23

Policyholder's Signature / Date & Time

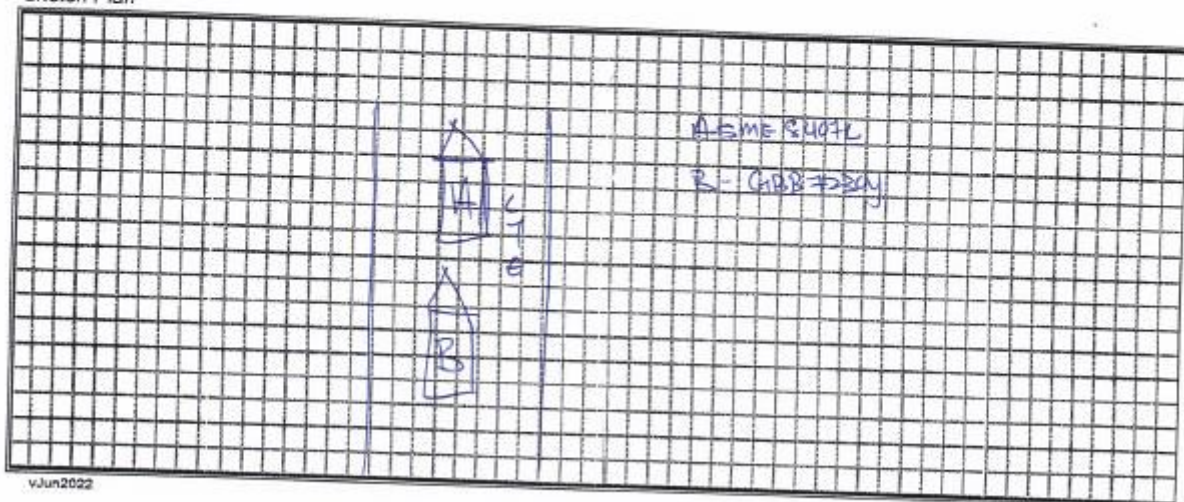
28 APR 23

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC Card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT T/20230428/0080

Declaration

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



[Signature] 28 APR 23

Policyholder's Signature / Date & Time

[Signature] 28 APR 23

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

[Signature]

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

vjun2022









SINGAPORE POLICE FORCE



T/20230428/2080

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230428/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2023 17:54	Vide Report No.:	Station Diary No.: 79
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD NASRI BIN YUSRI			Address: APT BLK 451A BUKIT BATOK WEST AVENUE 6 #08-717 SINGAPORE 651451	
ID Type / ID No.: NRIC NO / S8932781D			Contact No.: Home/Office:	Mobile: 88930424
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 22/09/1989	Type of Informant: Driver	
Race: Indonesian			Language:	
Occupation: LOGISTIC DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2023 12:40	Type of Location: Straight Road
Location: MERCHANT ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One 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
GBB7230Y	Lorry				Seriously Damaged	0
SME8407C	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230428/2080

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230428/2080

CONTINUATION OF REPORT

Driver Name	MUHAMMAD NASRI BIN YUSRI	ID No.	S8932781D
Related Vehicle	NIL	Contact No.	88930424
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	NG WEI MING	ID No.	S7007260B
Related Vehicle	NIL	Contact No.	97375255
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

Brief Details.

On 28/4/23 at 1240hrs, I was driving my company lorry bearing plate GBB7230Y along New Bridge Rd towards CTE Tunnel. I was driving along the single lane before emerging into the tunnel highway. The accident happened just right after I entered the CTE tunnel. Upon noticing the cars in front of me slowing down, I had to fully pressed down my brake because I realized my vehicle was still moving fast as it was a downslope. Subsequently, the head of my lorry collided with the rear of the car in front of me bearing plate number SME8407C.

There was no passenger in my vehicle however the car in front of me had a few passengers in (i am not sure how many are there). I wish to state that the said car was badly damaged however when I checked with the driver of the said car whether his passengers suffered any injuries, he informed everyone is ok and not injured. I did not suffer any injuries.

The driver of SME8407C and I drove our vehicles near to the road shoulder as we were blocking the lane. We then both exited our vehicles and agreed to exchange particulars. The driver of the said car left after the exchange.

There is in-car camera in my company lorry.



**SINGAPORE
POLICE FORCE**



T/20230428/2080

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20230428/2080

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /

SCCPL MUHAMMAD DANIAL

BIN HAIRIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2023 17:54

Officer In Charge Of Case:

TP / GIT /

SGT 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Classification Of Case:

NP168