

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 07/06/2023 10:10 (SGT)
Reported by Actual Driver
Date of Accident 04/06/2023 20:30 (SGT)
Exact Location of Accident Bukit Timah Expy, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC743J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNCLE TPT SVCS
Company Reg No 53377730E
Email Address boiizack1989@gmail.com
Mobile Phone No (Phone) +65-85776384
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIROOF
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 Bus
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MCMV0006009

DRIVER

Name of Driver ABDURRAZZAK BIN ISMAIL
NRIC No S8937136H
Date Of Birth 19/10/1989
Occupation Outdoor

Date Of Driving Pass	31/03/2011
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85776384
Alt. Phone Number	-
Email Address	boiizack1989@gmail.com
Address	BLK 482 ADMIRALTY LINK #11-17
Address complement	-
Postcode	750482
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?	Yes
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	SDK8118L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RIK
Contact Number	(Phone) +65-97109308
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	ABDURRAZZAK BIN ISMAIL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC743J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

Policyholder's Signature / Date & Time

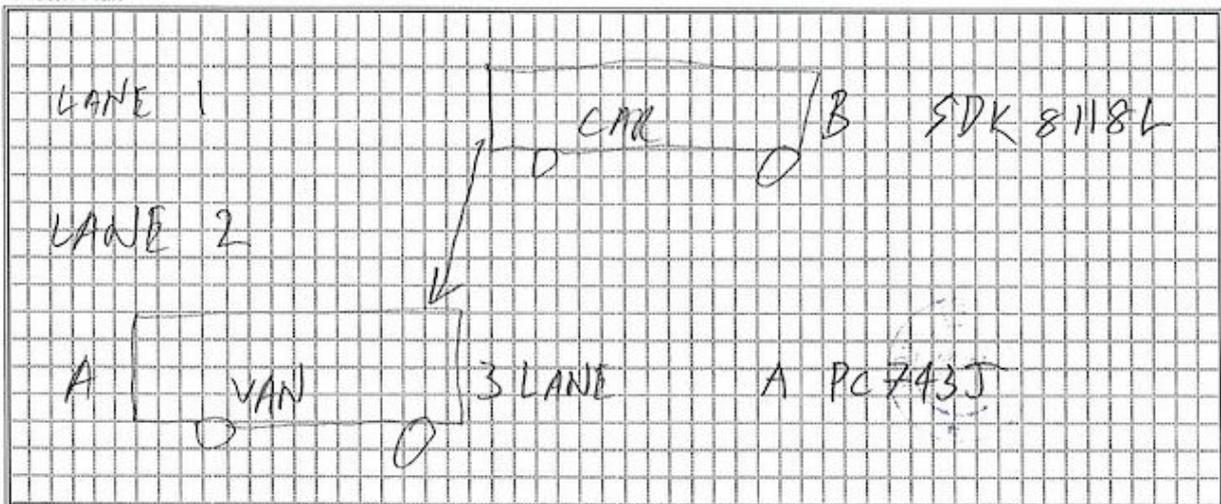


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

REFER POLICE REPORT

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the 14 day timeframe from the day of occurrence. Kindly check with your insurer for more details.



R
Policyholder's Signature / Date & Time

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

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



























TOYOTA MOTOR CORPORATION JAPAN
MODEL KDH223R-LEPDYQ
ENGINE 1KD-FTV 2982 mL
FRAME No. JTFST22P900010992
COLOR TRIM PLANT OPTION
1E7 FY13 E11
TRANS./AXLE A340E A01A 966




**SINGAPORE
POLICE FORCE**


T/20230606/2017

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20230606/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2023 09:55	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: ABDURRAZZAK BIN ISMAIL		Address: APT BLK 482 ADMIRALTY LINK #11-17 SINGAPORE 750482	
ID Type / ID No.: NRIC NO / S8937136H		Contact No.: Home/Office: Mobile: 85776384	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 19/10/1989	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Bus Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2023 20:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC743J	Bus/Coach/Minibus	TOYOTA		Grey	Seriously Damaged	0
SDK8118L	Car	BMW		Blue		0

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



**SINGAPORE
POLICE FORCE**



T/20230606/2017

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20230606/2017

CONTINUATION OF REPORT

Driver			
Name	ABDURRAZZAK BIN ISMAIL	ID No.	S8937136H
Related Vehicle	PC743J (Bus/Coach/Minibus)	Contact No.	85776384
Hospital/Clinic	Ng Teng Fong General Hospital	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/06/2023	Date Discharge	05/06/2023
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

On 4/6/23 at 8.30pm, I was driving along BKE towards city before exit KJE. I was driving at the speed of 70km/h. I was driving at the third lane. While driving, I heard a sound from the rear and after the hit, I lost control of my vehicle and my vehicle turned around and hit the divider. My vehicle did not overturn. I could not move and felt pain at my back spine. I was still conscious. Half an hour, another rider came towards me and he tried to open the driver door but he could not. As such, I waited inside my vehicle for the paramedics to come. Police and paramedics came shortly and I was conveyed to Ng Teng Fong general hospital conscious. I was given eight days of medical leave. I had done X ray and was told that there is fracture found at the back spine. The other party who hit onto me had contacted me and he had apologized to me as he told me he had lost control of his vehicle and there is nothing he can do to prevent the accident. He is Rik, contact: 97109308, driving one blue BMW SDK8118L. Traffic Police had took my SD card.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20230606/2017

3 of 3

Report No. T/20230606/2017

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L/ SGT 3 OOI JIA JUN <i>J</i>	Signature Of Informant: <i>R</i>
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2023 09:55
Officer In Charge Of Case: TP / GIT / SR STAFF SGT Ahmad Syafiq Bin Harris Contact No.: 65476201	Classification Of Case:
NP168	