

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 20/06/2023 09:42 (SGT)
Reported by Actual Driver
Date of Accident 19/06/2023 17:20 (SGT)
Exact Location of Accident Tampines Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5916T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 199001196N
Email Address isaacngcl@gbl.com.sg
Mobile Phone No (Phone) +65-96561369
Alternative Phone No (Office) +65-64942897

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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D23100958

DRIVER

Name of Driver MUHAMMAD RAIHAN HIDAYATULLAH BIN ABDUL RAHIM
NRIC No S8541905F
Date Of Birth 19/12/1985
Occupation Outdoor

Date Of Driving Pass	22/03/2006
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96561369
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	15 MARINE TERRACE #13-10
Address complement	-
Postcode	440015
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 - Cross Junction
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)	4
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	MOTHER
Gender	Female

PASSENGER 2

Name	MUHD SAFWAN BIN ABD RAHIM
Gender	Male

PASSENGER 3

Name	MUHD ADRYAN RYAN
Gender	Male

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 POLICE REPORT T/20230619/2124

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 SH9744K
 Vehicle Manufacturer Hyundai
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver POH ENG HONG
 Contact Number (Phone) +65-91897021
 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 MUHD ADRYAN RYAN
 Gender Male
 Phone No (Phone) +65-88752218
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBK5916T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MUHAMMAD RAIHAN HIDAYATULLAH BIN ABDUL RAHIM
 Gender Male
 Phone No (Phone) +65-96561369
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBK5916T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MUHD SAFWAN BIN ABD RAHIM
 Gender Male
 Phone No (Phone) +65-85337547
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBK5916T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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 center 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.

[Handwritten signature and date]
 19:20 PM
 19/6/23

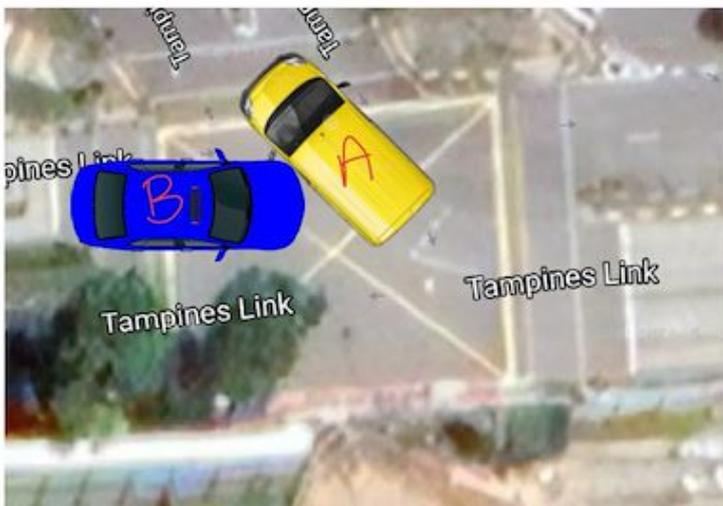


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



TAMPINES LINK	
A	B
GBK5916T	SH9744K

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20230619/2124

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten Signature] 19:20 PM
19/6/23



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel































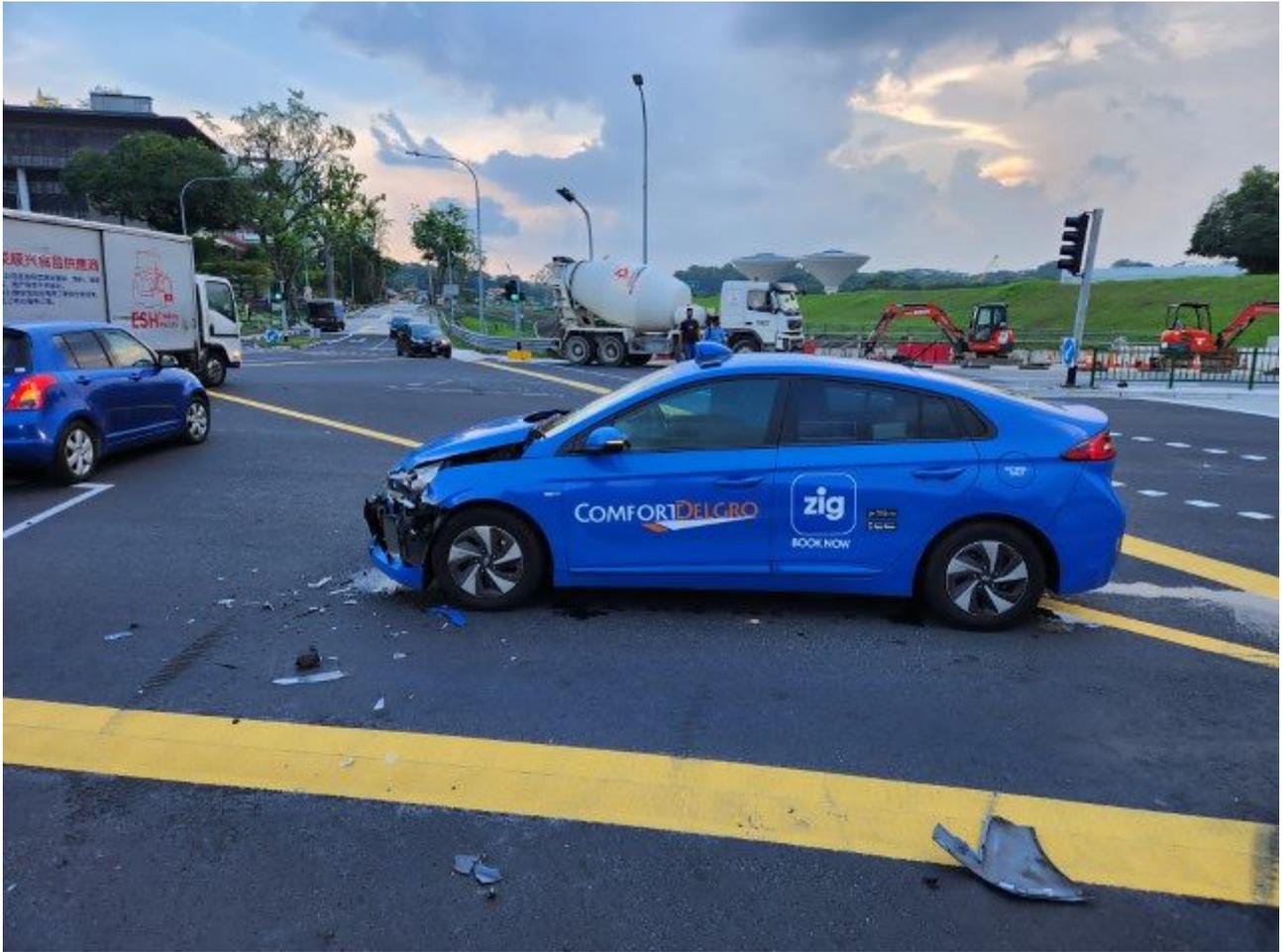










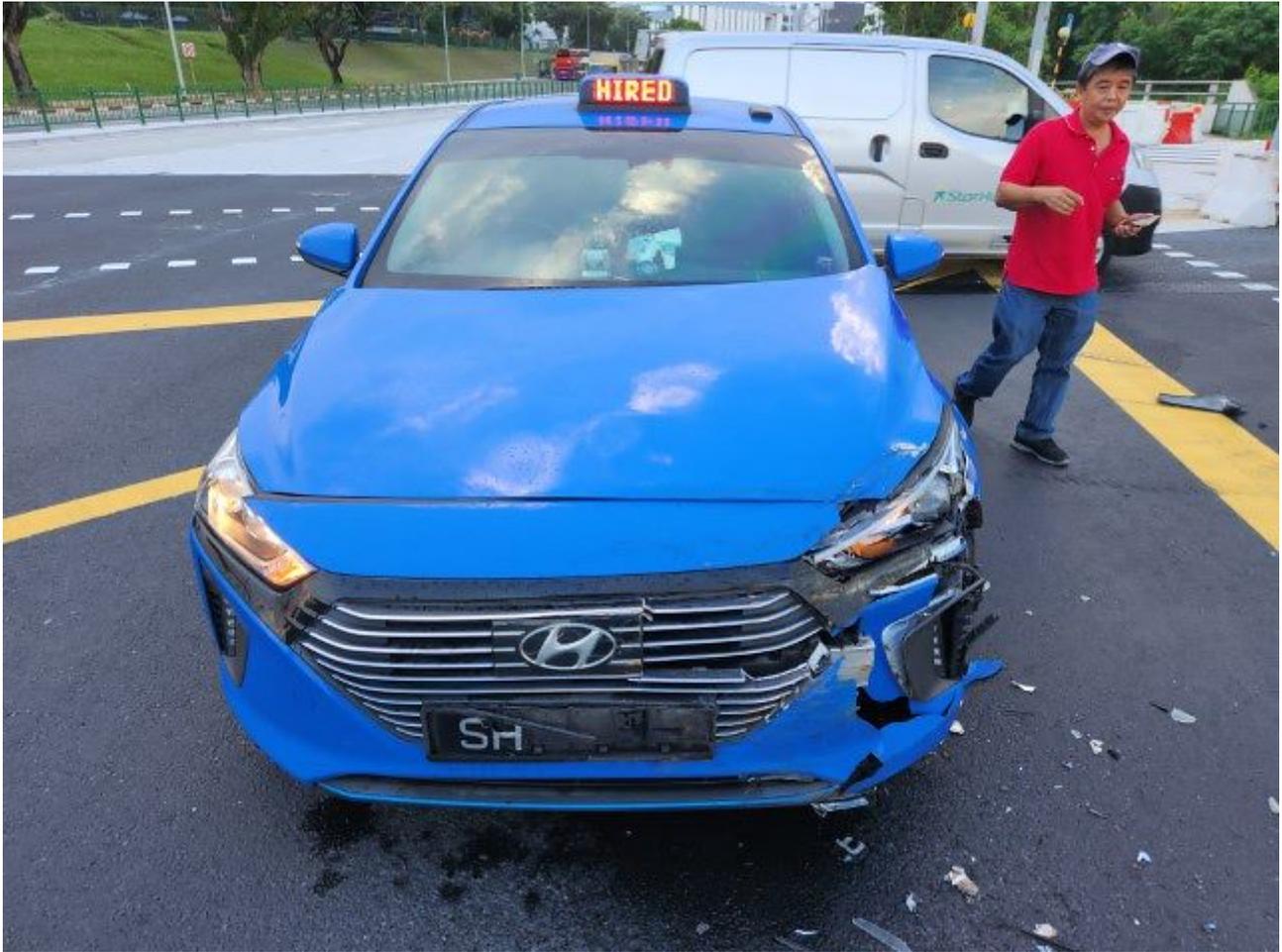





















**SINGAPORE
POLICE FORCE**


T/20230619/2124

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/20230619/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2023 22:31	Vide Report No.:	Station Diary No.: 176
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Informant's Particulars

Name of Informant: MUHAMMAD RAIHAN HIDAYATULLAH BIN ABDUL RAHIM			Address: APT BLK 15 MARINE TERRACE #13-10 SINGAPORE 440015		
ID Type / ID No.: NRIC NO / S8541905F			Contact No.: Home/Office: Mobile: 96561369		
Nationality: SINGAPORE CITIZEN			Email: muhdraihan1985@gmail.com		
Sex: Male	Age: 37	Date of Birth: 19/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2023 17:20	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5916T	Van	TOYOTA		Orange	Seriously Damaged	3
SH9744K	Car	HYUNDAI		Blue		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230619/2124

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/20230619/2124

CONTINUATION OF REPORT

Passenger			
Name	MAIMOON BINTE ASHIK	ID No.	S1596657B
Related Vehicle	GBK5916T (Van)	Contact No.	85337547
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
Passenger			
Name	MUHAMMAD SAFUAN BIN ABDUL RAHIM	ID No.	S8732702G
Related Vehicle	GBK5916T (Van)	Contact No.	85337547
Hospital/Clinic	ALLHEALTH FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/06/2023	Date Discharge	19/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD RAIHAN HIDAYATULLAH BIN ABDUL RAHIM	ID No.	S8541905F
Related Vehicle	GBK5916T (Van)	Contact No.	96561369
Hospital/Clinic	ALLHEALTH FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/06/2023	Date Discharge	19/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MUHAMMAD ADRYAN RYAN BIN ABDULLAH	ID No.	T0736575B
Related Vehicle	GBK5916T (Van)	Contact No.	88752218
Hospital/Clinic	ALLHEALTH FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/06/2023	Date Discharge	19/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20230619/2124

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

Report No. T/20230619/2124

CONTINUATION OF REPORT

Driver			
Name	POH ENG HONG	ID No.	S6826874E
Related Vehicle	SH9744K (Car)	Contact No.	91897021
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
Passenger			
Name	CHEE CHEAU YEE	ID No.	S9280237Z
Related Vehicle	SH9744K (Car)	Contact No.	81508086
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.

On 19/06/2023 at about 1715hrs, I was driving along Tampines Avenue 10 in the first lane, in van GBK5916T. I was at the junction of Tampines Avenue 10 and Tampines Link.

The traffic light was green for me, and for the opposite direction. I was preparing to make a right turn into Tampines Link when there was a taxi that was coming from the opposite direction. It was a blue Hyundai SH9744K. The front of the taxi then collided into the left side of my van.

I wish to state that I had three passengers with me, my mother was seated to my left, while my younger brother and nephew were sitting inside the van in the back. No one was seriously injured at the time. There was no Traffic Police nor ambulance that came down to the accident site.

I wish to state that we went to seek medical attention after the accident and my brother, nephew and I received 3 days MC each. My mother is not injured at all.

My company van has a dent on the left side of it. It is unable to open as a result of the accident.



**SINGAPORE
POLICE FORCE**



T/20230619/2124

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Report No. T/20230619/2124

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SI NURUL HUDA BINTE HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/06/2023 22:31

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168



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: SA1K236K0002 Vehicle Registration No: GBK5916T

Name (as shown in NRIC): Goldbell Leasing Pte Ltd NRIC/FIN/Passport No: 1XXXXX196N

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 19/06/2023 Time of Accident: 17:20

Place of Accident: Tampines Link, Singapore

Insurance Company: MS First Capital Insurance 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:

ATTACH POLICE REPORT

UPDATE PASSENGERS NAME

Policyholder / Driver's Signature
Date:

NAVA

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 20.06.2023

