

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	17/06/2023 15:20 (SGT)
Reported by	Actual Driver
Date of Accident	16/06/2023 13:40 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX9699R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZIRCOM NETWORKS PTE LTD
Company Reg No	200105784K
Email Address	MARTIN@ZIRCOM.COM.SG
Mobile Phone No	(Phone) +65-82888259
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Liteace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2184

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5077129915-07

DRIVER

Name of Driver	CHUA KOK LIANG
NRIC No	S7531691G
Date Of Birth	24/10/1975
Occupation	Outdoor

Date Of Driving Pass	31/03/2003
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97657989
Alt. Phone Number	-
Email Address	MARTIN@ZIRCOM.COM.SG
Address	APT BLK 211 BUKIT BATOK STREET 21
Address complement	#09-232
Postcode	650211
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?	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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN

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	SMP1366A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHD SHAFFIE BIN RAHMAT
NRIC No	S1566095C
Contact Number	(Phone) +65-93876144
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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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

[Signature] 17/6/2023

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



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

Sketch Plan

AYB towards City,
Approaching the lower part
Road - Right

A - GX9699R
B - SMP1366A

Describe Circumstance of the Accident	
VEHICLE NO: <u>GX9699R</u>	ACCIDENT DATE & TIME: <u>16/6/2023 1340Hrs</u>
CONTACT NUMBER: <u>8288 8259</u>	E-MAIL: <u>Martin@zircum.com.sg</u>
LOCATION:	
<p>I was driving VI (VI: GX9699R) along Ayer Rajah Expressway towards City. While approaching the exit at Lower Delta Road, I was driving along the extreme left lane. Ahead of me was another car which slowed down. I had to slow VI down as well where it then came to a stop. Shortly after, I felt a strong impact from the rear. Fortunately, the impact did not cause another collision between VI and the car ahead.</p>	
<p>Please refer to the police report</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input checked="" type="checkbox"/> CLAIM OD (P) AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

Declaration

I/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



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





















**SINGAPORE
POLICE FORCE**



T/20230616/2077

1 of 3

Report No. T/20230616/2077

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2023 17:26		Vide Report No.:		Station Diary No.: 37
Informant's Particulars				
Name of Informant: CHUA KOK LIANG		Address: APT BLK 211 BUKIT BATOK STREET 21 #09-232 SINGAPORE 650211		
ID Type / ID No.: NRIC NO / S7531691G		Contact No.: Home/Office: Mobile: 97657989		
Nationality: SINGAPORE CITIZEN		Email: martin@zircorn.com.sg		
Sex: Male	Age: 47	Date of Birth: 24/10/1975	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: IT Engineer		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: 16/06/2023 13:40	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GX9699R	Van				Slightly Damaged	0
SMP1366A	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20230616/2077

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Report No. T/20230616/2077

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Driver			
Name	CHUA KOK LIANG	ID No.	S7531691G
Related Vehicle	GX9699R (Van)	Contact No.	97657989
Hospital/Clinic	BLESS MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/06/2023	Date Discharge	16/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MOHD SHAFFIE BIN RAHMAT	ID No.	S1566095C
Related Vehicle	SMP1366A (Car)	Contact No.	93876144
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 16/06/2023 at about 1340hrs, I was driving V1 (V1: GX9699R) along Ayer Rajah Expressway towards City. While approaching the exit at Lower Delta Road, I was driving along the extreme left lane. Ahead of me was another car which slowed down. I had to slow V1 down as well where it then came to a stop. Shortly after, I felt a strong impact from the rear. Fortunately, the impact did not cause another collision between V1 and the car ahead.

I alighted to check and saw a car (V2: SMP1366A) behind V1, to have collided its front into V1's rear. V1 sustained a large dent on its rear while V2's damages were scratches at its front bumper. At that moment, both drivers did not suffer any injury. After exchanging particulars, both parties left.

Later, I felt pain on the back of my neck. I went to see a doctor and was granted with 5 days of Medical Leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230616/2077

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Report No. T/20230616/2077

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

STAFF SGT MUSHAWWIR BIN
ADRUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/06/2023 17:26

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168