

# 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 .....	28/06/2023 08:46 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/06/2023 06:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	T-JUNCTION OF OLD CHOA CHU KANG ROAD & SUNGEI TENGAH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ5254R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No .....	2XXXXXX271R
Email Address .....	car.rental@sianghock.com.sg
Mobile Phone No .....	(Phone) +65-98956928
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 .....	2755

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D23100891MFCV/229

### DRIVER

Name of Driver .....	SATTAR ABDUS
Passport No/FIN .....	GXXXXX943N
Date Of Birth .....	20/05/1975

Occupation .....	Outdoor
Date Of Driving Pass .....	23/04/2008
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98956928
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	APT BLK 28 TOH GUAN ROAD EAST
Address complement .....	# 06-09
Postcode .....	608591
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 .....	Side Swipe
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) .....	5
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 .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	GOVINDHARAJ ASHOKRAJ
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230622/2060

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... WITH DRIVER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBD5100S  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Dyna  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-92254763  
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 ..... GOVINDHARAJ ASHOKRAJ  
Gender ..... Male  
Phone No ..... (Phone) +65-89353707  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... LACERATIONS ON THE HEAD  
Injured person in which vehicle? ..... YQ5254R  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

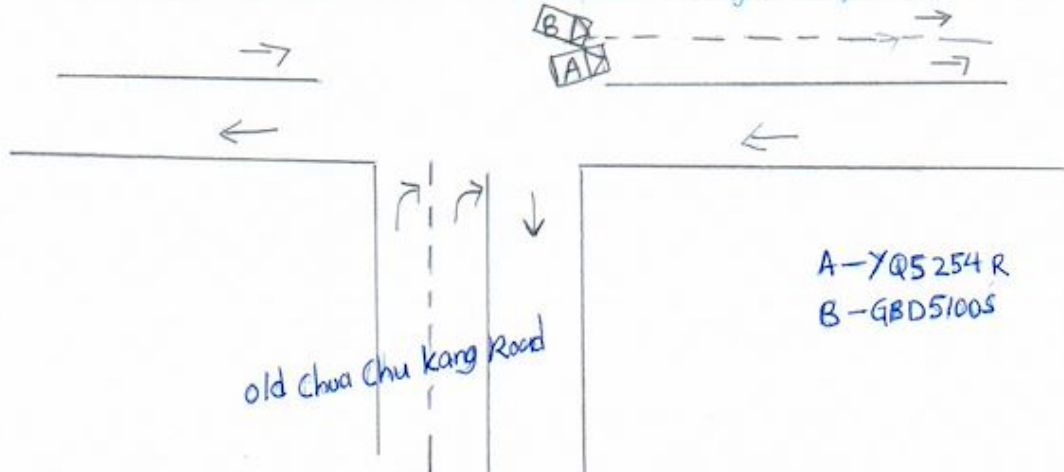
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIACC Records Management Centre established by the General Insurance Association of Singapore (GIACC) for archiving and that copies of the 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 to insurers.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:  
(a) My insurer, its workshop and the General Insurance Association of Singapore (GIACC) may be 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 insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in this accident and be collectively referred to as the "Insurers", the Insurers' law firms/law firms, the Ministry, Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 issuing 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/may packages; and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims;  
(collectively the "Purposes");  
(b) all insurers, who have insured vehicles involved in this accident and the Insurers' law firms/law firms, may be 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 GIACC to their third party service providers or agents (including their law firms/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:  28/6/2023

Sketch Plan: Junction of old chuan chu kang Road / Angai Tengah Road  
 Sungai Terjah Road



A-YQ5254 R  
 B-QBD5100S

**Describe Circumstances of the Accident**


As per report.

Note: lorry did not stop after the impact.


Please Refer to the attached police  
Report - T/2023 0622/2060 -

**Declaration**

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

 28/6/2023  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20230622/2060

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Report No. T/20230622/2060

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	GBD5100S (Lorry)		Contact No.	92254763
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
<b>Driver</b>				
Name	SATTAR ABDUS		ID No.	G7465943N
Related Vehicle	YQ5254R (Lorry)		Contact No.	98956928
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 22/04/2028
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Passenger</b>				
Name	GOVINDHARAJ ASHOKRAJ		ID No.	M3021730J
Related Vehicle	YQ5254R (Lorry)		Contact No.	89353707
Hospital/Clinic	DR+ Medical Paincare Clinic		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/06/2023		Date Discharge	22/06/2023
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

**Brief Details.**

On the 22/06/2023 at about 0640hrs, I was driving my lorry bearing registration number YQ5254R at the T-junction of Old Choa Chu Kang Rd and Sungei Tengah Rd.

I was making a right turn on Lane 1. As I was turning right, I realized that a lorry bearing registration number GBD5100S which was on Lane 2, was coming closer to my lorry. I could not react in time, and he subsequently side-swiped into my lorry's front left side mirror. He did not stop his lorry and left the scene. As a result, the side mirror was shifted from its original position, but not damaged. From the decal at the side of the lorry, the lorry belongs to Nanyan Construction Pte Ltd, and was tagged with a handphone number, HP: 92254763.

My lorry's front left side mirror was bent. Due to the sudden braking of my lorry, my worker who was



SINGAPORE  
POLICE FORCE



T/20230822/2080

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20230822/2080

CONTINUATION OF REPORT

sitting at the back, suffered from lacerations on the head. He had already sought treatment at a clinic. I wish to state that I have the vehicle footage, and it captured the incident.





















**SINGAPORE  
POLICE FORCE**



T/20230622/2060

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T/20230622/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
22/06/2023 14:50

Vide Report No.:

Station Diary No.:  
82

**Informant's Particulars**

Name of Informant: SATTAR ABDUS			Address: 28 TOH GUAN ROAD EAST #06-09 WESTLITE TOH GUAN DORMITORY SINGAPORE 608596		
ID Type / ID No.: FIN NO / G7465943N			Contact No.: Home/Office: Mobile: 98956928		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 48	Date of Birth: 20/05/1975	Type of Informant: Driver		
Race: Bengali			Language:		
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 22/04/2028		

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/06/2023 06:40	Type of Location: T-Junction
Location: OLD CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5100S	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver		0
YQ5254R	Lorry	TOYOTA	DYNA 150 6AT	White	No Damage	4

**Details of Person Involved**

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





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T/20230622/2060

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Report No. T/20230622/2060

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	GBD5100S (Lorry)		Contact No.	92254763
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
<b>Driver</b>				
Name	SATTAR ABDUS		ID No.	G7465943N
Related Vehicle	YQ5254R (Lorry)		Contact No.	98956928
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 22/04/2028
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Passenger</b>				
Name	GOVINDHARAJ ASHOKRAJ		ID No.	M3021730J
Related Vehicle	YQ5254R (Lorry)		Contact No.	89353707
Hospital/Clinic	DR+ Medical Paincare Clinic		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/06/2023		Date Discharge	22/06/2023
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

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T/20230822/2080

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Report No. T/20230822/2080

CONTINUATION OF REPORT

sitting at the back, suffered from lacerations on the head. He had already sought treatment at a clinic. I wish to state that I have the vehicle footage, and it captured the incident.





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T/20230622/2060

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Report No. T/20230622/2060

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
J /  
SGT 2 CAI XIN YU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:

Date/Time:  
22/06/2023 14:50

Classification Of Case:



**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: SN09236R000C Vehicle Registration No: YQ 5254R  
 Name (as shown in NRIC): Sattar Abdus NRIC/FIN/Passport No: G7465943N  
 (<=Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Apt B1K 28 Toh Guan Road East # 06-09 Singapore (608591)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9895 6928  
 Email Address: car.rental@sianghock.com.sg  
 Date of Accident: 22/06/2023 Time of Accident: 06:40  
 Place of Accident: T-junction of old chuan chu kang Road & Sungai Tengah Road  
 Insurance Company: MS First Capital

**(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:

Amend policy Number - D-23100891MFCV/229  
Amend sketch plan  
Amend Vehicle A on sketch plan - YQ 5254R  
Amend police Report

Policyholder / Actual Driver's Signature  
 Date:

Amul 28/6/2023  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: