

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 First Submission	09/09/2024 11:16 (SGT)
Reported by	Actual Driver
Date of Accident	07/09/2024 10:25 (SGT)
Exact Location of Accident	Kaki Bukit Rd 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8173G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	REGENT M&E PTE. LTD.
Company Reg No	201405488G
Email Address	Hosiowpoh@yahoo.com.sg
Mobile Phone No	(Phone) +65-62696169
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	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7240043624

DRIVER

Name of Driver	UDDIN JASHIM
Passport No/FIN	G8284512M
Date Of Birth	10/11/1984
Occupation	Outdoor
Driving Pass Date	02/12/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80372131
Alt. Phone Number	-
Email Address	Hosiowpoh@yahoo.com.sg
Address	500A MACPHERSON ROAD
Address complement	-
Postcode	368203
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20240907/2042

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	GBK5931Z
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN SOO PING
NRIC No	S6814832D
Contact Number	(Phone) +65-98337894
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK3898U
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHOO HE
NRIC No	S2749128F
Contact Number	-
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	UDDIN JASHIM
Gender	Male
Phone No	(Phone) +65-80372131
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBE8173G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

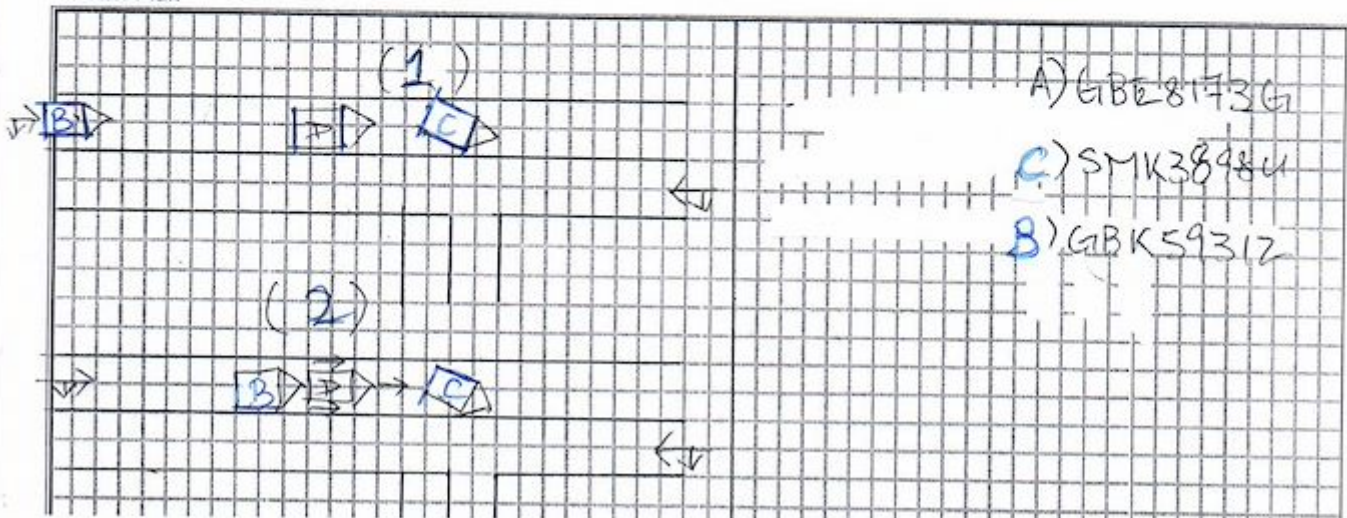
Jashin

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

09/09/2024

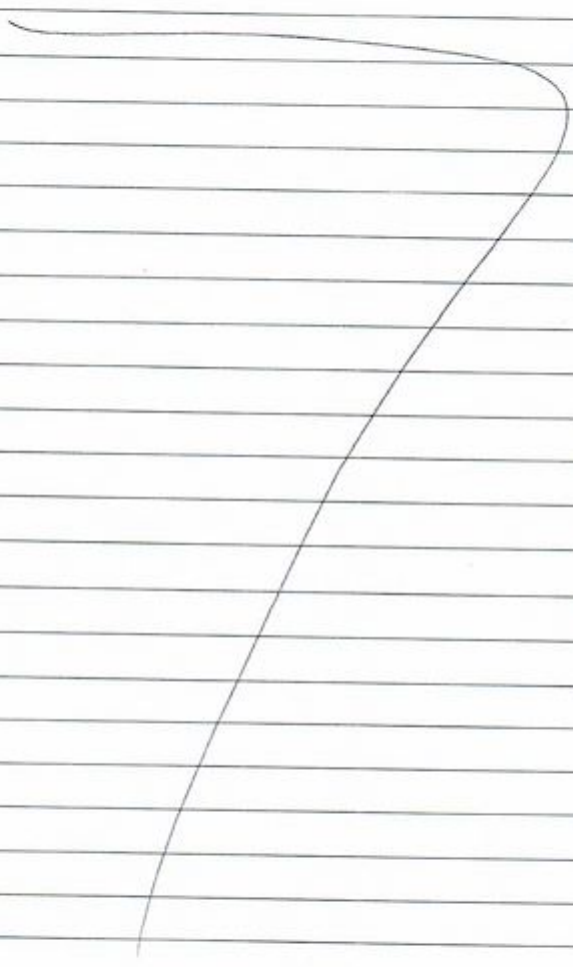
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer police report
T/20240907/2041



Declaration

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



Policyholder's Signature / Date & Time

Jasim

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

09/09/2024

Witnessed by Roadside Centre Person






















**SINGAPORE
POLICE FORCE**


T/20240907/2042

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No: T/20240907/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 07/09/2024 13:51		Video Report No.:		Station Diary No.: 47	
Informant's Particulars					
Name of Informant: UDDIN JASHIM			Address: C/O APT BLK 500A MACPHERSON ROAD SINGAPORE 368203		
ID Type / ID No.: FIN NO / G8284512M			Contact No.: Home/Office Mobile: 80372131		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 39	Date of Birth: 10/11/1984	Type of Informant: Driver		
Race: Bangladeshi			Language: English		
Occupation: CONTRACTOR			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2024 10:25	Type of Location: Straight Road
Location: KAKI BUKIT ROAD 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8173G	Lorry	TOYOTA	DYNA 3.0 M	Silver	Slightly Damaged	0
GBK5931Z	Motor van	NISSAN	NV200 1.6 (A) PETROL	Silver	Seriously Damaged	0
SMK3898U	Motor car	TOYOTA	CAMRY HYBRID 2.5G A	White	Slightly Damaged	0


**SINGAPORE
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T/20240907/2042

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Police Station Of Origin
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No. 1800-4519999

Report No. T/20240907/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	UDDIN JASHIM	ID No.	G8284512M
Related Vehicle	GBE8173G (Lorry)	Contact No.	80372131
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/09/2024	Date Discharge	07/09/2024
No. of Days granted Medical Leave	05	Degree of	NIL
Driver			
Name	TAN SOO PING	ID No.	S6814832D
Related Vehicle	GBK5931Z (Motor van)	Contact No.	98337894
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM CHOO HE	ID No.	S2749128F
Related Vehicle	SMK3898U (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 07/09/2024 at about 1025hrs, I was driving my lorry of plate number GBE8173G at along Kaki Bukit Road 3 towards Kaki Bukit Avenue 1. In front of me was a car of plate number SMK3898U, and the car had signaled to turn right. I then stopped my lorry about 3 meters away behind the car to wait for the car to turn right, as it is a one lane road.

While I was waiting at a stationary position, I suddenly felt a strong impact from the back, and due to the impact, my lorry rolled forward and had slightly collided onto the front car. I went down and saw a van of plate number GBK5931Z at collided onto the rear of my lorry.



**SINGAPORE
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T/20240907/2042

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Report No. T/20240907/2042

CONTINUATION OF REPORT

At that point of time, no one is injured. All the drivers had exchanged particulars and subsequently move off from the scene as it was causing a jam.

Subsequently, I felt pain on my back and went to the doctor at Intermedical Kovan clinic. I was given 5 days MC from 07/09/2024 at 11/09/2024. MC No 17256812721723015.

No Traffic Police or Ambulance came to scene. My lorry has an in-vehicle camera at the front.

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POLICE FORCE**

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Tel No: 1800-4519999



T/20240907/2042

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Report No. T/20240907/2042

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 3 ELLIE PRATIWI
RAHMASARIYANTI BINTI
MOHAMED YUSOF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
07/09/2024 13:51

Classification Of Case:

NP168