

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	07/11/2024 17:25 (SGT)
Reported by	Actual Driver
Date of Accident	06/11/2024 20:20 (SGT)
Exact Location of Accident	Woodlands Ave 9, Singapore
Additional Location Information	Cross Junction between Woodlands Avenue 8 and Woodlands Avenue 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1826H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Zap Piling Pte Ltd
Company Reg No	1XXXXX332N
Email Address	janetay@zapfoundation.com.sg
Mobile Phone No	(Phone) +65-97315506
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variation	-
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	JTFAT35Y20K203298
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCV24A00031700

DRIVER

Name of Driver	HOSSAIN RAKIB
Passport No/FIN	GXXXX483N
Date Of Birth	22/08/1985
Occupation	Outdoor
Driving Pass Date	21/12/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84425794
Alt. Phone Number	-
Email Address	rakibzap@gmail.com
Address	27 WOODLANDS INDUSTRIAL PARK E1
Address complement	#02-14 HIANGKIE INDUSTRIAL BUILDING
Postcode	757718
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 - 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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	HOSSAIN MD SHARIF
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report. T/20241107/2000

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 SNQ5653C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
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 Kayla Tan Hui Shin
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SNQ5653C
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

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 repealate 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

[Signature] 7/11/24

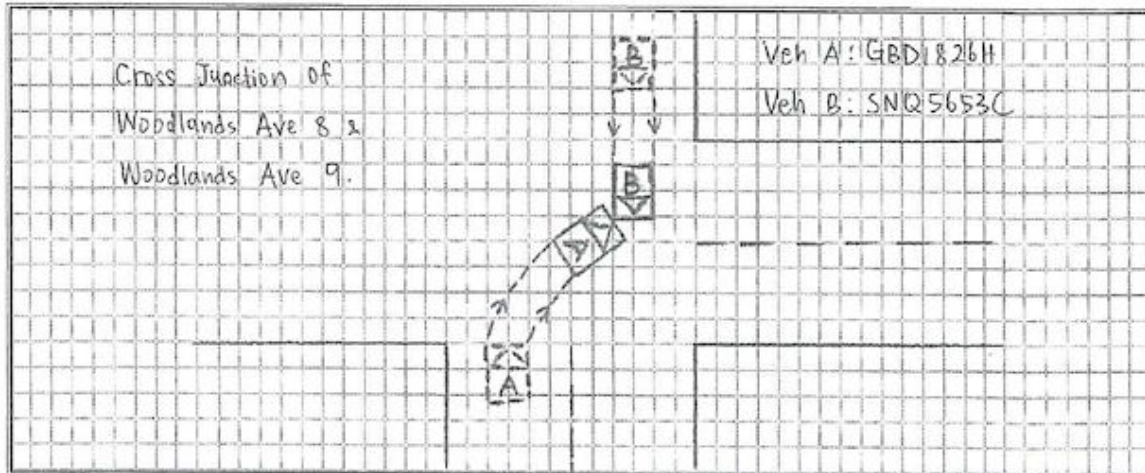
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

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

Teng

Sketch Plan

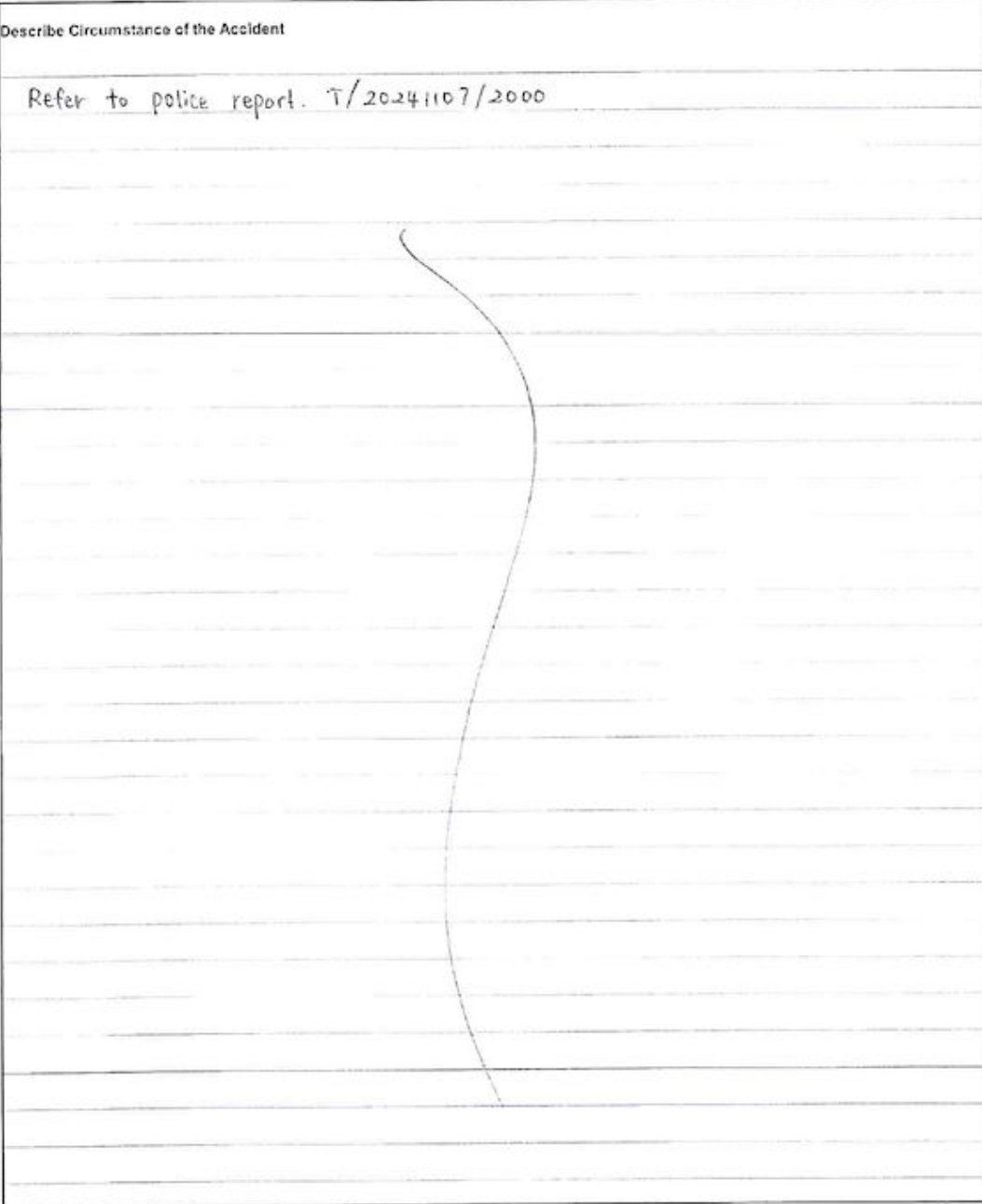


vJun2022

1

Describe Circumstance of the Accident

Refer to police report. T/20241107/2000



Declaration

(We declare the foregoing particulars are true in every respect.



[Signature] 7/11/24

Policyholder's Signature / Date & Time

[Signature]

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

Teng

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














**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20241107/2000

1 of 3

Report No. T/20241107/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2024 00:03	Vide Report No.: L/20241106/0120	Station Diary No.: 1
--	-------------------------------------	-------------------------

Informant's Particulars

Name of Informant: HOSSAIN RAKIB			Address: 33 SUNGEI KADUT LOOP #04-06 SINGAPORE 729508		
ID Type / ID No.: FIN NO / G7817483N			Contact No.: Home/Office: Mobile: 84425794		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 39	Date of Birth: 22/08/1985	Type of Informant: Driver		
Race: Bangladeshi			Language:		
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2024 20:20	Type of Location: X-Junction
Location: WOODLANDS WALK				
Lamp Post Number: 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBD1826H	Lorry	TOYOTA	DYNA	White	Slightly Damaged	1
SNQ5653C	Motor car	HONDA	ZRV	Black	Seriously Damaged	2

Details of Person Involved

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

Nov 7, 2024 9:47:30 AM
Singapore



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20241107/2000

2 of 3

Report No. T/20241107/2000

CONTINUATION OF REPORT

Driver			
Name	HOSSAIN RAKIB	ID No.	G7817483N
Related Vehicle	GBD1826H (Lorry)	Contact No.	84425794
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KAYLA TAN HUI SHIN	ID No.	S9134245F
Related Vehicle	SNQ5653C (Motor car)	Contact No.	94512487
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 6/11/2024 at around 2020hrs, I was driving my lorry GBD1826H with my colleague, Hossain Md Sharif G2630176P, seated beside me and wanted to turn right at the cross junction between Woodlands Avenue 8 and Woodlands Avenue 9. The car in front of me had turned right so I followed. The traffic light was green, but my colleague and I are unsure if it was a green arrow. While making the right turn, my lorry collided into a car SNQ5653C which was from my opposite direction going straight. The driver of the car SNQ5653C, Kayla Tan Hui Shin S9134245F, called for police and ambulance and she was conveyed by the ambulance. I do not have a dash camera in my lorry. Traffic police attended to this incident L/20241106/0120. My lorry GBD1826H belongs to company Zap Piling. I am lodging this report as instructed by my supervisor, Miss Tay HP: 97315506.

Nov 7, 2024 9:46:26 AM
Singapore



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20241107/2000

3 of 3

Report No. T/20241107/2000

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SCSGT(1) MUHAMMAD AQIL
BIN MOHAMMED FADZIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/11/2024 00:03

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

NP168

Nov 7, 2024 9:46:35 AM
Singapore



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: SA1S24B70001 Vehicle Registration No: GBD1826H
Name (as shown in NRIC): Zap Piling Pte Ltd NRIC/FIN/Passport No: 198900332N
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: 27 Woodlands Industrial Park E1 #02-14 Hiangkie Industrial Building Singapore (757718)
Contact (Tel): _____ Mobile No.: 84425794
Email Address: janetay@zapfoundation.com.sg
Date of Accident: 06.11.2024 Time of Accident: 2020hrs
Place of Accident: Cross Junction between Woodlands Avenue 8 & Woodlands Avenue 9
Insurance Company: ECICS.

(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:

revert to Own Damage Claim.

Policyholder / Actual Driver's Signature
Date:

Jent

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): Org Yoke Jent.
Date: 8/11/2024