

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 | 18/11/2024 10:42 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 15/11/2024 09:15 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Along Bartley Road East |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBD3058U |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | GREEN WORLD CONTRACTOR PTE LTD |
| Company Reg No | 2XXXXX731H |
| Email Address | greenworldcontractor123@gmail.com |
| Mobile Phone No | (Phone) +65-84283178 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------------------------------|
| Manufacturer | Nissan |
| Model | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| 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 | 2953 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | JN1SC2F24Z0856186 |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD24V12838/VCV/R00 |

DRIVER

| | |
|--|-------------------------------------|
| Name of Driver | Jaman Maniruj |
| Passport No/FIN | GXXXX744N |
| Date Of Birth | 08/07/1992 |
| Occupation | Outdoor |
| Driving Pass Date | 20/09/2017 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 7 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89626879 |
| Alt. Phone Number | - |
| Email Address | greenworldcontractor123@gmail.com |
| Address | 34, Mandai Estate, #07-19 Singapore |
| Address complement | - |
| Postcode | 729940 |
| 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) | 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 | Rana Mohammad Shohel |
| Gender | Male |

PASSENGER 2

| | |
|--------------|----------------|
| Name | Thet Paing Phy |
| Gender | Male |

PASSENGER 3

| | |
|--------------|--------------------|
| Name | Ali Muhammad Kayum |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20241115/7043

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 GBK2992S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBJ17B
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 Jaman Maniruj
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBD3058U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

| | |
|---|----------------------|
| Name of injured person | Rana Mohammad Shohel |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBD3058U |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|-----------------|
| Name of injured person | Thet Paing Phyo |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBD3058U |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 4

| | |
|---|--------------------|
| Name of injured person | Ali Muhammad Kayum |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBD3058U |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X



Policyholder's Signature / Date & Time

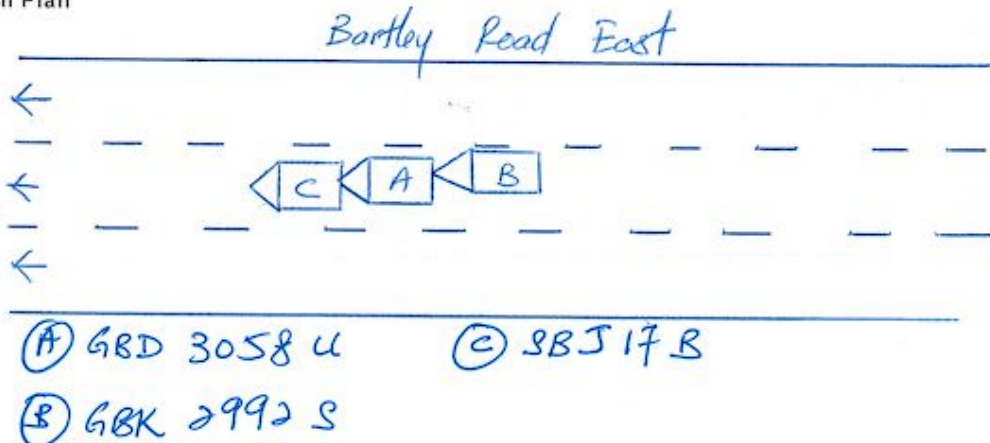
JAMAN

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As Police Report: T/20241115/7043

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

JAMAN

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



Witnessed by Reporting Centre Personnel

















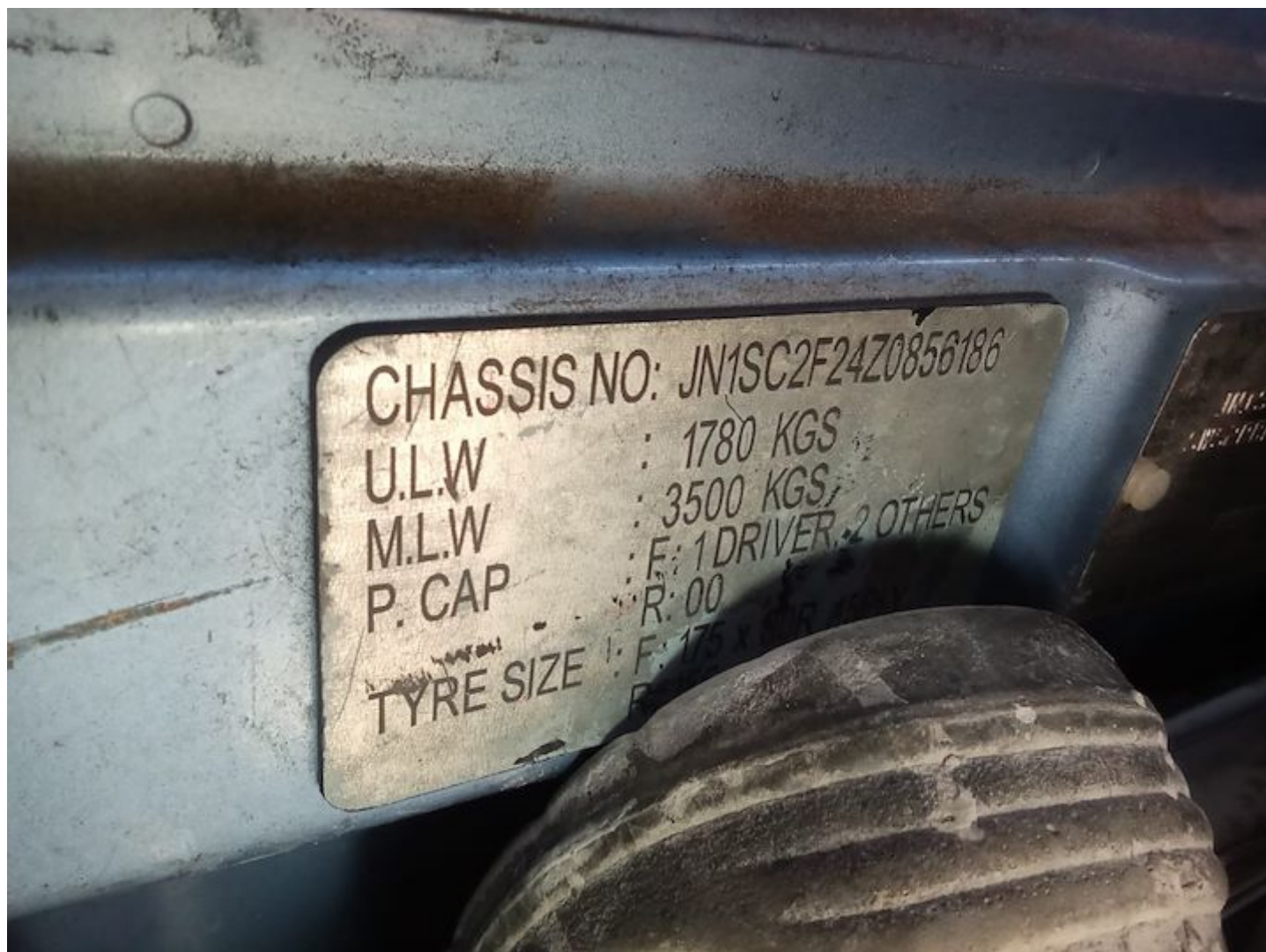


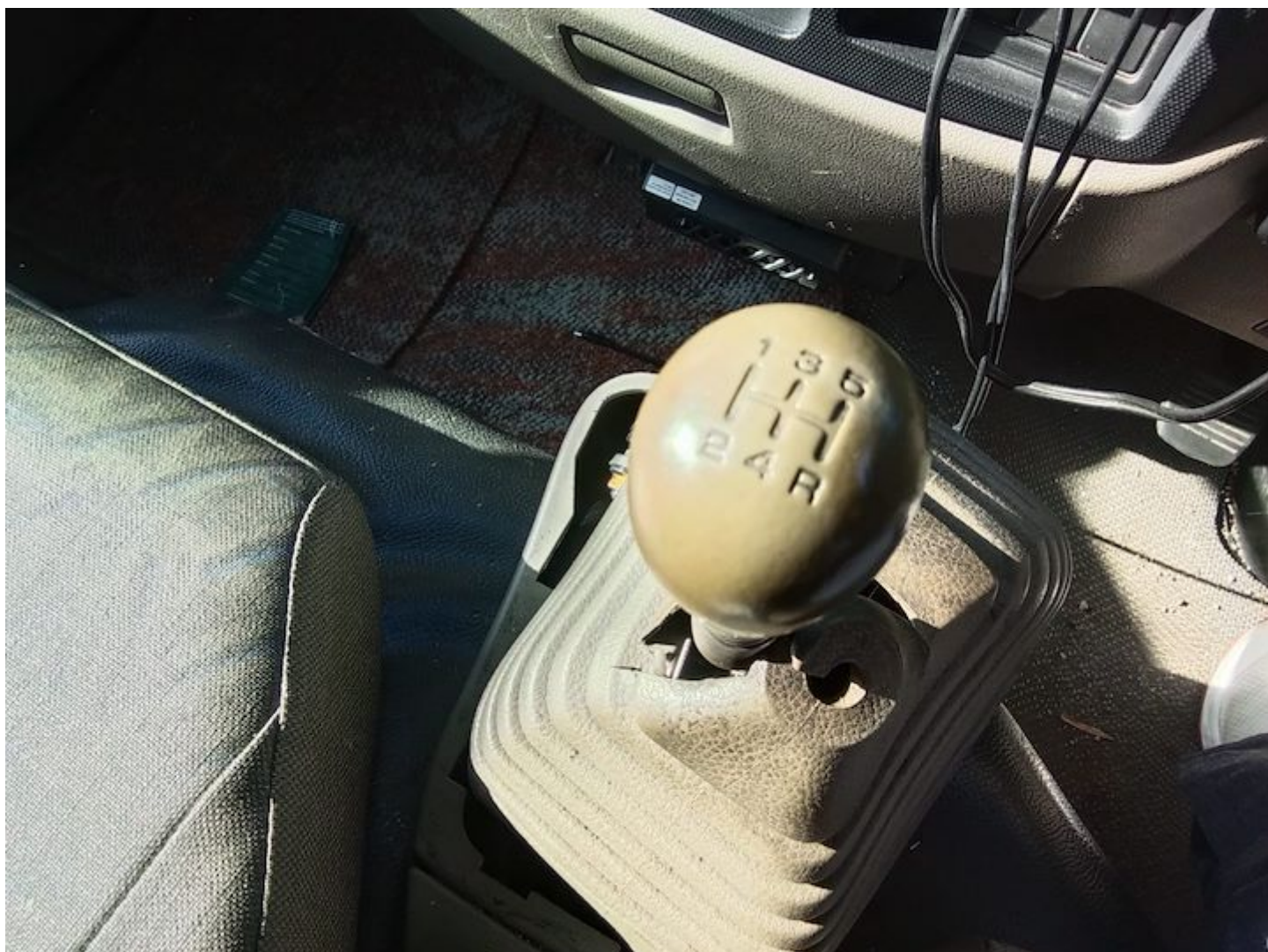














**SINGAPORE
POLICE FORCE**



T/20241115/7043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20241115/7043

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 15/11/2024 12:26 | | Vide Report No.: | Station Diary No.: |
| Informant's Particulars | | | |
| Name of Informant: Jaman maniruj | | Address: 34 Mandai estate #07-19 SINGAPORE 729940 | |
| ID Type / ID No.: FIN NO / G2374744N | | Contact No.: Home/Office: Mobile: 89626879 | |
| Nationality: BANGLADESHI | | Email: Moniruj99monir@gmail.com | |
| Sex: Male | Age: 32 | Date of Birth: 08/07/1992 | Type of Informant: Driver |
| Race: Bangladeshi | | Language: English | |
| Occupation: Lorry driver | | 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: 15/11/2024 09:15 | Type of Location: Straight Road |
| Location: BARTLEY ROAD EAST | | | |
| Weather: Clear | | Road Surface: Dry | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate |
| Type of Collision: Chain collision | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------|--------|---------|-------|-------------------|-----------------|
| GBD3058U | Lorry | NISSAN | Cabstar | Blue | Seriously Damaged | 3 |
| GBK2992S | Motor van | | | White | Seriously Damaged | 0 |
| SBJ17B | Motor car | BMW | | Grey | 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/20241115/7043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241115/7043

CONTINUATION OF REPORT

| | | | |
|--|----------------------|--|-----------------------------------|
| Driver | | | |
| Name | JAMAN MANIRUJ | ID No. | G2374744N |
| Related Vehicle | GBD3058U (Lorry) | Contact No. | 89626679 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 15/11/2024 | Date Discharge | 15/11/2024 |
| No. of Days granted Medical Leave (MC) | 03 | Degree of Injury | Serious |
| Passenger | | | |
| Name | RANA MOHAMMAD SHOHEL | ID No. | G2180919K |
| Related Vehicle | GBD3058U (Lorry) | Contact No. | 94724017 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 15/11/2024 | Date Discharge | 15/11/2024 |
| No. of Days granted Medical Leave (MC) | 02 | Degree of Injury | Slight |
| Passenger | | | |
| Name | THET PAING PHYO | ID No. | M3220083K |
| Related Vehicle | GBD3058U (Lorry) | Contact No. | 84050736 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 15/11/2024 | Date Discharge | 15/11/2024 |
| No. of Days granted Medical Leave (MC) | 02 | Degree of Injury | Slight |
| Passenger | | | |
| Name | ALI MUHAMMAD KAYUM | ID No. | G7907785U |
| Related Vehicle | GBD3058U (Lorry) | Contact No. | 84389562 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 15/11/2024 | Date Discharge | 15/11/2024 |
| No. of Days granted Medical Leave (MC) | 02 | Degree of Injury | Slight |



**SINGAPORE
POLICE FORCE**



T/20241115/7043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241115/7043

CONTINUATION OF REPORT

Brief Details.

I was driving straight along Bartley Road east on lane 2. Vehicle in front SBJ17B slow down to a stop position. I also followed suit. While stationary for about 2-3 seconds, I felt a very massive impact from my Vehicle rear portion. The impact was so great that it forced my vehicle forward and hit the front vehicle. When I got down, I realised that I was involved in a 3 vehicle collision. I have 3 passengers inside my vehicle when this accident happened. All of us felt pain on our body and proceed to see a doctor after the traffic police release us. We went to a nearby clinic Norwood Medical Hougang. I was given 3 days MC.

Passenger 1, Rana Mohammad Shohel,

FIN. G2180919K 2days MC

Passenger 2, Thet Paing Phyto,

FIN. M3220083K 2days MC

Passenger 3, Ali Mohammad Kayum,

FIN. G7907785U 2days MC.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241115/7043

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Report No. T/20241115/7043

CONTINUATION OF REPORT

| | |
|---|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 15/11/2024 12:26 |
| Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN OSMAN Contact No.: 81863537 | Classification Of Case: |

NP168



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 One Raffles Quay
 #25-01 North Tower
 Singapore 048583
 Tel: (65) 6221 8611

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1962
 ROAD TRANSPORT ACT, 1987
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| | |
|---|---|
| Certificate No | SD24V12838 /NCV /R00 |
| Form | MZ300A |
| Date Of Issue | 26-JUL-2024 |
| 1.Index Mark and Registration No. of Vehicle: | GBD3058U |
| 2.Chassis number of Vehicle: | JN1SC2F24Z0856186 |
| 3.Name of Policyholder: | GREEN WORLD CONTRACTOR PTE LTD |
| 4.Effective date of Commencement of Insurance for the purposes of the Act: | 29-AUG-2024 00:00 AM |
| 5.Date of Expiry of Insurance: | 28-AUG-2025 23:59 PM |
| 6.Persons or Classes of Persons entitled to drive*: | Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage. |
| 7.Limitations as to use*: | A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes. |
| 8.The Policy does not cover: | A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle. |
| *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings. | |
| I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987. | |
| For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers Authorised Signature | |
| For Information only: | |
| COVERAGE: | Comprehensive, Unlimited Windscreen, Hood \$15,000.00 |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | Section I \$500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$53000, Windscreen Excess \$5100 |
| FINANCE COMPANY: | |
| PRODUCER NAME: | VIRTUAL INSURANCE AGENCIES PTE LTD |

20240729

Ver.1.260705