

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	20/12/2024 17:55 (SGT)
Reported by	Actual Driver
Date of Accident	19/12/2024 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NICOLL HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4584K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BSG LANDSCAPE & CONSTRUCTION PTE LTD
Company Reg No	2XXXXXX658W
Email Address	coordinator@bsg.com.sg
Mobile Phone No	(Phone) +65-65700577
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER4SDEB
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	FEB21EA00231
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05022019

DRIVER

Name of Driver	CHANDRA BISWAS NAYAN
Passport No/FIN	GXXXX727U
Date Of Birth	09/12/1992
Occupation	Outdoor
Driving Pass Date	03/06/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93471312
Alt. Phone Number	-
Email Address	coordinator@bsg.com.sg
Address	2 SELETAR NORTH LINK PPT LODGE 1B (S) 797601
Address complement	-
Postcode	-
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)	8
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name PASSENGER
Gender Male

PASSENGER 7

Name PASSENGER
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Rochor Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18002949999
Alt. Police Station Phone No (Fax) +65-63918583
Police Station Address 11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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 SHC2554U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver MOHAMAD ROZALI BIN IBRAHIM
NRIC No SXXXX333G
Contact Number (Phone) +65-96775876
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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 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 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

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

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

Sketch Plan

Handwritten sketch plan on a grid background. The text "SHC 2554 U" is written in the upper right, and "FN 4584 K" is written in the lower left. There are also some faint, illegible markings in the center.



**SINGAPORE
POLICE FORCE**



T/20241220/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20241220/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2024 10:02		Vide Report No.:		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: CHANDRA BISWAS NAYAN			Address: 2 SELETAR NORTH LINK PPT LODGE 1B SINGAPORE 797601		
ID Type / ID No.: FIN NO / G2822727U			Contact No.: Home/Office: Mobile: 93471312		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 32	Date of Birth: 09/12/1992	Type of Informant: Driver		
Race: Others			Language:		
Occupation: Civil engineering/Building construction labourer			Driving Licence Information: Class: 3 Date of Expiry: 02/06/2027		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2024 06:35	Type of Location: Straight Road
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHC2554U	Motor car				Seriously Damaged	1
YN4584K	Lorry				Seriously Damaged	7

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



SINGAPORE
POLICE FORCE



T/20241220/2013

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20241220/2013

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD ROZALI BIN IBRAHIM	ID No.	S1613333G
Related Vehicle	SHC2554U (Motor car)	Contact No.	96775876
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	CHANDRA BISWAS NAYAN	ID No.	G2822727U
Related Vehicle	YN4584K (Lorry)	Contact No.	93471312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 02/06/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19/12/2024 at about 0639hrs, at KPE Tunnel (Nicoll Highway), I was driving my lorry on the second lane. Then, one taxi signaled into my lane and came into my lane. After coming into my lane, he jams brake his vehicle. To react to this, I jam break my vehicle as well. Both parties did not have any injuries. The taxi driver then called for Traffic Police and LTA. Both arrived at the scene. They advised us to lodge a traffic accident report. After which, the taxi driver and I exchanged contact details.

I am lodging this for claims purposes.



SINGAPORE
POLICE FORCE



T/20241220/2013

3 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20241220/2013

CONTINUATION OF REPORT

Signature of Officer Recording The
A/
SGT 2 MOHAMED SHAFIQ S/O
MOHAMED ANSARI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD AZHAR BIN
ANUAR
Contact No.: 96191462

Signature Of Informant:

Date/Time:
20/12/2024 10:02

Classification Of Case:

NP168