

## 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 Authorised 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 ability
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 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 Report	19/05/2016 16:02
Date Of Accident	18/05/2016 16:45
Exact Location Of Accident	ALONG BRICKLAND RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5161R
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#### Insured/Policyholder

Name Of Registered Owner	DECOCEIL PLASTER PTE LTD
Co Reg No	198701473Z
Email Address	decoceilpl@gmail.com
Mobile Phone No	(LOCAL) +65-96746086
Alternative Phone No	Office-62866836

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21 (M)
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?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

#### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VCA/P1487242
Cover Note Number	01/04/2016-31/03/2017

#### Driver

Name of Driver	FOYSAL MOHAMAD
Passport No/FIN	G8206290X
Date Of Birth	25/07/1978
Occupation	Outdoor
Date Of Driving Pass	16/10/2015
Driving Experience	0 Year And 7 Month
Gender	Male
Mobile Number	(Local) +65-98748672
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company Yes  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)  
 Weather Conditions Raining  
 Road Surface Wet

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? Yes  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? No  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO SKETCH PLAN  
 Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB4963K  
 Vehicle Make/Model/Colour LORRY  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number G8356863T  
 Contact Number 98745561  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

#### DETAILS OF INJURED PERSON 1

Name  
 Approximate Age  
 Injuries Sustain  
 Injured person in which vehicle? GBB4963K  
 Were seat belts worn?  
 Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

SKETCH PLAN

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6. The 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.
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.



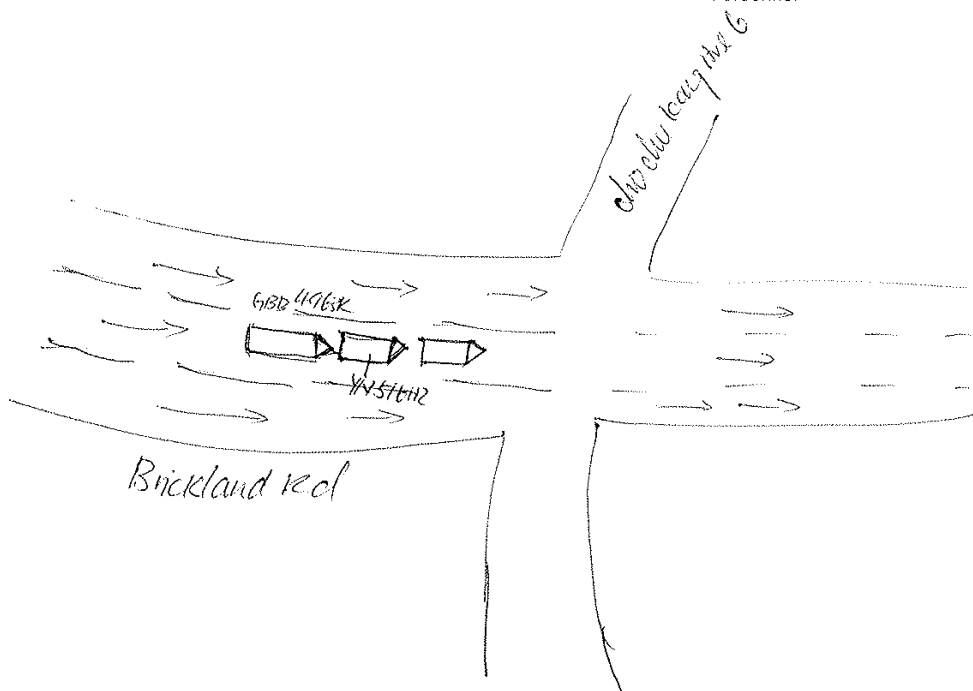
Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Faint signature

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

Witnessed by Reporting Centre Personnel

ETHOZ

Date: 19.05.2016To: Owner of Vehicle Number: 4N5161R

The following has been advised to you via your workshop, ETHOZ GROUP through their staff, Sichem.

Please tick the applicable box if you had been advice on the content as seen below:

- (☒) You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- (☒) You had been advised by the workshop on the liability and merits of the case accordingly.
- (☒) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- (☒) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- (☒) The Estimation waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- (☒) You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- (☒) For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.

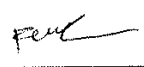
For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

(☒) You had been advised by the workshop of the Twelve (12) months warranty for **Own Damage** repairs on workmanship related to the accident.

(☒) For Vehicles below Five(5) years old, you have been advised by the workshop to check with the local distributor on your warranty status.

( ) Others \_\_\_\_\_

Signed and acknowledge by:

  
Name and signature of policyholder/ authorised driver

Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

**ETHOZ GROUP LTD** 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | [www.ethozgroup.com](http://www.ethozgroup.com)  
Company Registration No. 198104531H



**SINGAPORE  
POLICE FORCE**



T/20160519/2087

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20160519/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/05/2016 14:11		Vide Report No.: F/20160518/0128		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: FOYSAL MOHAMMAD			Address: C/O 47 DEFU LANE 9 SINGAPORE 539287		
ID Type / ID No.: FIN NO / G8206290X			Contact No.: Home/Office: Mobile: 98748672		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 37	Date of Birth: 25/07/1978	Type of Informant: Driver		
Race: Others			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/05/2016 16:45	Type of Location: Straight Road
Location: Along Road 1 BRICKLAND ROAD  near the junction of Brickland Road and Choa Chu Kang Avenue 6				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBB4963K	Lorry	TOYOTA		Silver	Slightly Damaged	8
YN5161R	Lorry	MITSUBISHI		White	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
YN5161R	AXA INSURANCE SINGAPORE PTE LTD	VCA/P1487242	01/04/2016	31/03/2017



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T/20160519/2087

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SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20160519/2087

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOSIJ	ID No.	NIL
Related Vehicle	GBB4963K (Lorry)	Contact No.	98745561
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	FOYSAL MOHAMMAD	ID No.	G8206290X
Related Vehicle	YN5161R (Lorry)	Contact No.	98748672
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	HOSEN NAJMUL	ID No.	G2664489K
Related Vehicle	YN5161R (Lorry)	Contact No.	85079450
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

**Brief Details.**

On 18/05/2016 at about 1645hrs, I was driving my company lorry YM5161R (white Mitsubishi Lorry) with my passenger in order to do some deliveries for my company. I was driving along Brickland Road heading towards Choa Chu Kang Avenue 7 in order to finish my delivery. At that point of time, it was raining and the floor was wet. Another vehicle was travelling in front of my vehicle. The said road is a three lane road.

While travelling along the extreme left lane, and nearing the junction of Brickland Road and Choa Chu Kang Avenue 6, I noticed a taxi further in front that had suddenly stopped in order to pick up a passenger. As such, the vehicle in front of me had then signaled right to change lanes to the middle lane. I had

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Report No. T/20160519/2087

**CONTINUATION OF REPORT**

slowed down and also did the same. Both our vehicles had then filtered to the middle lane together. However, the vehicle in front of me had suddenly came to a stop thereafter. I am unsure why the driver had done so. I had also applied my brakes and stopped my vehicle.

I then noticed another lorry through my rear view mirror travelling behind us. I also noticed that the lorry was going quite fast. A short while later, I felt a collision and my lorry had shook from it. After the collision, I had then got off my vehicle to make a check and found my lorry's rear area to have broken off and slanted slightly towards another direction. The other driver had also got off his vehicle and made a check with me. I had then checked with the passengers on the lorry and I was informed that they were injured.

A short while after the accident had occurred, police came to the scene as well as ambulance. The ambulance personnel had then checked on the injured passengers before they were sent to the hospital. I am unsure which hospital they had gone to. I had then gotten the other driver's hand phone number with the assistance of the police. I was also given a report number F/20160518/0128 and I was told to lodge an accident report with the lorry insurance and thereafter inform one IO Wayzik Tel:65476187.

I had then informed my supervisor Mr. Yeo Chin Teck HP: 96746086, and we made arrangements to lodge the traffic accident report after obtaining the certificate of insurance for the lorry. Thus far, both my passenger and I are not injured and do not feel any pains.



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T/20160519/2087

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Report No. T/20160519/2087

## CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt TAN WEI MING, LIONEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2016 14:11

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt KHOO CHEONG YEOW, WAYZIK

Contact No.: 65476187

Classification Of Case:

Authentication Stamp

NP168

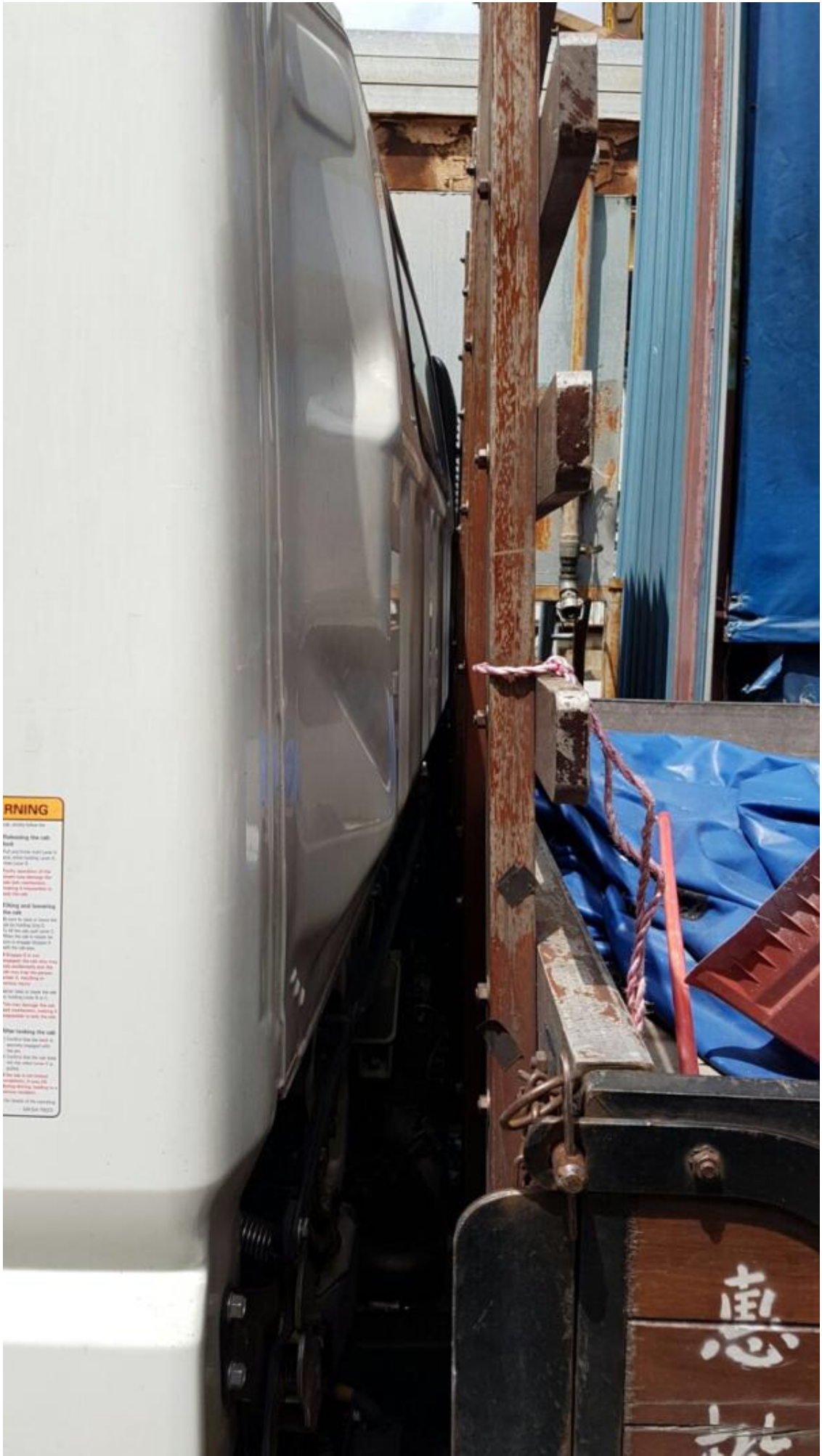


Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



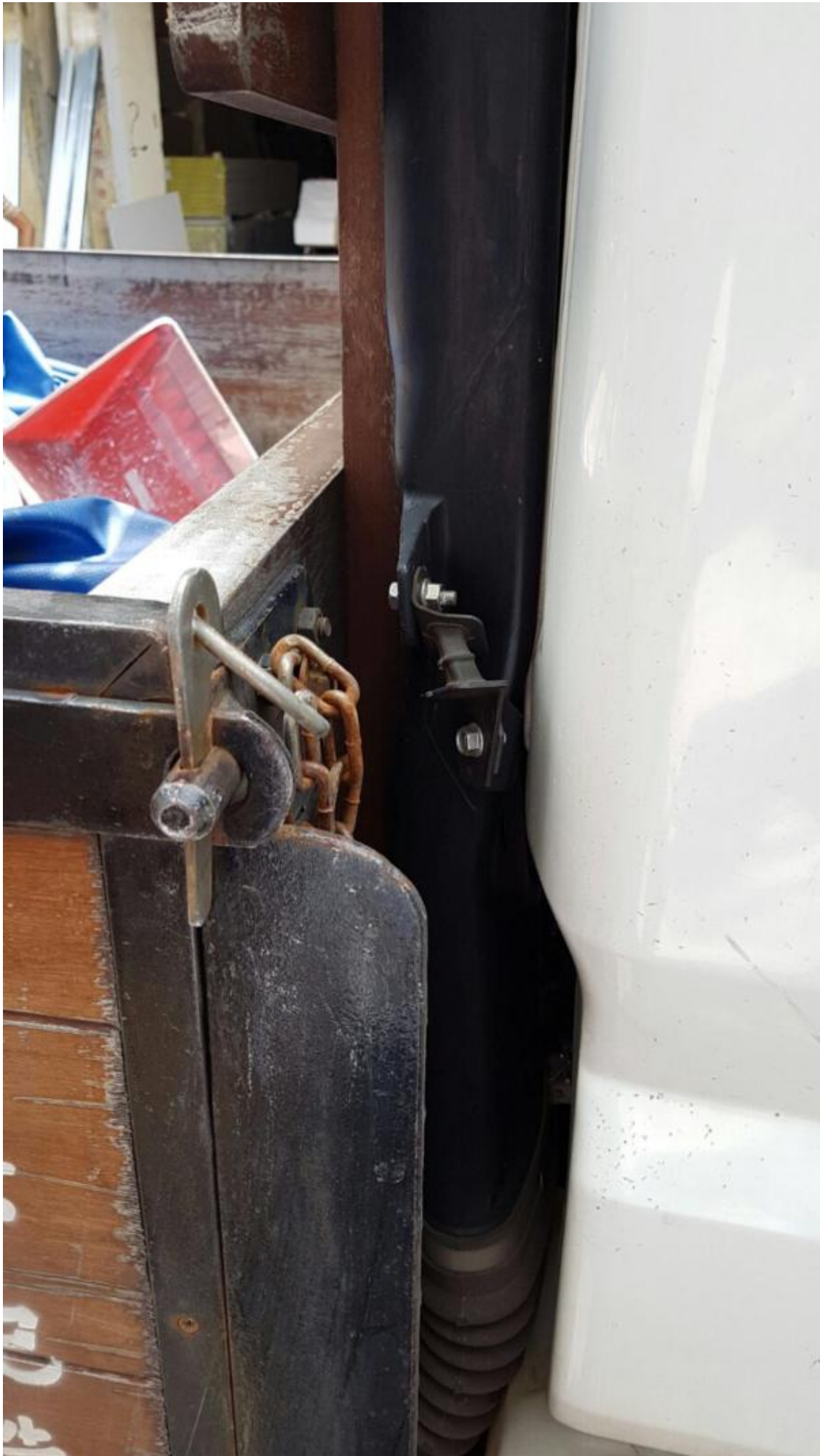
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