

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 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	19/01/2018 11:06
Date Of Accident	04/01/2018 15:20
Exact Location Of Accident	JUNC JURONG WEST AVE 1 BEFORE COORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1217K
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	198400681M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17087631MFCV/61
Cover Note Number	

Driver

Name of Driver	ALAM MAHBUB
Passport No/FIN	G8376616L
Date Of Birth	01/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84891747
Fax Number	
Contact Number	OFFICE-84891747
Email Address	NOEMAIL

Address	21 JALAN MASJID
Postcode	418946
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180104/2097.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4622D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Accident Sketch Plan

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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



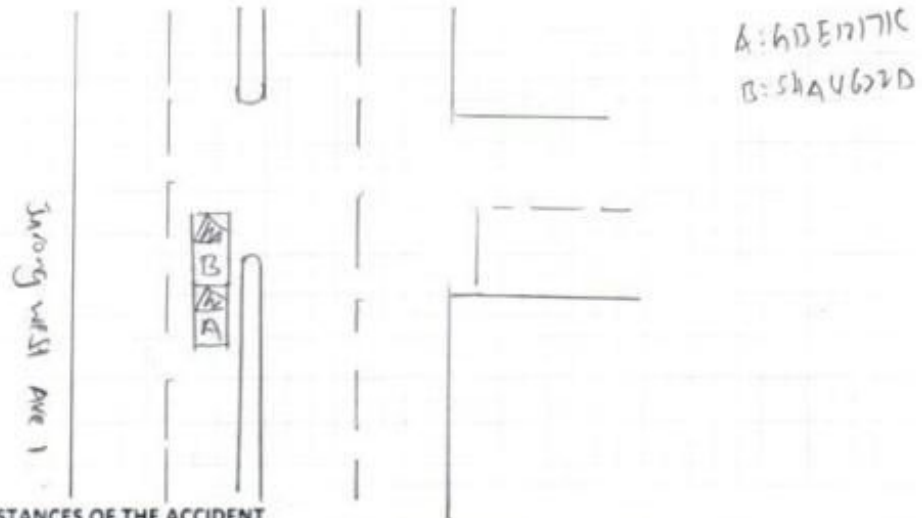
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018 6104/2097.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Police Report



**SINGAPORE
POLICE FORCE**



T2018010412087

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No: T2018010412087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2018 16:42	Video Report No.:	Station Diary No. 124
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Informant's Particulars

Name of Informant: ALAM MAHBUB			Address: C/O APT BLK 535 ANG MO KIO AVENUE 8 THONG NAN RENOVATION SINGAPORE 560605		
ID Type / ID No.: FIN NO / G8376616L			Contact No.: Home/Office: 96180828 Mobile: 84891747		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 33	Date of Birth: 01/01/1985	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information on the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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 Passenger
GBE1217K	Lorry	KIA		Black	Slightly Damaged	0
SH44622D	TAXI	HYUNDAI	SONATA	Blue	Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180104/2097

2 of 3

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689989

Report No: T/20180104/2097

CONTINUATION OF REPORT

Driver:			
Name	ALAM MAHBUB		ID No. G8376616L
Related Vehicle	GBE1217K (Lorry)		Contact No. 96180628
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
Name	Unknown		ID No. NIL
Related Vehicle	SHA4622D (TAXI)		Contact No. NIL
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 04/01/2018 at about 3.20pm, I was driving with my lorry (GBE1217K) along Jurong West Avenue 1 behind a taxi (SHA4622D). There was not a lot of vehicle at that point of time. Suddenly, the taxi in-front of me brake abruptly without signaling its intention to turn right into cluster of Block 531 Jurong West Street 52. Due to the sudden brake, I was not able to stop my lorry on time and collided into the back of the taxi. After which, I went out and make a check. Due to the collision, my front lorry was dented and I observed that the back of the taxi was also dented. The taxi driver then called for an ambulance who then took away a passenger to a hospital. There was also a Police at scene. I was not able to get the taxi driver name and contact number.

The police officer advised me to lodge a Police Report under IO Sofian, Tel: 65476367

Police Report



**SINGAPORE
POLICE FORCE**



T/20160104/2097

3 of 3

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689888

Report No: T/20160104/2097

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:

J /
Sgt 3 NURUL SYIFA BINTE MOHAMED JALIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/01/2018 18:42

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No : 65476367

Classification Of Case:

Authentication Stamp
NP/68

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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