

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	20/02/2018 10:07
Date Of Accident	18/02/2018 09:10
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4056T
Insured/Policyholder	
Name Of Registered Owner	CITIWALL PTE LTD
Co Reg No	199905722G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67483133

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1667833
Cover Note Number	

Driver

Name of Driver	RAHAMAN ASIKUR
NRIC No	G8215187M
Date Of Birth	15/05/1985
Occupation	INDOOR
Date Of Driving Pass	09/02/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85861424
Fax Number	
Contact Number	
Email 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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : RASEL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180218/2026.

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	SGD5290B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name DRIVER OF VEH B
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGD5290B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (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.

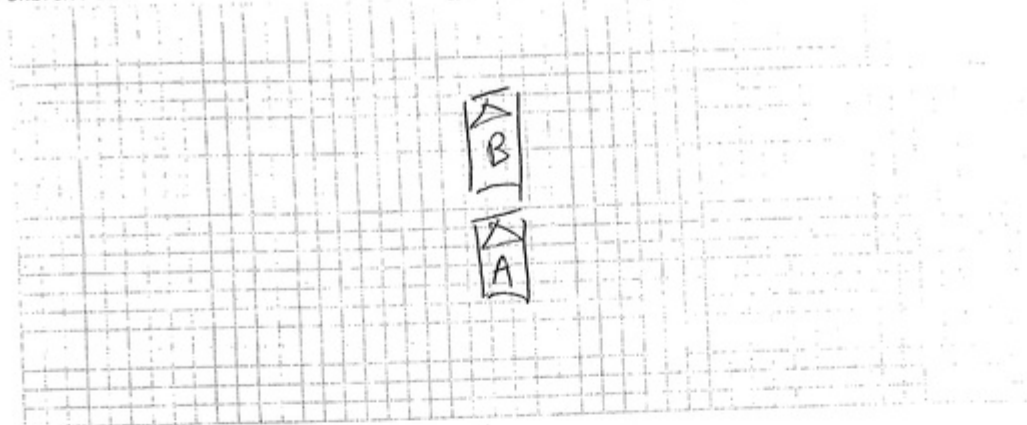


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:

SPF/PC Sketch Plan Form V3

LETTER OF UNDERTAKING

I/We, CITIWALL PTE LTD, the owner of vehicle no. QBD 40567

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



Nric no. and signature of policyholder



Company Stamp

20/02/2018

Date



**SINGAPORE
POLICE FORCE**



T/20180218/2026

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20180218/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 10:52		Vide Report No.: G/20180218/0084		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: RAHAMAN ASIKUR			Address: APT BLK 32 LORONG 31 GEYLANG #03-02 TIVOLI LODGE SINGAPORE 388031		
ID Type / ID No.: FIN NO / G8215187M			Contact No.: Home/Office: Mobile: 8586 1424		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 32	Date of Birth: 15/05/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Project Supervisor			Driving Licence Information: Class: 3 Date of Expiry: 08/02/2020		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/02/2018 09:10	Type of Location: X-Junction
Location: Along Road 1 EUNOS LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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 Passenger
GBD4056T	Lorry	TOYOTA		White	Slightly Damaged	1
SGZ5290B	Car	TOYOTA		Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180218/2026

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20180218/2026

CONTINUATION OF REPORT

Driver			
Name	RAHAMAN ASIKUR	ID No.	G8215187M
Related Vehicle	GBD4056T (Lorry)	Contact No.	8586 1424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 08/02/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/02/2018 at about 0910hrs, I was driving my company's vehicle, bearing the licence plate of GBD4056T, along Eunos Link on the way to work. While driving, I kept an estimated distance of six metres from the car in front of mine. The traffic light was still green when I was approaching the junction. As I drove closer, the signal turned yellow, and I judged that I could make it. However, the car in front of my lorry suddenly applied its brakes. I also applied mine but I couldn't stop in time. I then collided into the rear of a vehicle bearing the licence plate of SGZ5290B. I then went out of my lorry to check the damage of both vehicles. Traffic police and ambulance were despatched to my incident. The driver was conveyed by ambulance later. I do have a dashcam in my lorry, but it is not working.



**SINGAPORE
POLICE FORCE**



T/20180218/2026

3 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180218/2026

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:
G /
Staff Sgt LUQMAN MOHD MANSOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Signature Of Informant:

Date/Time:
18/02/2018 10:52

Classification Of Case:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8215187M**
Name: **ASIKUR RAHAMAN ROMJAN MOLLA**

Birth Date: **15 May 1985**
Issue Date: **09 Feb 2015**
Valid Till: **08 Feb 2020**

002394713H

SG
50

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **CITIWALL PTE. LTD.**
Sector: **CONSTRUCTION**
Name: **RAHAMAN ASIKUR**
Occupation: **PROJECT SUPERVISOR**

S Pass No: **G 82870940**
Date of Application: **18-01-2016**
Date of Issue: **29-03-2016**
Date of Expiry: **30-04-2018**

L8628054

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg **09 Feb 2015**

MP 423A

License No: **G8215187M**

VISIT PASS
Immigration Regulations

Name: **RAHAMAN ASIKUR**

Date of Birth: **15-05-1985** Sex: **M** Nationality: **DANG, ADESH**
HS: **G8215187M** Date of Issue: **29-03-2016** Date of Expiry: **30-04-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

INSURANCE

AXA INSURANCE PTE LTD
5 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #R1-01
Tel: (65) 63387255 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 198903512M
customer.service@axa.com.sg

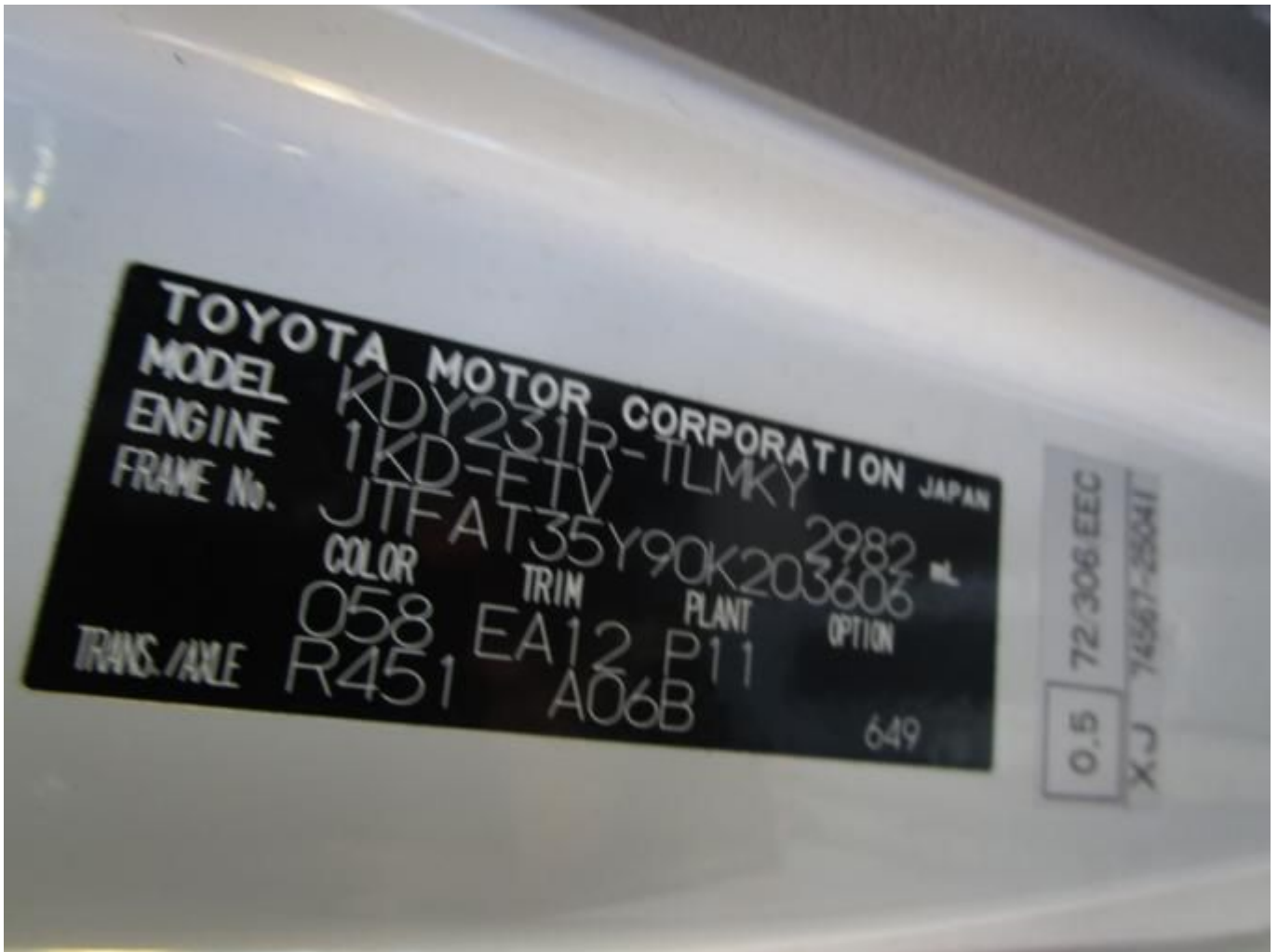


Commercial Vehicles COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VCA/P1667833	
Source	: 03944 SWIFT LINK INSURANCE AGENCY		
Insured	: CITIWALL PTE LTD		
Address	: 34 KAKI BUKIT CRESCENT #04-00 SINGAPORE 410263		
Business/Profession	: AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance	: From 15/10/2017 To 14/10/2018 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 20.00% NCD	: SGD 4,775.70		
GST @ 7.00%	: SGD 334.31		
Annual Premium	: SGD 5,110.01		
Total Payable	: SGD 5,110.01		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: GBD4056T		
Type Of Use	: Commercial Vehicle		
Make/Model	: TOYOTA DYNA 150 MANUAL		
Year of Manufacture	: 2014		
Seating Cap. (Excl.) Driver	: 2	Carrying Cap. (Tons)	: 1.71
Body Type	: LORRY WITH CANOPY/HOOD		
Engine No.	: 1KD2449713		
Chassis No.	: JTFAT35Y90K203605		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (Including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Hire Purchase	: UNITED OVERSEAS BANK LIMITED		
Excess Applicable			
SectII&III-Any Authorised Driver		: SGD 1,800.00	

Continuation page 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

