

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	06/06/2018 15:41
Date Of Accident	05/06/2018 14:30
Exact Location Of Accident	ANG MO KIO ST 65 & ANG MO KIO ELECTRONIC PARK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY301S
Insured/Policyholder	
Name Of Registered Owner	BIG RED PTE LTD
Co Reg No	201208795M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62419443

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?	NO
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPCVE002412
Cover Note Number	

Driver

Name of Driver	HOSSAIN ALAMGIR
NRIC No	G8232727X
Date Of Birth	24/03/1984
Occupation	INDOOR
Date Of Driving Pass	23/01/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86454208
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 ON COLLISION
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?	YES
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180605/2134.

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	SHB7713A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	LEE HIAN GUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE HIAN GUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7713A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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)

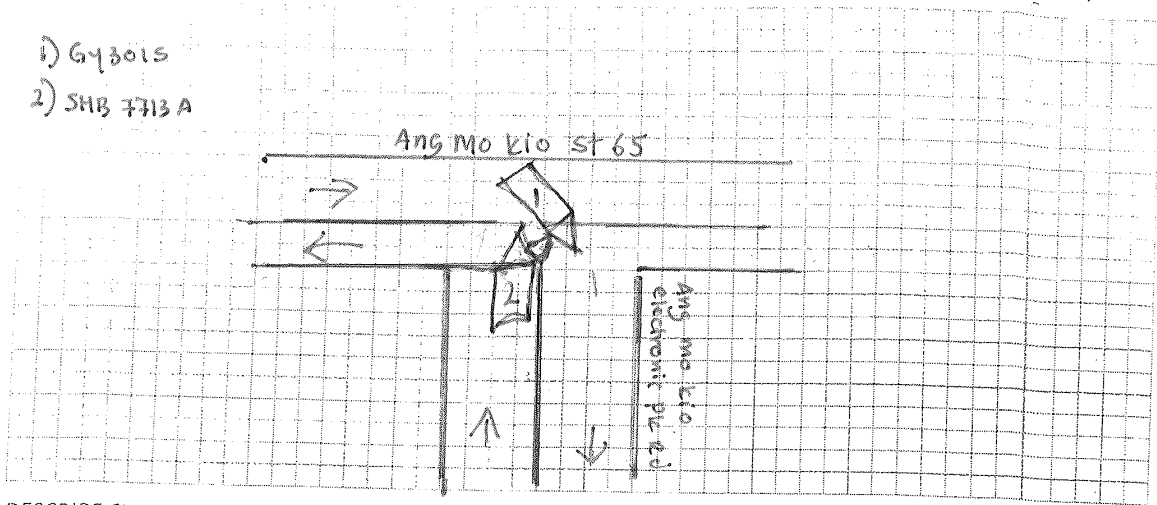
Date & Time: 06-06-18
1250

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

- 1) GY3015
- 2) SHB 7713A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach 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: 06-06-18

1250

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180605/2134

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20180605/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2018 18:53		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: HOSSAIN ALAMGIR			Address: BLK 380 Sims Ave SINGAPORE 387531		
ID Type / ID No.: FIN NO / G8232727X			Contact No.: Home/Office: Mobile: 86454208		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 34	Date of Birth: 24/03/1984	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/06/2018 16:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO STREET 65 ANG MO KIO ELECTRONICS PARK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY301S	Lorry	TOYOTA	DYNA 3.0 M	Blue	Slightly Damaged	1
SHB7713A	Red TransCab	CHEVROLET	EPICA 2.0 DSL AT ABS D/AB 2WD 4DR TURBO	Red	Slightly Damaged	0

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



**SINGAPORE
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T/20180605/2134

2 of 4

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20180605/2134

CONTINUATION OF REPORT

Passenger			
Name	JAYESH S/O ANILKANT	ID No.	S8213668A
Related Vehicle	GY301S (Lorry)	Contact No.	98562444
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
Driver			
Name	HOSSAIN ALAMGIR	ID No.	G8232727X
Related Vehicle	GY301S (Lorry)	Contact No.	86454208
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
Driver			
Name	LEE HIAN GUAN	ID No.	S1492409D
Related Vehicle	SHB7713A (Red TransCab)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/06/2018 at about 4:30pm, I wanted to turn right from main road (AMK Street 65) to a small road (AMK Electronic Park Rd). I already saw the taxi (along AMK Electronic Park Rd) from afar and as the taxi driver was approaching, the taxi driver did not slow down and did not stop at the stop line. I attempted to brake my vehicle to avoid colliding with the taxi however to no avail. Subsequently both the lorry and the taxi collided.

Both drivers alighted to check damages on their vehicle. The damage sustain by both vehicle were a small dent and scratches to the front bumper. I did not notice any visible injury on the other driver. We did had an argument which made him call for the Police which subsequently the Ambulance and Traffic Police came. He claimed to be injured and requested to be conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



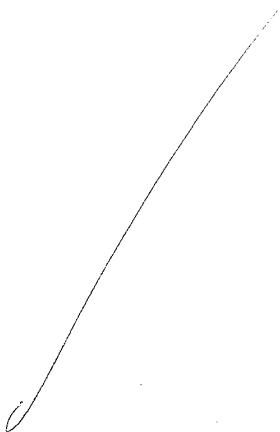
T/20180605/2134

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 4

Report No. T/20180605/2134

CONTINUATION OF REPORT





**SINGAPORE
POLICE FORCE**



T/20180605/2134

4 of 4

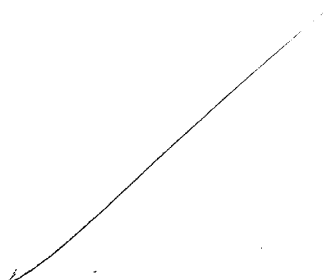
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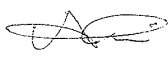
CONTINUATION OF REPORT

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 MUHAMMAD SHAHRUL AMEEN BIN ABDULLAH SANI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2018 18:53
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:

Authentication Stamp
NP168

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8232727X**

Name: **HOSSAIN ALAMGIR**

Date of Birth: **24 Mar 1984**
 Valid Until: **14 Feb 2018**
 Valid Till: **13/02/2023**

002773733B

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 81A)
 Republic of Singapore

Employer: **ENG RED PTE. LTD.**

Worker: **CONSTRUCTION**

Name: **HOSSAIN ALAMGIR**
 Occupation: **CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.: **G 62755373** Date of Application: **21-10-2014**
 Date of Issue: **18-10-2018**
 Date of Expiry: **02-11-2018**

LT307611

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 23 Jun 2013

NP 4324



License No. G8232727X

VISIT PASS Immigration Regulations

Name: **HOSSAIN ALAMGIR**

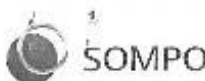


Date of Birth: **24-03-1984** Sex: **M** Nationality: **BAKGLADESHI**
 TIN: **G8232727X** Date of Issue: **19-10-2018** Date of Expiry: **02-11-2018**
MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO Surrender this card when it is cancelled or has expired, or when a new card is issued to you.



INSURANCE



Sompo Insurance Singapore Pte. Ltd.

200 Raffles Place, 20th Floor, Singapore Land Tower, Singapore 048603
Tel: 6501 8555 | Fax: 6501 3902 | Website: www.sompo.com.sg
Co Reg No: 150605500001 | GST Reg No: M200303196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D17MTPC002412
1. Registration No. : GY301S
2. Insured Name : BIG RED PTE LTD
3. Commencement Date : 24 SEPTEMBER 2017 00:00
4. Expiry Date : 23 SEPTEMBER 2018 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$500 - Section I
7. Persons or Classes of Persons entitled to drive*
b) Any person who is driving on the insured'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.

8. Limitations as to use*
1) Use in connection with the Insured's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business.
3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 5555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

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 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 19 SEPTEMBER 2017 09:07

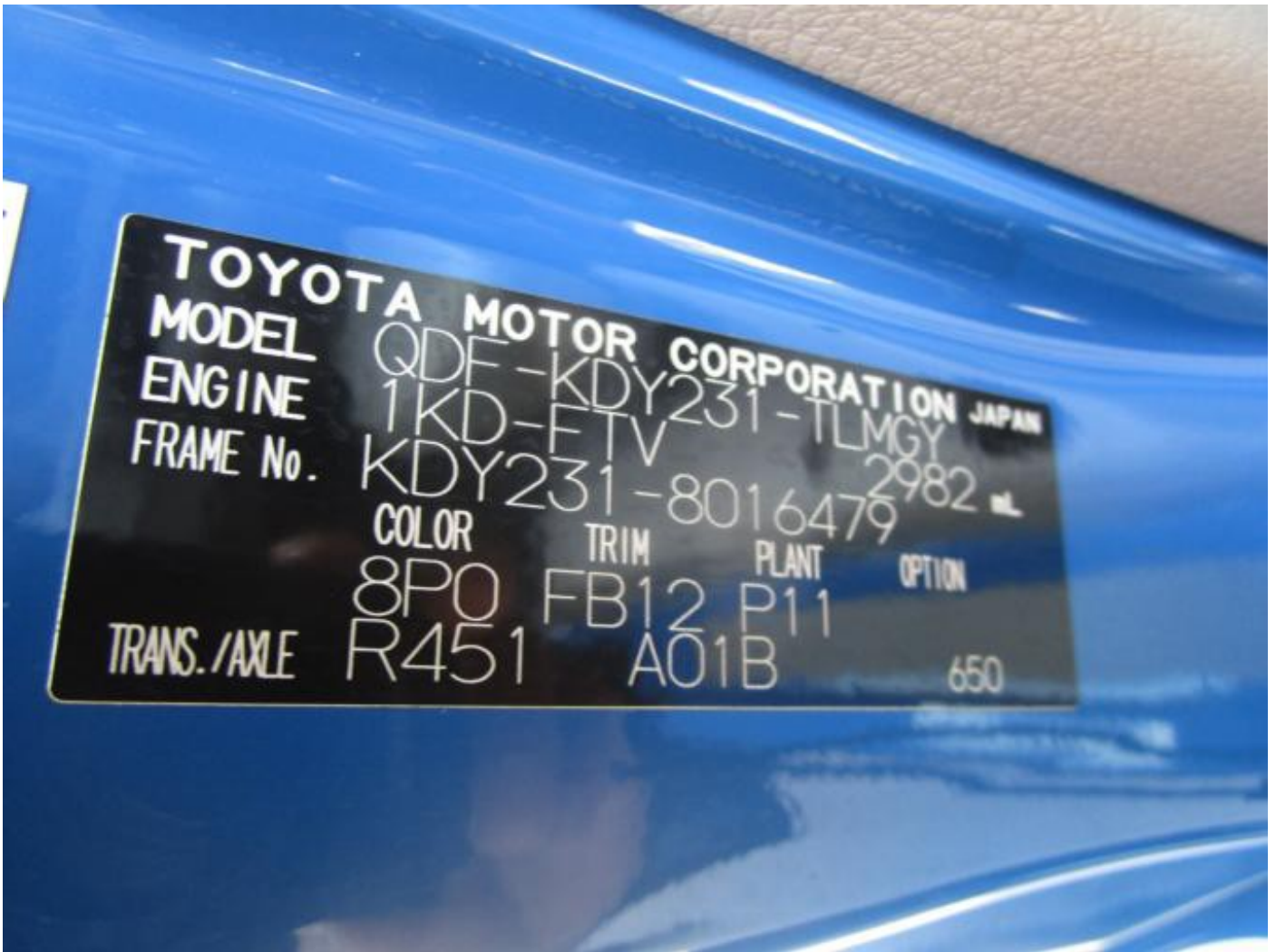
*Limitation imposed hereunder by section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11S12207 & SUMMIT PLANNERS AGENCY PTE LTD CI Code: 200_PD5F0422_LYWZAJ

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

