

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	25/06/2018 16:44
Date Of Accident	22/06/2018 18:30
Exact Location Of Accident	CTE TWDS AYE B4 PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH303K
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Insured/Policyholder

Name Of Registered Owner	OASIS LIM ENGINEERING AND TRADING SERVICES PTE LTD
Co Reg No	200607078K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67448597

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800023025
Cover Note Number	

Driver

Name of Driver	KHAN MD NA YEM
Passport No/FIN	G8102982U
Date Of Birth	13/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	63 KALLANG BAHRU #05-441 KALLANG BAHRU VILLE
Postcode	330063
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLOUDY
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)	6
Passenger 1	NAME: : ALAM GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180622/2162

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ALAM
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	GBH303K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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.:

Accident Sketch Plan

SKETCH PLAN

A-GBH303K
B-UNKNOWN

A
B

Vehicle A) GBH303K
Vehicle B) ? unknown.

CTE TWDS AGE BEFORE
PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On the stated date and time, I~~

refer to police report

Passenger	1	:	Male	(worker)
"	2	:	Male	(worker)
"	3	:	Male	(worker)
"	4	:	Male	(worker)
"	5	:	Male	(worker)

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180622/2162

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

2 of 3

Report No. T/20180622/2162

CONTINUATION OF REPORT

Driver			
Name	KHAN MD NAYEM		ID No. G8102982U
Related Vehicle	NIL		Contact No. 9342 4232
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

Brief Details.

On 22/06/2018 at about 1830hrs, I was driving my company lorry (GBH 303 K) along CTE towards AYE. At that point in time, traffic was very slow moving. As such I took the left most lane which was headed towards PIE (Changi Airport)/Upp Serangoon Rd. In the midst of me doing so, I spotted one car slowed down in front of me. I then proceeded to slow down gradually.

Subsequently I felt a strong jolt from the rear. That was when I realized that someone had rear ended me. Almost immediately, the yellow coloured truck which banged into the rear of my lorry accelerated away without rendering assistance/exchanging particulars.

I would like to inform that I had 5 passengers with me. 2 were seated in the front cabin and 3 others were seated at the back (flat bed with canopy). One of my passengers by the name of Alam reported that after the accident had occurred, his leg hurts and was bleeding. As such he was conveyed to Tan Tock Seng Hospital.

The right rear tailgate of my lorry is badly dented. As this is a hit and run, I do not have details of the other lorry other than it being yellow in colour. That is all.

This case is under TP IO Husnul Taufiq.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20180622/2162

Police Station Of Origin
Kalam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2968989

1 of 3

Report No. T/20180622/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 20:47		Vide Report No.: F/20180622/0239		Station Diary No.: 52
Informant's Particulars				
Name of Informant: KHAN MD NAYEM		Address:		
ID Type / ID No.: FIN NO / G8102982U		Contact No.: Home/Office: Mobile: 9342 4232		
Nationality: BANGLADESHI		Email:		
Sex: Male	Age: 28	Date of Birth: 13/12/1989	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: 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: 22/06/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE before PIE, l/p 257 Lamp Post Number: 257				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
GBH303K	Lorry				Slightly Damaged	5

Details of Person Involved

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

6547 6358
10 - Tan Siq

Police Report



**SINGAPORE
POLICE FORCE**



T/20180622/2162

Police Station Of Origin
Kalam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
336072
Tel No: 1800-2868889

2 of 3

Report No: T/20180622/2162

CONTINUATION OF REPORT

Driver			
Name	KHAN MD NAYEM		ID No. G8102982U
Related Vehicle	NIL		Contact No. 8342 4232
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

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180622/2162

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2988999

3 of 3

Report No: T/20180622/2162

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:
A /
Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/06/2018 20:47

Officer In Charge Of Case:
TP / GIT /
SI NG CHWEE THENG
Contact No.: 85476387

Classification Of Case:

Authentication Stamp
NP108