

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	02/07/2018 13:54
Date Of Accident	30/06/2018 09:30
Exact Location Of Accident	QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2216R
Insured/Policyholder	
Name Of Registered Owner	ICON PROJECTS PTE LTD
Co Reg No	201701403R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96715789
Alternative Phone No	OFFICE-69091422

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5MT (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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	AHMED FOYEZ
Passport No/FIN	G6838014L
Date Of Birth	16/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81766268
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	20A ROSE LANE
Postcode	437380
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	CHAIN 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	3
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)	7
Passenger 1	NAME: : NA GENDER: : MALE
Passenger 2	NAME: : NA GENDER: : MALE
Passenger 3	NAME: : NA GENDER: : MALE
Passenger 4	NAME: : NA GENDER: : MALE
Passenger 5	NAME: : NA GENDER: : MALE
Passenger 6	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO TRAFFIC POLICE REPORT.

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 GT7494Z
Vehicle Make/Model/Colour VAN
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver YE HTET AUNG
NRIC/Passport Number G8182339T
Contact Number 83472347
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC6802C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver KOH SZE HOW
NRIC/Passport Number S7931988J
Contact Number 95789596
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AHMED FOYEZ
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBH2216R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YE HTET AUNG
Approximate Age
Injuries Sustain
Injured person in which vehicle? GT7494Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer:
ICON PROJECTS PTE. LTD.

81766268

Name:
AHMED FOYEZ

Work Permit No.
D 63411051

Sector:
CONSTRUCTION

 K0062523

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **G6838014L**


Name:
AHMED FOYEZ

Birth Date: 16 Sep 1985

Issue Date: 01 Oct 2015

Valid Till: 30/09/2020

 002478815F



VISIT PASS
Immigration Regulations

Name:
AHMED FOYEZ

FIN:
G6838014L

Date of Birth: 16-09-1985

Sex: M

Nationality:
BANGLADESH

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.



Download SGWorkPass App to check status.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
01 Oct 2015

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

81766268

Licence No: G6838014L

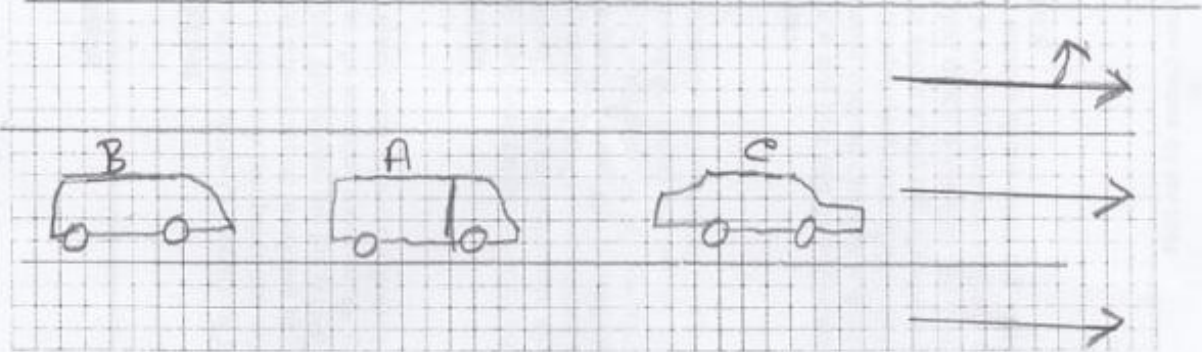


NP 428A

Sketch Plan #3

SKETCH PLAN

A: GBH 2216 R
B: GT7494 Z
C: SHC 6802 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— As per attached traffic police report —

DECLARATION

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



Policyholder's Signature

Date & Time: 2/7/18
12PM

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/7/18
12PM



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180630/2066

1 of 4

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180630/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 13:06	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: AHMED FOYEZ	Address:		
ID Type / ID No.: FIN NO / G6838014L	Contact No.:		Mobile: 81766268
Nationality: BANGLADESHI	Email:		
Sex: Male	Age: 32	Date of Birth: 16/09/1985	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Ceiling Partition	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: 30/06/2018 09:30	Type of Location: T-Junction
Location: Along Road 1 QUEENSWAY				
Along Queensway towards Portsdown Avenue. Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicle onto Stationary Vehicle.				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2216R	Lorry				Seriously Damaged	6
GT7494Z	Van				Seriously Damaged	2
SHC6802C	Car				Slightly Damaged	0

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180630/2066

2 of 4

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20180630/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMED FOYEZ	ID No.	G6838014L
Related Vehicle	GBH2216R (Lorry)	Contact No.	81766268
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	Slight
Driver			
Name	YE HTET AUNG	ID No.	G8182339T
Related Vehicle	GT7494Z (Van)	Contact No.	83472347
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	Slight
Driver			
Name	KOH SZE HOW	ID No.	S7931988J
Related Vehicle	SHC6802C (Car)	Contact No.	95789596
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 30/06/2018 at about 0930hrs, I was driving my lorry with the registration number:GBH2216R(with 6 passenger) along Queensway as the taxi with the registration number:SHC6802C in front of me wanted to change lane to the left towards Portsdown Avenue, however came to a stationary position and I then stopped behind the said taxi however the Van with the registration number:GT7494Z behind me wasn't able to stop on time and crashed onto the rear of my lorry due to the impact my lorry surged forward and crashed onto the taxi in front of me.

I then checked on my passenger and 4 of my passenger complained head pain and I came out of my lorry



**SINGAPORE
POLICE FORCE**



T/20180630/2066

Police Station Of Origin:
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Report No. T/20180630/2066

CONTINUATION OF REPORT

and checked on all the parties involved in the accident and exchange particulars. Ambulance and traffic police was at scene. The van driver(GT7494Z), 4 of my passenger was conveyed to the hospital. My ED Micro SD Card(8GB/Black) was handed over to TP Officer. My vehicle suffer a dent on the on the rear and my front pumper came off after the accident. I was then told to make police report by the traffic police at scene.

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

2/7/18
12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/7/18
12pm



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180630/2066

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

4 of 4

Report No. T/20180630/2066

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:
D /
Sgt 2 GOH SHAO ZHANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Signature Of Informant:

Date/Time:
30/06/2018 13:06

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SN 47

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

