

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 | 12/07/2018 16:19 |
| Date Of Accident | 11/07/2018 11:10 |
| Exact Location Of Accident | ALONG UPPER EAST COAT ROAD AFTER JUNC KEW DR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | YP2013U |
| Insured/Policyholder | |
| Name Of Registered Owner | LIANG & HOW CONTRACTOR PTE LTD |
| Co Reg No | 199200193M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88218994 |
| Alternative Phone No | OFFICE-88218994 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | ISUZU |
| Model | FRR90SUQA-C |
| 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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5089097142-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HOSSAIN ANWAR |
| Passport No/FIN | G6782646P |
| Date Of Birth | 01/01/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/03/2017 |
| Driving Experience | 1 YEAR AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85022249 |
| Fax Number | |
| Contact Number | OFFICE-85022249 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------|
| Address | 12Q ENTERPRISE ROAD |
| Postcode | 627695 |
| 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 | SIDE SWIPE |
| 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) | 10 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : MALE |
| Passenger 3 | NAME: : - GENDER: : MALE |
| Passenger 4 | NAME: : - GENDER: : MALE |
| Passenger 5 | NAME: : - GENDER: : MALE |
| Passenger 6 | NAME: : - GENDER: : MALE |
| Passenger 7 | NAME: : - GENDER: : MALE |
| Passenger 8 | NAME: : - GENDER: : MALE |
| Passenger 9 | NAME: : - 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/20180712/2082.

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 | 21325MID |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MUHAMMAD SYARIZ BIN AFFANDI |
| NRIC/Passport Number | S9513984A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2018070/2082.

DECLARATION

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


Policyholder's Signature
Date & Time:

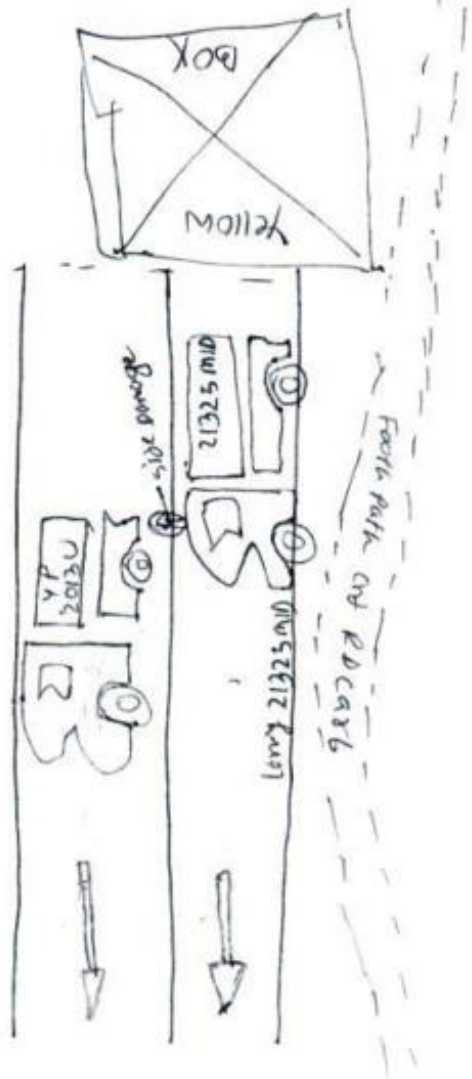
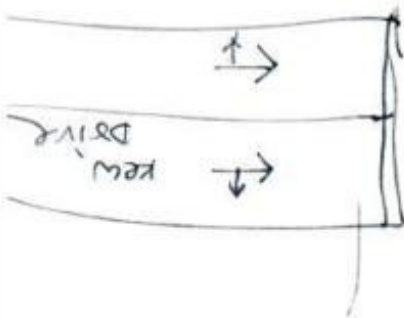
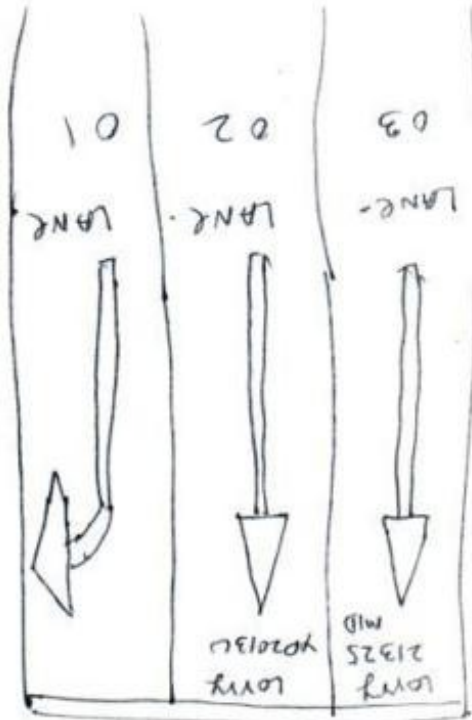

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

4200070/07-2018070/2082

Accident Sketch Plan

UPPER BEACH COAST RD
TOWARDS BEXLEY
SOUTH AVE 1



Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2082

1 of 3

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

Report No. T/20180712/2082

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 12/07/2018 14:43 | Vide Report No.: | Station Diary No.: 65 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant: HOSSAIN ANWAR | | | Address: APT BLK 31 SOON LEE ROAD #02-11 SOON LEE LODGE SINGAPORE 628087 | |
| ID Type / ID No.: FIN NO / G6782646P | | | Contact No.: | Mobile: 85022249 |
| Nationality: BANGLADESHI | | | Email: | |
| Sex: Male | Age: 27 | Date of Birth: 01/01/1991 | Type of Informant: Driver | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: Lorry driver | | | Driving Licence Information: Class: 3,4 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|-------------------------------|---------------------------------|---|---------------------------------|
| General Information of Case | | | | |
| Type of Accident: | Non-Injury Government Vehicle | Drink Drive: No | Date/Time of Accident: 11/07/2018 11:10 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER EAST COAST ROAD UPPER EAST COAST ROAD TOWARDS BEDOK SOUTH AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| 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 |
|-------------|-------|------|-------|-------|------------------|-----------------|
| 21325MID | Lorry | | | | Slightly Damaged | 0 |
| YP2013U | Lorry | | | | Slightly Damaged | 9 |

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2082

Police Station Of Origin:
Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20180712/2082

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Driver | | | |
| Name | MUHAMMAD SYARIZ BIN AFFANDI | ID No. | S9513984A |
| Related Vehicle | 21325MID (Lorry) | 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 |
| Driver | | | |
| Name | HOSSAIN ANWAR | ID No. | G6782646P |
| Related Vehicle | YP2013U (Lorry) | Contact No. | 85022249 |
| 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 11/07/2018 at about 1110hrs while I was driving along Upper East Coast Road (Towards Bedok South Avenue 1) when suddenly one military lorry 21325MID collided onto the left rear of my lorry. No one was injured resulting from the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20180712/2082

3 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180712/2082

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 /

Sgt 2 SYED SYAHID BIN OSMAN IDROS

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

12/07/2018 14:43

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

[Signature]
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

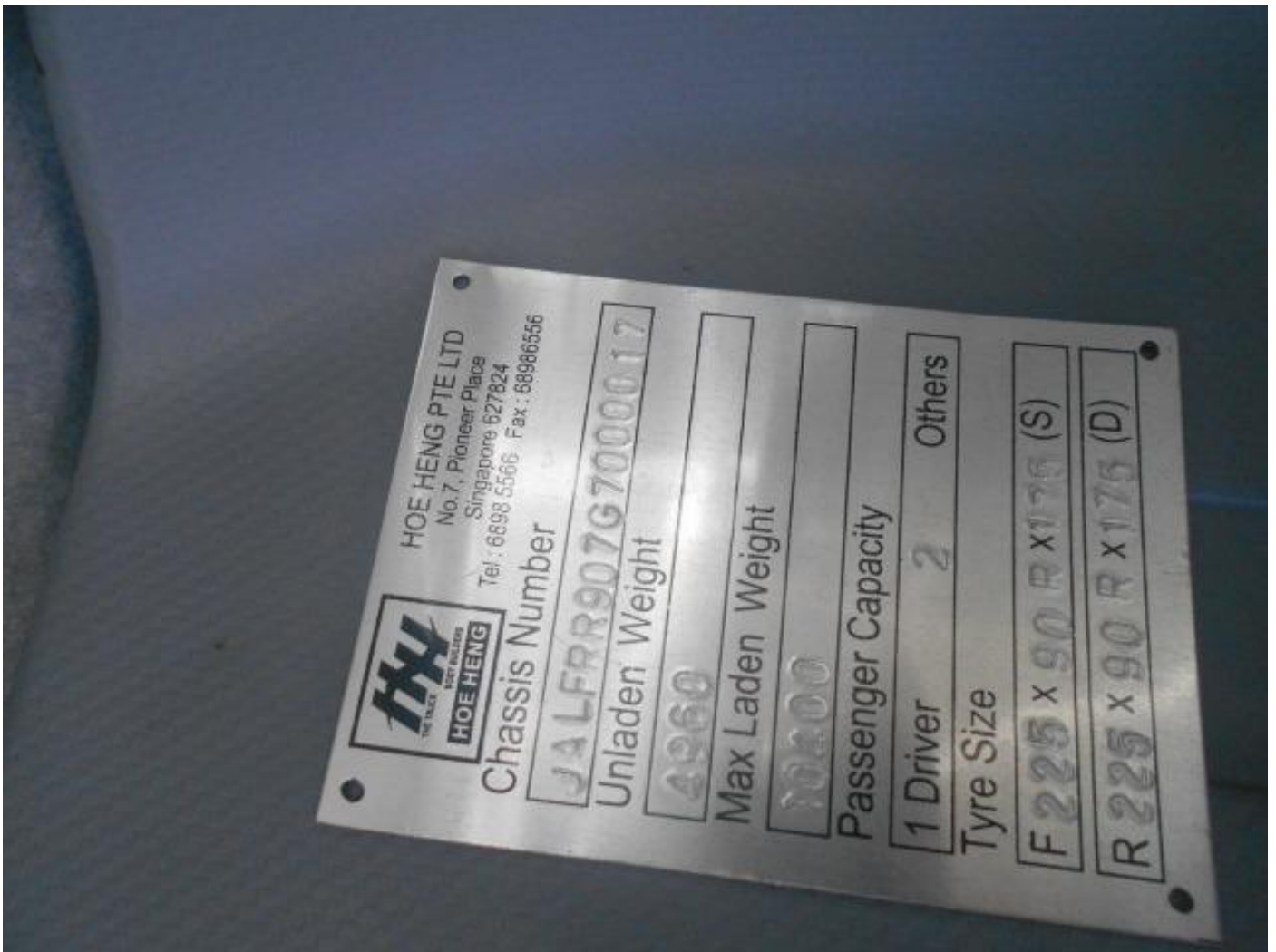


Accident Photo



Accident Photo

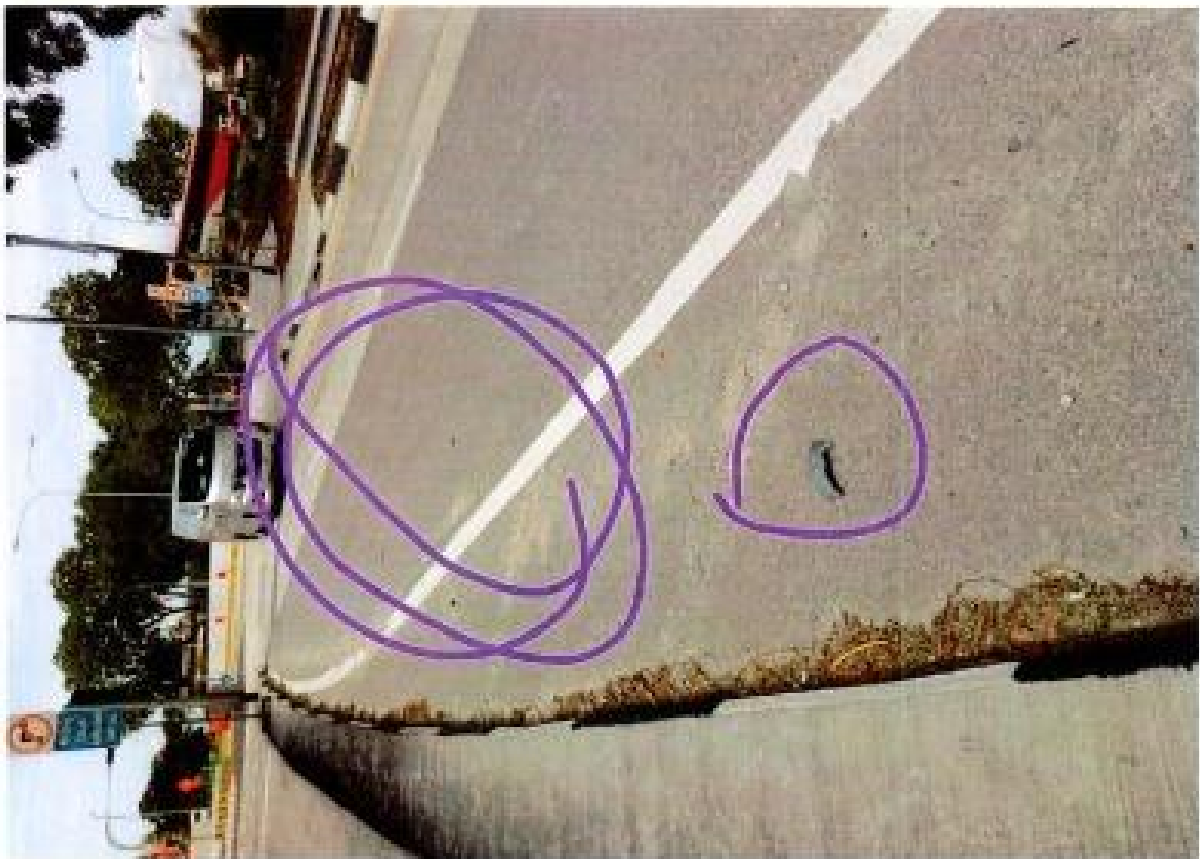




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

