

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	11/07/2018 11:25
Date Of Accident	10/07/2018 13:50
Exact Location Of Accident	CROSS JCT PIONEER RD NORTH AND INTERNATIONAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8937K
Insured/Policyholder	
Name Of Registered Owner	3SI PTE LTD
Co Reg No	200617526R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84449075

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO 1.6L
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCPHQ17-004006
Cover Note Number	

Driver

Name of Driver	MOSTAFIZUR RAHMAN
NRIC No	F8205893K
Date Of Birth	31/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90684919
Fax Number	
Contact Number	
EEmail Address	MOS@3SI.COM.SG

Address	NIL
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	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	
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING ALONG PIONEER RD NORTH TOWARDS INTERNATIONAL RD AND I WAS DRIVING AT THE FIRST LANE. WHEN I COME TO THE CROSS JUNCTION OF PIONEER RD NORTH AND INTERNATIONAL RD, I TAKE THE SECOND LANE TO WAITING MY TURN TO MAKE RIGHT TURN. WHEN THE TRAFFIC LIGHT SHOWS GREEN, THEN I TURN INTO INTERNATIONAL RD. AFTER FEW SECOND, I FELT AN IMPACT ON REAR RIGHT PORTION. VEHICLE B COLLIDED ONTO MY REAR RIGHT PORTION. WE MANAGED TO TAKE PHOTO AND EXCHANGED PARTICULARS. NO INJURIES INVOLVED.

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	GBF6078G
Vehicle Make/Model/Colour	VOLKSWAGEN/T6 VAN TDI/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONG POH WAN
NRIC/Passport Number	S7227663I
Contact Number	98299567
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

International RD

A: GBB 89 371c
B: GBF 607 86

Driver: RONALD

ACCIDENT STATEMENT (2000 characters)

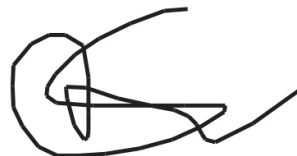
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Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
NG CHIN CHUN



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

11 July 2018 10:19 am

Date/Time:

11 July 2018 10:19 am

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **F8205893K**

Name: **MOSTAFIZUR RAHMAN**

Birth Date: **31 Dec 1977**

Issue Date: **21 Oct 2015**

Valid Till: **20/10/2020**

002485624K

SG 50

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

Employer:
3SI PTE. LTD.

Name:
MOSTAFIZUR RAHMAN

S Pass No.:
0 61433775

Sector:
CONSTRUCTION

0 61433775

K0344733

Identification Card

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

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	21 Oct 2015

NP 428A

Licence No: FB205893K

VISIT PASS
Immigration Regulations

Name
MOSTAFIZUR RAHMAN

Download SGWorkPass App to check status

FIN
FB205893K

Date of Birth
31-12-1977

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