

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	20/09/2018 19:33
Date Of Accident	19/09/2018 14:15
Exact Location Of Accident	ALONG JALAN BUROH NEAR LAMP POST 327
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2237L
Insured/Policyholder	
Name Of Registered Owner	TIONG WOON CRANE & TRANSPORT (PTE) LTD
Co Reg No	19804703W
Email Address	TRAINING_HR@TIONGWOON.COM
Mobile Phone No	(LOCAL) +65-81092938
Alternative Phone No	OFFICE-81092938

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V00001/VCH/R03
Cover Note Number	

Driver

Name of Driver	RAFIQUL ISLAM RONY GOLAM MOSTOFA
Passport No/FIN	G8309923U
Date Of Birth	30/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81092938
Fax Number	
Contact Number	OTHERS-81092938
Email Address	TRAINING_HR@TIONGWOON.COM

Address	15 PANDAN CRESCENT
Postcode	128470
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 TO REAR
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180920/2019

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	XD756Y
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI PEIJIAN
NRIC/Passport Number	G2410153W
Contact Number	83091198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAFIQUL ISLAM RONY GOLAM MOSTOFA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GX2237L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

GDPR: 2018/05/18/001

Accident Sketch Plan

SKETCH PLAN

7- (ampas) 327

No 20 Jason Buloh

B A X +

A) EX 2837L

B) XD 756Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refd to Police Report
T/20180920/2019

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.:

Form 100 (Rev 1/2018)

POLICE REPORT

20-09-18 17:07



**SINGAPORE
POLICE FORCE**



T/20180920/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

6271 8207

Report No. T/20180920/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2018 08:57		Vide Report No.: J/20180919/0123		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: RONY RAFIQUUL ISLAM			Address:		
ID Type / ID No.: FIN NO / G8309923U			Contact No.: Home/Office: Mobile: 81092938		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 30/12/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2018 14:25	Type of Location: Straight Road
Location: Along Road 1 JALAN BURUH Near to LP 327				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GX2237L	Lorry	NISSAN	CABSTAR	White	Slightly Damaged	0
XD756Y	Trailer	MITSUBISHI	FP517DR2R DEB	White	Slightly Damaged	0

POLICE REPORT

20-09-16 17:07



**SINGAPORE
POLICE FORCE**



T/20180920/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180920/2019

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving my lorry bearing the said registration plate number heading for work. At the point of time, I was travelling along lane 3 and came to a complete stop as I was waiting for the cars in front of me to move.

When I was about to drive off, I felt an impact coming from the rear of my lorry. I then went down to make a check and discovered a trailer bearing the said registration plate number had collided into my lorry. After the accident, I went to Ng Teng Fong Hospital to seek medical treatment. I was then given 3 days MC prior to the accident.

This is the first time such incident happened to me and there is no in-car camera installed in my lorry.

POLICE REPORT

20-09-18:17:07

3/3



**SINGAPORE
POLICE FORCE**



T/20180920/2019

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20180920/2019

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 /
Staff Sgt CLEMENT CHEE WEI JUN

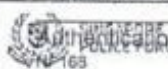
Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/09/2018 08:57

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:



Authentication Stamp

SN 37

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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