

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 liability.
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	16/10/2018 12:44
Date Of Accident	15/10/2018 19:55
Exact Location Of Accident	ALONG CTE (FROM MOULMEIN RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9180Z
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Insured/Policyholder

Name Of Registered Owner	LIENHON ENGINEERING PTE LTD
Co Reg No	199904636M
Email Address	INFO@LIENHON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67563433

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEN (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1824311800
Cover Note Number	02/08/18 - 01/08/19

Driver

Name of Driver	RAHMAN MOHAMMAD AZIZUR
NRIC No	G8335242L
Date Of Birth	27/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86499617
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O LIENHON ENGINEERING PTE LTD
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	COLLISION - CHANGE/CROSS LANE
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?	
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: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE

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 in lane 4 when an unknown lorry in front of me suddenly change lane to the right. I then realised there were vehicles stopped in lane 4 that I applied brake and filter right to avoid collision. Unfortunately my vehicle collided with the oncoming taxi in lane 3 while filtering. No one was injured.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8830H
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Vehicle Make/Model/Colour	BLUE COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG SEAH THONG
NRIC/Passport Number	S1366512E
Contact Number	94658253
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: YP 9180Z
INSURER : China Taiping
DATE & TIME: 15/10/18 @ 19:55

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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.
- (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: CY5
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along CTE
(from Moulmein Rd)

A = 4P 9180Z
B = SHC 8830H
Blue Comfort Taxi
Qty Seah Thong
S1366512E
HP - 94658253

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in lane 4 when an unknown lorry in front of me suddenly change lane to the right. I then realised there were vehicles stopped in lane 4 that I applied brake and filter right to avoid collision. Unfortunately my vehicle collided with the oncoming taxi in lane 3 while filtering. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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.:

Reporting Only

GIARMC SketchPlanForm_V3

() Claim Own Policy () Claim Third Party (✓) Reporting Only

() Claim OD/TP at other workshop (_____)

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

Employer
LENNON ENGINEERING PTE LTD

Sector **CONSTRUCTION**

Name
RAHMAN MOHAMMAD AZIZUR

Occupation
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 62875461

Date of Application
16-08-2017

Date of Issue
08-09-2017

Date of Expiry
27-08-2019

L8315494

VISIT PASS
Immigration Regulations

Name
RAHMAN MOHAMMAD AZIZUR

Date of Birth
27-11-1983

Sex
M

Nationality
BANGLADESHI

PRM
G8335242L

Date of Issue
08-09-2017

Date of Expiry
27-08-2019

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.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G8335242L

Name
**MOHAMMAD AZIZUR RAHMAN
MOHAMMAD HASEN ALI**

Birth Date
27 Nov 1983

Issue Date
25 May 2015

Valid Till
24/05/2020

1002431965K 2

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 1 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **25 May 2015**

Licence No G8335242L

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE

