

## 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	30/10/2018 11:54
Date Of Accident	27/10/2018 13:30
Exact Location Of Accident	SUNGEI KADUT STREET 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7120A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S CYC BUILDERS PTE LTD
Co Reg No	201606071D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92951633
Alternative Phone No	Office-97830241

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
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	DMCVSN1827651800
Cover Note Number	

### Driver

Name of Driver	MAMUN MD MUZTABAN HOSSEN
Passport No/FIN	G2420365X
Date Of Birth	04/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2016
Driving Experience	2 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84011677
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	11 MANDAI ESTATE #03-01
Postcode	729908
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	AFTER RAIN
Road Surface	WET

#### 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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3312K
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MAMUN MD MUZTABAN HOSSEN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBH7120A
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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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:

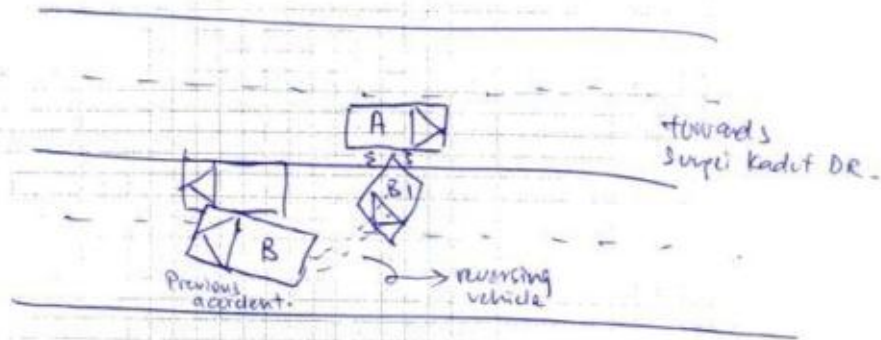
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 30/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

## Individual Statement

SKETCH PLAN

Sungei Kadut St 5.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sungei Kadut St 5 on the left lane of a 3-lane road towards Sungei Kadut Drive. Somewhere while passing No 1A Sungei Kadut St 5, there was an accident and I slowed down to drive past the accident. After I passed the accident, I suddenly felt a strong impact from the right hand side of my vehicle. After the accident, I alighted to see that vehicle B, who was previously involved in an accident, had reversed and collided into the right hand portion of my vehicle. Hence I was involved in an accident of 3 vehicles. I got video recording for the accident. I experienced body pain and will be seeking medical attention.

Vehicle A: GBH 7120A.


Vehicle B: YN 3312K

DECLARATION

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

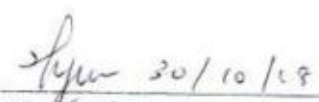


Policyholder's Signature  
Date & Time:



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



 30/10/18

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

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





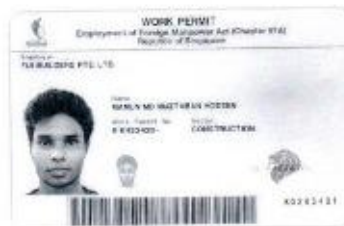
Accident Photo



Accident Photo



## Identification Card



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION**

CLASS	VEHICLE DESCRIPTION	EXPIRATION DATE
Class 5	Motor cycle with a weight up to 200kg wet weightings, motor cycle driver and other motor vehicles with a maximum weight up to 200kg.	31 Dec 2016

License No: 02-030563

1P C746

