

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	17/11/2018 09:05
Date Of Accident	15/11/2018 09:00
Exact Location Of Accident	GUILLEMARD RD TWDS NICHOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5501H
Insured/Policyholder	
Name Of Registered Owner	KMT ENGINEERING PTE LTD
Co Reg No	-
Email Address	KMTENGRG@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97498520

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M494672
Cover Note Number	

Driver

Name of Driver	HOSSAIN AL AMIN
Passport No/FIN	G2262231K
Date Of Birth	02/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83729039
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	50 UBI AVE 3 #04-15
Postcode	408866
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?	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)	4
Passenger 1	NAME: : JAHIRUL GENDER: : MALE
Passenger 2	NAME: : MORU GENDER: : MALE
Passenger 3	NAME: : RAHAD 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 TRAVELLING ALONG GUILLEMARD RD TWDS NICHOLL HIGHWAY ON THE 2ND LANE OF A3-LANES RD.I ON MY TURNING RIGHT SIGNAL INDICATE TO CHANGE LANE,WHILE MAKING A LANE CHANGE SUDDENLY VEH B CAME AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.BEFORE THAT THE VEH B WAS ON THE SAME LANE AND WAS BEHIND MY VEH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM3201C
Vehicle Make/Model/Colour	VOLKSWAGON
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	
NRIC/Passport Number	
Contact Number	92960289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

KMT Engineering Pte Ltd

50 Ubi Ave 3 #04-15
Singapore 408866
Tel: 6241 5002 Fax: 6241 2359
Email: kmtengr@singnet.com.sg
Date & Time:

Ali 17/11/18

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

Shyne 17/11/18

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

Accident Sketch Plan

SKETCH PLAN

SKETCH PLAN

GUILLERMARD RD
7 WAS NICOLL HIGHWAY

A - GBF5501H

B - SFM3201C

The sketch plan shows a horizontal road with three lanes, indicated by dashed lines. Above the road, the text 'GUILLERMARD RD' and '7 WAS NICOLL HIGHWAY' is written. On the right side of the road, there are three arrows pointing to the right. A car labeled 'A' is positioned in the middle lane of the horizontal road. A car labeled 'B' is positioned in the top lane of the horizontal road. A vertical road crosses the horizontal road, and on its right side, there are three arrows pointing downwards.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q/s refer to the statement

DECLARATION

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

KMT Engineering Pte Ltd
50 Ubi Ave 3 #04-15
Singapore 408886
Tel: 6241 5002 Fax: 6241 2359
Email: kmtengr@singnet.com.sg

Alice 12/11/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 17/11/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



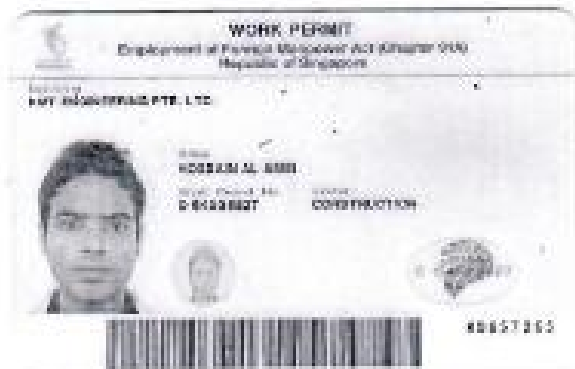
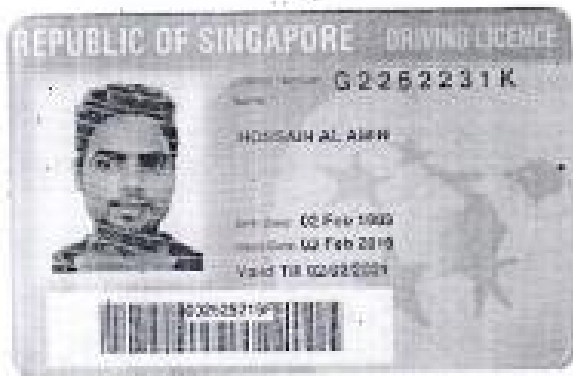
Accident Photo



Accident Photo



Identification Card



Jahirul
MORU
Rahad