

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	26/11/2018 17:34
Date Of Accident	23/11/2018 06:05
Exact Location Of Accident	UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7689L
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	TENG HONG INTERNATIONAL PTE LTD
Co Reg No	201622050W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62915477

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104167183
Cover Note Number	

Driver

Name of Driver	TAJINDRA SINGH
Passport No/FIN	G6936260K
Date Of Birth	11/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86545848
Fax Number	
Contact Number	OFFICE-86545848
EEmail Address	NOEMAIL

Address	BLK 6G SELETAR NORTH LINK #01-340 PPT LODGE 1B
Postcode	797452
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?	YES
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)	10
Passenger 1	NAME: : UDDIN MD AYEN GENDER: : MALE
Passenger 2	NAME: : HOSSAIN MD SOHORAB GENDER: : MALE
Passenger 3	NAME: : HOSSAIN MUKUI GENDER: : MALE
Passenger 4	NAME: : UDDIN NASIR GENDER: : MALE
Passenger 5	NAME: : ROKNUZZAMAN MOHAMMAD GENDER: : MALE
Passenger 6	NAME: : ALI SAHIN GENDER: : MALE
Passenger 7	NAME: : ARSHAD GENDER: : MALE
Passenger 8	NAME: : - GENDER: : MALE
Passenger 9	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	

Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181123/2023.

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	WC1440T
Vehicle Make/Model/Colour	
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)	1

DETAILS OF INJURED PERSON 1

Name	UDDIN MD AYEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP7689L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HOSSAIN MD SOHORAB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP7689L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HOSSAIN MUKUI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name UDDIN NASIR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name ROKNUZZAMAN MOHAMMAD

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name ALI SAHIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 7

Name ARSHAD

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. The 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 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.:

Accident Sketch Plan

SKETCH PLAN

Upper East Coast Rd.

B	X	D	X
---	---	---	---

A: YP7689L
B: WC14207

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/123/2023.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181123/2023

Police Station Of Origin:
Punggol N P C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20181123/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 10:18	Vide Report No.: G/20181123/0061	Station Diary No.: 42
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: TAJINDRA SINGH		Address: APT BLK 6G SELETAR NORTH LINK #01-340 PPT LODGE 1B SINGAPORE 797452	
ID Type / ID No.: FIN NO / G6936260K		Contact No.: Home/Office: Mobile: 86545848	
Nationality: INDIAN		Email:	
Sex: Male	Age: 28	Date of Birth: 11/07/1990	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4 Date of Expiry: 25/11/2019	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2018 06:05	Type of Location: Straight Road
Location: Along Road 1 UPPER EAST COAST ROAD				
Lamp Post Number: 94				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Stopped Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WC1440T	Truck	UD TRUCKS		Green	Seriously Damaged	0
YP7689L	Lorry	MITSUBISHI	fuso	White	Seriously Damaged	9

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20181123/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20181123/2023

CONTINUATION OF REPORT

Driver				
Name	TAJINDRA SINGH		ID No.	G6936260K
Related Vehicle	YP7689L (Lorry)		Contact No.	86545848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 25/11/2019
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

I am a lorry driver and my job is to ferry workers to and fro dormitory and sites. On 23/11/2018 at about 0605hrs, I was driving my company lorry (white colour Mitsubishi Fuso bearing plate number YP7689L) on the left lane of the 2-lane road along Upper East Coast Road with about 9 or 10 workers on the lorry. I then turned on my hazard light and stopped the lorry near to lamp post 94 to alight the workers. I was seated at the driver seat while the workers were alighting.

About 1 to 2 minutes later, I suddenly felt a huge impact coming from the back of the lorry as such went down to make a check and saw that a truck (green colour UD truck bearing plate number WC1440T) had collided to the back of the lorry. The 2nd worker who was alighting from the lorry was hit by the truck and some of the workers sitting at the back of the lorry were also injured due to the impact. There was a passerby who came to assist and helped to call for the police and ambulance.

Subsequently traffic police and ambulance arrived at scene and 6 of my workers were conveyed to the hospital. There is only a front facing in-vehicle camera installed in my company lorry. I was told to lodge a traffic accident report by the traffic police vide G/20181123/0061, incharge IO Farid, Tel: 65476090.

Police Report



SINGAPORE
POLICE FORCE



T/20181123/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20181123/2023

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:
F /
Staff Sgt ANG PEI YING, AGNES

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/11/2018 10:18

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



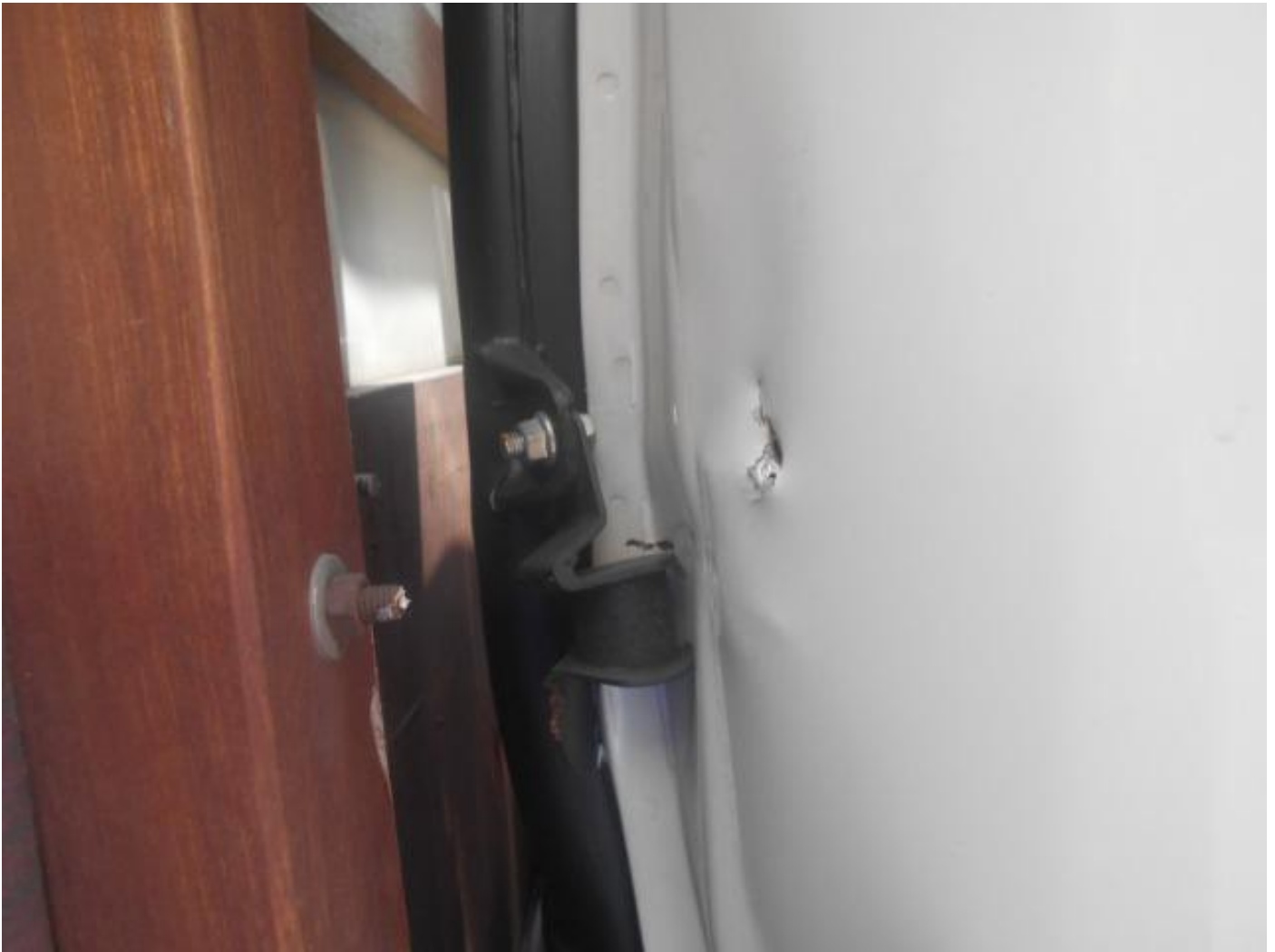
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

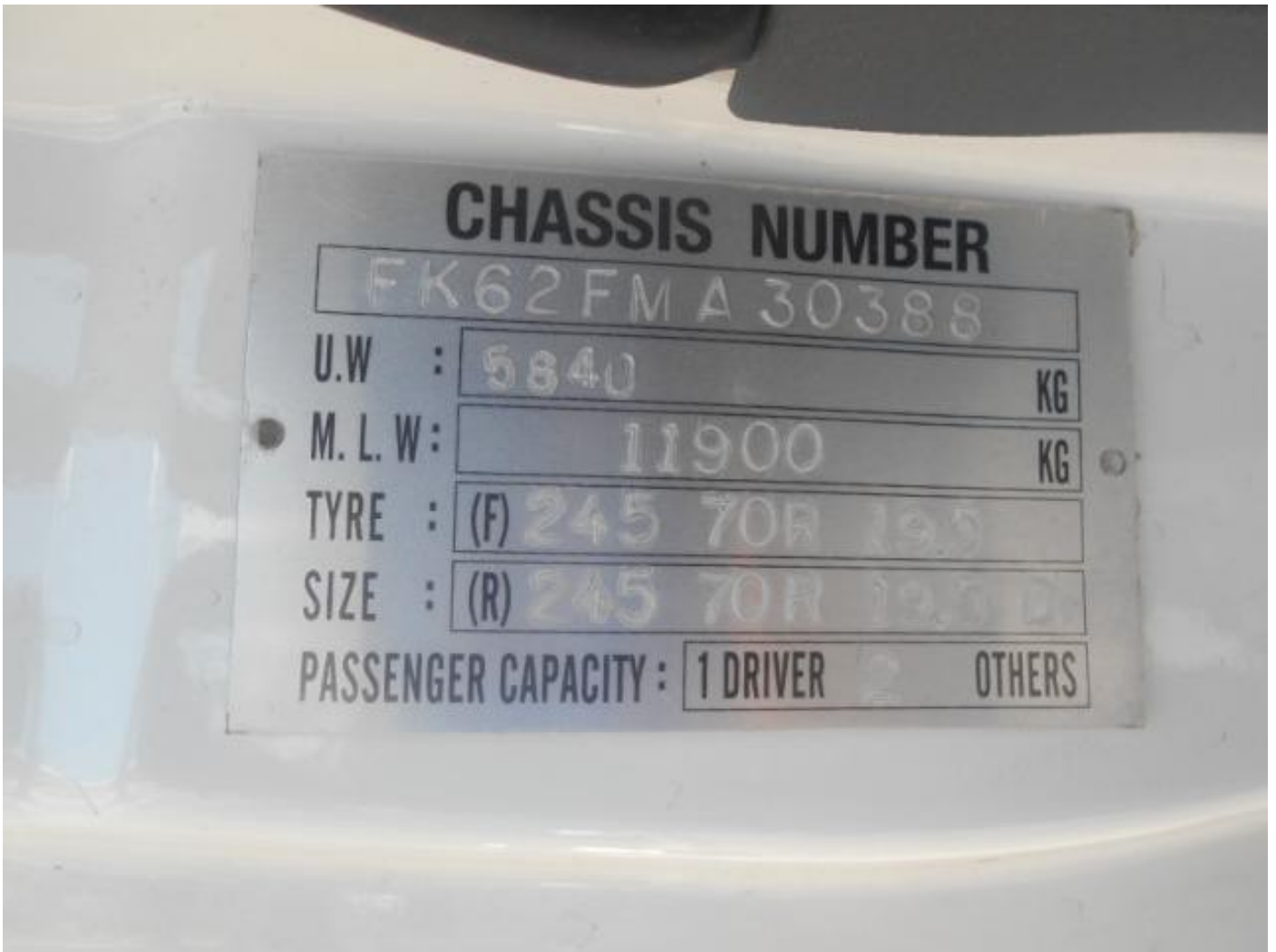


Accident Photo



Accident Photo





CHASSIS NUMBER

FK62FMA30388

U.W : 5840 KG

M. L. W: 11900 KG

TYRE : (F) 245 70R 19.5

SIZE : (R) 245 70R 19.5

PASSENGER CAPACITY : 1 DRIVER 2 OTHERS