

## 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	17/12/2018 15:12
Date Of Accident	15/12/2018 13:40
Exact Location Of Accident	AYE (MCE) AFTER JLN BOON LAY EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6993J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S E'CAPS RENOVATION & CONSTRUCTION PTE LTD
Co Reg No	201603902G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93368148
Alternative Phone No	OFFICE-93368148

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3064151800
Cover Note Number	

### Driver

Name of Driver	SHAK MD HELAL
Passport No/FIN	G6569780M
Date Of Birth	15/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98644532
Fax Number	
Contact Number	OFFICE-98644532
Email Address	NOEMAIL

Address	2 YISHUN INDUSTRIAL STREET 1 #03-10 NORTH POINT BIZHUB
Postcode	768159
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)	3
Passenger 1	NAME: : ALI AZGAR GENDER: : MALE
Passenger 2	NAME: : RANA MD MASUD GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181217/2086.

#### 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	SJN2766T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GLORIA ONG

NRIC/Passport Number	S9230312H
Contact Number	82827239
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	ALI AZGAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG6993J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	RANA MD MASUD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG6993J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/17/2086.

## 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/20181217/2086

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20181217/2086

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 13:46	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars				
Name of Informant: SHAK MD HELAL			Address: C/O 2 Yishun Industrial Street 1 #03-10 North Point Bizhub SINGAPORE 768159	
ID Type / ID No.: FIN NO / G6569780M			Contact No.: Home/Office: 97472529      Mobile: 98644532	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 31	Date of Birth: 15/11/1987	Type of Informant: Driver	
Race: Others			Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2018 13:40	Type of Location: Straight Road
Location: Along Road 1 JALAN JENTERA				
Heading towards the AYE expressway Lamp Post Number: 172				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBG6993J	Lorry	NISSAN		Silver	Slightly Damaged	2
SJN2766T	Car	MITSUBISHI		Grey		0

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

# Police Report



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T/20181217/2086

Police Station Of Origin:  
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SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20181217/2086

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ALI AZGAR	ID No.	G6658019P
Related Vehicle	GBG6993J (Lorry)	Contact No.	83606468
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	SHAK MD HELAL	ID No.	G6569780M
Related Vehicle	GBG6993J (Lorry)	Contact No.	97472529
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	RANA MD MASUD	ID No.	G2054928P
Related Vehicle	GBG6993J (Lorry)	Contact No.	90839381
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	GLORIA ONG	ID No.	S9230312H
Related Vehicle	SJN2766T (Car)	Contact No.	82827239
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181217/2086

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20181217/2086

### CONTINUATION OF REPORT

#### **Brief Details.**

On 15 Dec 2018 at about 1.40pm, I was travelling in my company lorry (License Plate: GBG6993J) along Jalan Jentera heading towards the AYE expressway. I was with 3 of my colleagues, 2 of them were seating behind. It was a 4-lane road and I was travelling on the 4th lane. I came to a stop as the vehicle in front of me stopped. Suddenly I felt an impact from behind my lorry. I alighted and realized that a grey Mitsubishi (License Plate: SJN2766T) had collided into the rear of my lorry.

I exchanged details with the Mitsubishi driver (Gloria Ong, NRIC: S9230312H, Hp:82827239). There were no Traffic Police or ambulance at scene. There is an in-car camera in my lorry.

The collision took place near lamppost No. 172 somewhere before Tukang Innovation Drive. After the accident, 2 of my colleagues who were seating behind the lorry sought treatment at Khoo Teck Puat Hospital. I am not injured.



# Police Report



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T/20181217/2086

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Report No. T/20181217/2086

## 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: G / Sr Staff Sgt MUHAMED SHAMIR S/O HAMID GHOUSE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 13:46
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	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



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