

## 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             | 11/01/2019 15:15   |
| Date Of Accident           | 11/01/2019 08:10   |
| Exact Location Of Accident | TUAS VIEW CRESCENT |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBF2338H                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | NIK FENG ENTERPRISE PTE LTD |
| Co Reg No                   | 201129926M                  |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             | (LOCAL) +65-84097751        |
| Alternative Phone No        | OFFICE-84097751             |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | TOYOTA                 |
| Model  | TOYOTA DYNA 150 MANUAL |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | A29006604MKC                         |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | HOSSAIN FARUK        |
| Passport No/FIN      | G6779912M            |
| Date Of Birth        | 10/01/1983           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 05/08/2015           |
| Driving Experience   | 3 YEARS AND 5 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-84097751 |
| Fax Number           |                      |
| Contact Number       | OFFICE-84097751      |
| Email Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | 8 KAKI BUKIT AVENUE 4<br>#02-51 PREMIER @ KAKI BUKIT |
| Postcode  | 415875   |
| 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 - CROSS JUNCTION |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |                                  |
|---|----------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                               |
| Number of vehicles (including own vehicle) 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)   | 5                                |
| Passenger 1   | NAME: : KALAM<br>GENDER: : MALE  |
| Passenger 2   | NAME: : AKRAM<br>GENDER: : MALE  |
| Passenger 3   | NAME: : GAFUR<br>GENDER: : MALE  |
| Passenger 4   | NAME: : PANKAJ<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | KAMPONG UBI NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190111/2068.

#### Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLB9049Z    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| 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  | HOSSAIN FARUK |
| Approximate Age                                     |               |
| Injuries Sustain                                    | BODY          |
| Injured person in which vehicle?                    | GBF2338H      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |

**DETAILS OF INJURED PERSON 2**

|   |          |
|---|----------|
| Name  | KALAM    |
| Approximate Age                                     |          |
| Injuries Sustain                                    | BODY     |
| Injured person in which vehicle?                    | GBF2338H |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | NO       |
| Address   |          |
| Postcode  |          |

**DETAILS OF INJURED PERSON 3**

|   |          |
|---|----------|
| Name  | AKRAM    |
| Approximate Age                                     |          |
| Injuries Sustain                                    | BODY     |
| Injured person in which vehicle?                    | GBF2338H |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | YES      |
| Address   |          |
| Postcode  |          |

**DETAILS OF INJURED PERSON 4**

|   |          |
|---|----------|
| Name  | GAFUR    |
| Approximate Age                                     |          |
| Injuries Sustain                                    | BODY     |
| Injured person in which vehicle?                    | GBF2338H |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | YES      |

Address

Postcode

DETAILS OF INJURED PERSON 5

Name PANKAJ

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBF2338H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



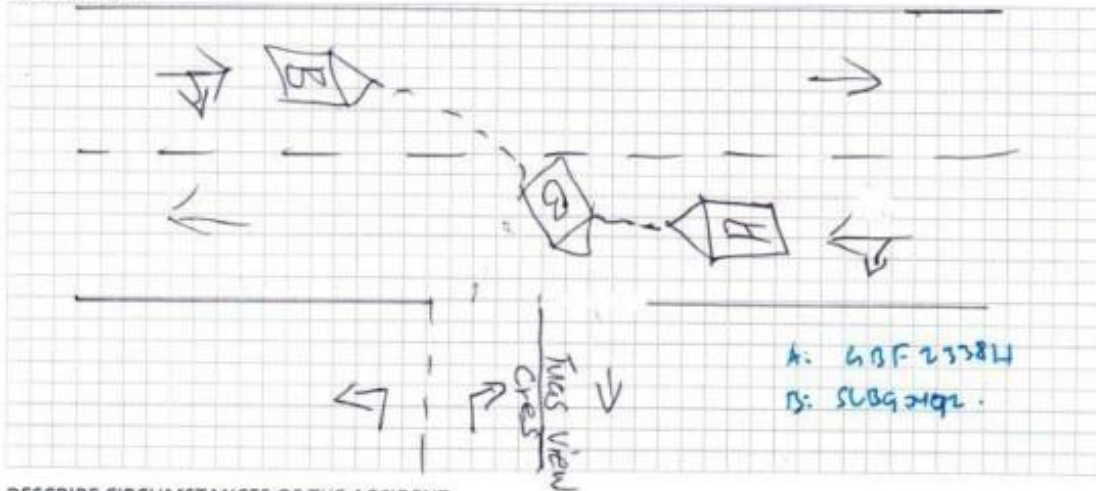
Policyholder's Signature  
Date & Time:

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 - 7/20190111/2088.

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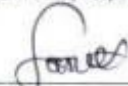


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### DECLARATION

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/20190111/2068

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20190111/2068

## REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                              |
|--|------------|--|------------------------------|
| Date/Time Report Made:<br>11/01/2019 14:01 |            | Vide Report No.:                       | Station Diary No.:<br>17     |
| <b>Informant's Particulars</b>             |            |  |                              |
| Name of Informant:<br>HOSSAIN FARUK        |            | Address:                               |                              |
| ID Type / ID No.:<br>FIN NO / G6779912M    |            | Contact No.:<br>Home/Office:           | Mobile: 84097751             |
| Nationality:<br>BANGLADESHI                |            | Email:                                 |                              |
| Sex:<br>Male                               | Age:<br>36 | Date of Birth:<br>10/01/1983           | Type of Informant:<br>Driver |
| Race:<br>Others                            |            | Language:<br>English                   | Institution / School Name:   |
| Occupation:<br>Lorry driver                |            | Driving Licence Information:<br>Class: | Date of Expiry:              |

## General Information of the Accident

|  |                                 |                                    |   |                                 |
|--|---------------------------------|------------------------------------|---|---------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>11/01/2019 08:10 | Type of Location:<br>T-Junction |
| Location:<br>Junction of Road 1 and Road 2<br>TUAS VIEW CRESCENT |                                 |                                    |   |                                 |
| JUNCTION OF TUAS VIEW CRESCENT, TURNING INTO TUAS VIEW CRESCENT  |                                 |                                    |   |                                 |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry               | Road Speed Limit:                             |                                 |
| Traffic Flow:<br>Dual Carriage Way                               |                                 | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                   |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side     |                                 |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                 |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make   | Model  | Color  | Condition          | No of Passenger |
|-------------|-------|--------|--|--------|--------------------|-----------------|
| GBF2338H    | Lorry | TOYOTA | TOYOTA<br>DYNA 150<br>MANUAL                 | Silver | Totally<br>Damaged | 4               |
| SLB9049Z    | Car   | NISSAN | SYLPHY 1.6<br>CVT ABS<br>D/AIRBAG<br>2WD 4DR | Brown  | Totally<br>Damaged | 0               |

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190111/2068

2 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20190111/2068

### CONTINUATION OF REPORT

#### **Brief Details.**

On the 11th of January 2019 at about 0810hrs, I was driving my vehicle bearing registration plate number GBF2338H along Tuas View Crescent. As I was approaching the junction of Tuas View Crescent, all of a sudden, another vehicle bearing registration plate number SLB9049Z, which was from the opposite direction, made a right turn into Tuas View Crescent. I was unable to stop my vehicle in time and had collided with the other vehicle. The impact of the collision caused my vehicle to swerve and mounted the kerb. The damages were as follows:

- 1) GBF2338H - front right tyre totally removed from the axle, front right portion badly damaged
- 2) SLB9049Z - front right portion badly dented and damaged.

The impact had caused 3 of my passengers who were seated at the back of the lorry, to have some injuries. Ambulance and Traffic Police came down to the scene and all 3 of my passengers were conveyed to Ng Teng Fong Hospital for their injuries - mostly lacerations injuries. There was another passenger who was seated with me in the front seat but we have yet to go and see the doctor for any medical checks. I wish to state that during the time of the accident, the other vehicle didn't stop to allow me to pass through as it was my right of way and that the vehicle made the turn very abruptly. I also wish to state that there is in-car camera on both vehicles.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190111/2068

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20190111/2068

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 /

Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2019 14:01

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

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

