

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	25/01/2019 12:18
Date Of Accident	23/01/2019 18:10
Exact Location Of Accident	END OF ANGSANA DRIVE JURONG ISLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2334D
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92729073
Alternative Phone No	OFFICE-92729073

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L200 TRITON DOUBLE CAB A/T NO SUNROOF
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994313
Cover Note Number	

Driver

Name of Driver	RAHMAN SUHANUR
Passport No/FIN	G2511489U
Date Of Birth	03/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92729073
Fax Number	
Contact Number	OTHERS-92729073
EEmail Address	NOEMAIL

Address	750 CAI CHEE ROAD #03-10 VIVA BUSINESS PARK
Postcode	469000
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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)	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

PLEASE REFER TO SKETCH PLAN

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	
Vehicle Make/Model/Colour	
Details Of Properties	LAMPOST 38
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

B. 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.



[Signature]

Policyholder's Signature
Date & Time:

[Signature] 23.01.19

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

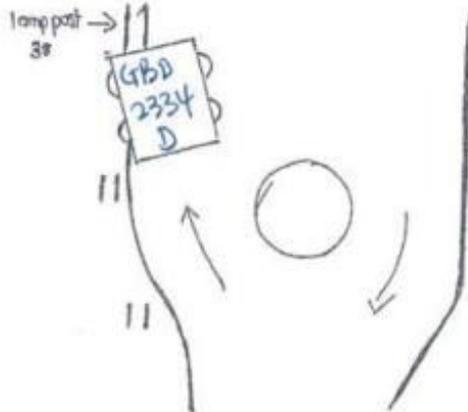
[Signature] 25/01/2019

Reporting Centre Personnel's Signature
Name: Rosli Hassan
NIC/FIN No.:

Accident Sketch Plan

END OF ANGGANA DRIVE, JURONG ISLAND

SKETCH PLAN

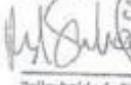


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

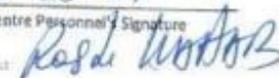
I was driving pick up GBD 2334D from JIWE vehicle exit to Anggana Drive. While I was turning left to Anggana Drive, there was a tripper truck coming into my direction to JIWE entrance. I was anxious ~~also~~ while turning left to Anggana Drive and I looked back to the tripper truck while driving forward. I carelessly mounted onto the curb and hit lamp post number 38. I was not holding on to any handphone. The condition of the vehicle is good when driving. The ~~vehicle's~~ front right bumper/bodykit was badly damaged. The lamp post bent inwards. I did not suffer any injury. I went out of the vehicle and immediately informed Alam supervisor to inform safety department.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


 23.01.19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 25/01/2019
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/EPN No.:

ACCIDENT SCENE

1/25/2019

47ca2fc0-7ed6-4cb1-92e1-06996d0b6e83.jpg



W 25/01/2019

ACCIDENT SCENE

1/25/2019

f1314802-3a15-49ba-825a-9654b2c55323.jpg



ca 25/01/2019

ACCIDENT SCENE

1/25/2019

b19b102f-3200-484d-be0e-77d86577e316.jpg



gaw 25/01/2019

ACCIDENT SCENE

1/25/2019

fdbb9dd1-1e60-4514-b7a8-8e79d3a3b76f.jpg



aw 25/01/2019

ACCIDENT SCENE

1/25/2019

75dd0c01-d290-4bf3-81f4-c6660ce72044.jpg



gw 25/01/2019

Serial Number EA-C80C (RC) - BEN-155-2534

 **EVERSAFE ACADEMY**
Steps To Success

**CONSTRUCTION SAFETY ORIENTATION
COURSE - (RE-CERTIFICATION) - BENGALI**

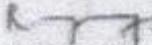
Name: RAHMAN SUHANUR

ID No: G2511489U

Course Date: 18 Aug 2018 To 18 Aug 2018

Course Venue: 2, Joo Koon Road, Singapore-328966

Validity: 2 Years from the issue date.


R. Murugesan
Managing Director


F.M. ZAMRUL ISLAM
Trainer, Training Division



 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore.

Employer:
KEITO ENGINEERING & CONSTRUCTION PTE. LTD.

Sector: CONSTRUCTION

Name:
RAHMAN SUHANUR

Occupation:
CONSTRUCTION WORKER

Work Permit No: 0 64420801

Date of Application: 07-08-2014

Date of Issue: 08-09-2017

Date of Expiry: 24-09-2019

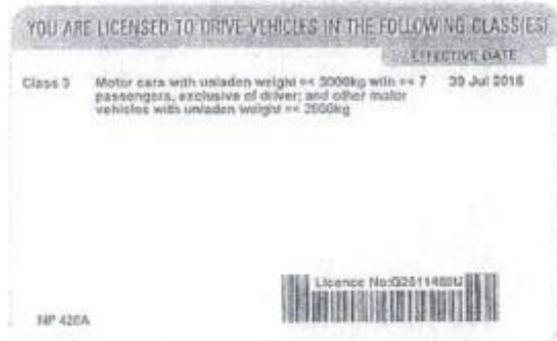
#8777

0 64420801



L8298198

ID



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

