

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
E-Mail 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?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190212/2071

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

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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:

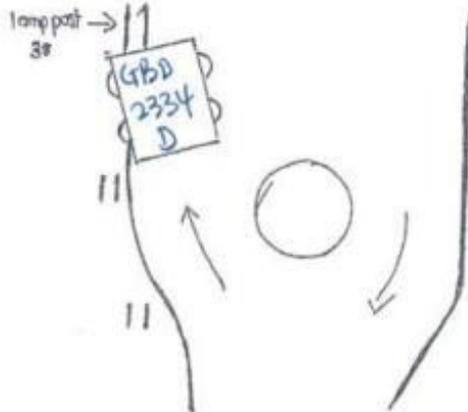
[Signature] 25/01/2019

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

Accident Sketch Plan

END OF ANGGANA DRIVE, JURONG ISLAND

SKETCH PLAN

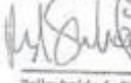


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving pick up GBD 2334D from JIVE vehicle exit to Anggana Drive. While I was turning left to Anggana Drive, there was a tripper truck coming into my direction to JIVE 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/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190212/2071

2 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20190212/2071

CONTINUATION OF REPORT

Driver			
Name	RAHMAN SUHANUR	ID No.	G2511489U
Related Vehicle	NIL	Contact No.	82729073
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

Brief Details.

On 23/1/2019 at about 5.50pm, I was driving out of the site office located at Angsana Drive, Jurong Island. As it is a one way roundabout traffic, I made a check on my right blindside for any vehicles. However when I turned and looked forward, I realized my vehicle was driving was too near to the Lamppost 38 and was not able to break in time. Hence, my vehicle hit head on with the lamppost.

I did not suffer any injuries. The vehicle right front bumper and the right headlight was damaged. The lamppost was bent.

I am lodging this report for my own.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190212/2071

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20190212/2071

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: L/ Sgt 3 GUNACHANDRAN S/O ARUMUGAM <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2019 13:00
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: SN 085

Authentication Stamp
NP168



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



gm 25/01/2019

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

 **EVERSAFE ACADEMY**
Steps To Success

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

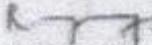
Name: RAHMAN SUHANUR

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. Manugesan
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

18298198



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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 21 MAY 19 012019 Vehicle Registration No: GPD 23340
Name (as shown in NRIC) : ROHMAN SUHARUR NRIC/FIN/Passport No : G25114894
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 92729073
Email Address : _____
Date of Accident : 23/01/2019 Time of Accident : 18:10
Place of Accident : END OF ANKARA DRIVE JURONG ISLAND
Insurance Company : AIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure Police Report 1/20190212/2011.

Policyholder / Driver's Signature
Date:

[Signature] 22/01/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: [Signature]
Date: