

## 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	19/02/2019 17:27
Date Of Accident	17/02/2019 17:30
Exact Location Of Accident	SENGKANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5812G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRELIM CONSTRUCTION PTE LTD
Co Reg No	199703691K
Email Address	CHERYL_LIEW@CONTRACTS.COM
Mobile Phone No	(LOCAL) +65-94460915
Alternative Phone No	OFFICE-64833273

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA230773/1
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD SOHEL MAJIBAR RAHMAN
Passport No/FIN	G7036080U
Date Of Birth	04/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94460915
Fax Number	
Contact Number	OFFICE-64833273
Email Address	NOEMAIL

Address	C/O 81 TAGORE LANE 301-21 TAG A
Postcode	787502
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	10
Passenger 1	NAME: : AHLOY GENDER: : MALE
Passenger 2	NAME: : SATHEEL GENDER: : MALE
Passenger 3	NAME: : NAHID GENDER: : MALE
Passenger 4	NAME: : PHALANI GENDER: : MALE
Passenger 5	NAME: : ALALUDDIN GENDER: : MALE
Passenger 6	NAME: : MAMUN GENDER: : MALE
Passenger 7	NAME: : EKBAL GENDER: : MALE
Passenger 8	NAME: : HOSSAIN GENDER: : MALE
Passenger 9	NAME: : RANA MASUD GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
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If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER TO THE SKETCH PLAN BY DRIVER

**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 GBB4095B

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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SCF6885A

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 EKBAL

Approximate Age

Injuries Sustain BODY UNWELL

Injured person in which vehicle? GBB5812G

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name HOSSAIN

Approximate Age

Injuries Sustain BODY UNWELL

Injured person in which vehicle?	GBB5812G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	RANA MASUD
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	GBB5812G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

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**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:



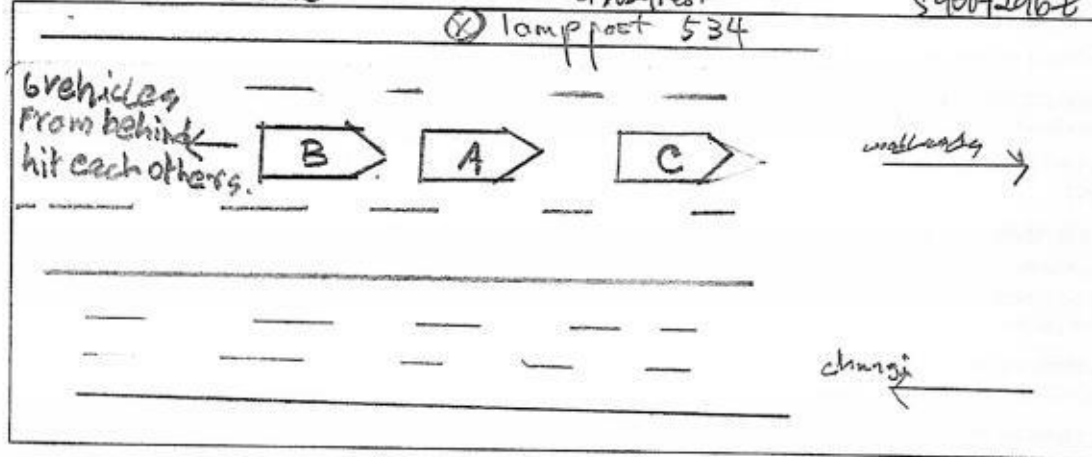
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of accident: 17/2/2019 Time: 17:30 Location: Sengkang way, Lampost 534  
 My Vehicle A: GBB 5812G Vehicle B: Ayyamperumal Kalaiyaran 62029168R Vehicle C: Seet Ing Hian S 9007296Z  
 SKETCH PLAN Mohd. Sohel



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/2/2019 at about 17:30 hr, I was driving GBB 5812G (A) along TPE towards woodlands. It was raining at that time and the traffic was heavy. I was driving slowly at about 30 km. At lampost 534, suddenly lorry GBB 4095B (B) collided hard into the back of my vehicle. Due to the hard impact, my lorry knock into the back of SCF 6885A (C). My rear's cargo board was dented and my front engine panel was also dented. Two of my driver workers finger and back were bruised and cut by the impact. The driver of behind lorry said to me that his brakes were not effective at that time of collision.

Car C - Seet Ing Hian (driver)  
 S 9007296Z

Car B - Ayyamperumal Kalaiyaran (driver)  
 62029168R

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: Cheryl\_vien@contracts.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## 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 Person's Signature  
 Name:  
 NRIC/FIN No.:

AH LIM MOTOR COMPANY



redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 📠 (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

date  
 22/06/2017

policy number  
 CV2 / GA230773

## Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	PRELIM CONSTRUCTION PTE LTD	Certificate number	GA230773 / 1
Cover	Third Party Only	NCD	0%
Engine number	1KD1932542	Chassis number	JTFAT35Y00K200710
Vehicle Registration number	GBB5812G		
Period of Insurance	from 29/06/2017 to 28/06/2018 (both dates inclusive)		
Sum Insured	Nil		
Finance Loan Company	Nil		

### Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitations as to use\*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers ( other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### Excess

An additional excess is applicable as follows:

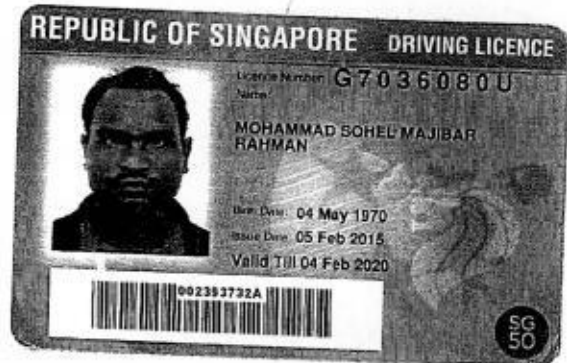
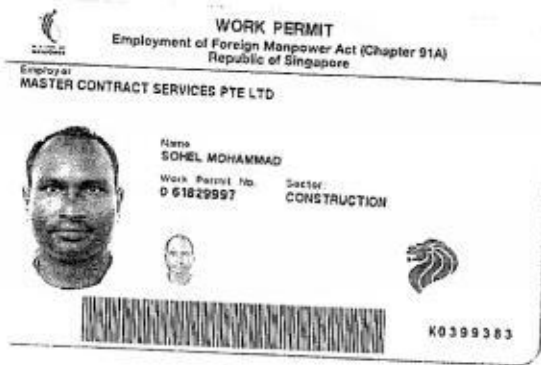
Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

### Additional clauses & endorsements to your policy

Nil

Sketch Plan Pg. 4



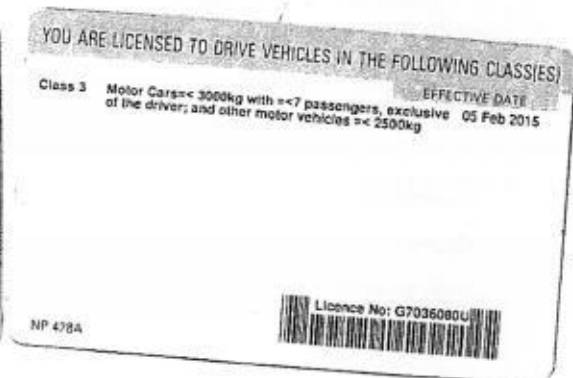
94460915/

Personnel: 64833273.  
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Hossein  
Rena Michael

No video.

10pm

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- Sat Steel
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- phanta:
- ~~Atat~~ Alaluddin
- m/min







Prelim Construction Pte Ltd  
81 Tagore Lane  
#01-21 TAG A  
Singapore 767502  
Tel: 6431 6615 Fax: 6481 1763  
Email: [prelimcon@singnet.com.sg](mailto:prelimcon@singnet.com.sg)  
(UEN/GST Reg No: 199703691K)

## Prelim Construction Pte Ltd

~~20 AMK TechLink, Ang Mo Kio Industrial Park 2A #02-21 Singapore 567761~~  
Tel: 6481 6615 Fax: 6481 1763 Email: [prelimcon@singnet.com.sg](mailto:prelimcon@singnet.com.sg)  
(Business / GST Reg No: 199703691K)

To Whom It May Concern,

Accident involving my vehicle no. G8B 5812 G on 17/2/2019 (date) with  
G8B 4095 B  
SCF 6885 A (other vehicle no) along Sengkang Way LP 536

I, Way Way Soon ... Nric No. S1289056 G.

Owner of vehicle no. G8B 5812 G am aware of the accident of my vehicle on  
17/2/2019 (Date) while car was driven by Mohammad Sohel Majbar Rahman

Nric No. 0 61829997. I hereby, authorise him / her to make the report.

X

Name Way Way Soon  
Date: 19/2/19

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Name Way Way Soon  
Date: 19/2/19

An ISO 9001:2008, ISO 14001:2004 & OHSAS 18001:2007 Certified Company