

## 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	25/03/2019 20:49
Date Of Accident	23/03/2019 06:45
Exact Location Of Accident	JUNC HOUGANG AVE 2 & UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1297T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FEN DA BUILDER PTE LTD
Co Reg No	201022801Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091334052-01
Cover Note Number	

### Driver

Name of Driver	IMRAN MOHAMMOD
Passport No/FIN	G2203532R
Date Of Birth	03/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92702590
Fax Number	
Contact Number	OFFICE-92702590
Email Address	NOEMAIL

Address	80 PLAYFAIR ROAD #02-13 KAPO BUILDING
Postcode	367998
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?	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)	6
Passenger 1	NAME: : DALI SHOHAG GENDER: : MALE
Passenger 2	NAME: : HOSSAIN ANOWAR GENDER: : MALE
Passenger 3	NAME: : DHALI AKRAM HOSSAN GENDER: : MALE
Passenger 4	NAME: : HOSSAIN MOHAMMED ARIF GENDER: : MALE
Passenger 5	NAME: : AZIZ TAREQ GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	<b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190324/2119.

#### Attachment(s)

Are accident photos available for attachment?	YES
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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	SKX5009L
Vehicle Make/Model/Colour	MAZDA 2
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	IMRAN MOHAMMOD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	DALI SHOHAG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	HOSSAIN ANOWAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	DHALI AKRAM HOSSAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 5

Name	HOSSAIN MOHAMMED ARIF
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 6

Name	AZIZ TAREQ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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 based 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.

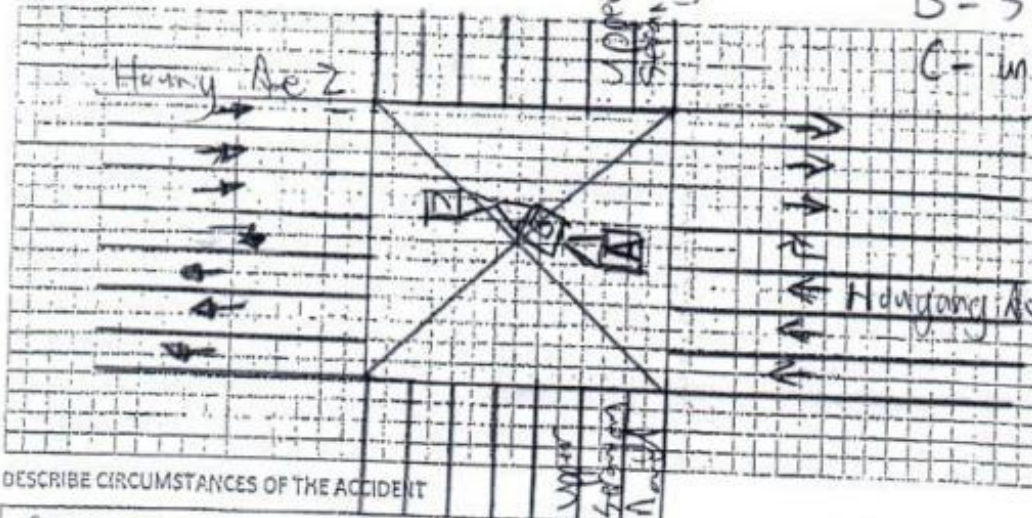
Policyholder's Signature  
Date & Time:

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

On 23/03/19, 0645 I was on Hawking Ave 2 turning right to up Seng Guan Road. A Taxi beat the red light hitting onto car B (5KX5009L) causing car B to move back ward And called to my front GBG 1297T

## 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/20190324/2119

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4  
Report No. T/20190324/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2019 21:50	Vide Report No.: F/20190323/0072	Station Diary No.: 152
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### Informant's Particulars

Name of Informant: IMRAN MOHAMMAD		Address: APT BLK 80 PLAYFAIR ROAD #02-13 SINGAPORE 367998	
ID Type / ID No.: FIN NO / G2203532R		Contact No.: Home/Office: Mobile: 92702590	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 28	Date of Birth: 03/03/1991	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Construction		Driving Licence Information: Class: 3 Date of Expiry: 25/06/2023	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2019 06:40	Type of Location: X-Junction
Location: UPPER SERANGOON ROAD Cross junction of Upper Serangoon Road and Hougang Ave 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1297T	Lorry		Toyota		Slightly Damaged	5
SKX5009L	Car		Mazda		Seriously Damaged	0

### Details of Person Involved

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

# Police Report



**SINGAPORE  
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T/20190324/2119

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7879999

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Report No. T/20190324/2119

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	HOSSAIN ANOWAR	ID No.	G2206624U
Related Vehicle	GBG1297T (Lorry)	Contact No.	91952369
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	DHALI AKRAM HOSSAN	ID No.	G2932747K
Related Vehicle	GBG1297T (Lorry)	Contact No.	82068486
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	IMRAN MOHAMMOD	ID No.	G2203532R
Related Vehicle	GBG1297T (Lorry)	Contact No.	92702590
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 25/06/2023
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	DALI SHOHAG	ID No.	G2122391W
Related Vehicle	GBG1297T (Lorry)	Contact No.	94862504
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190324/2119

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 4  
Report No: T/20190324/2119

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	AZIZ TAREQ	ID No.	G8470089X
Related Vehicle	GBG1297T (Lorry)	Contact No.	81843056
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	HOSSAIN MOHAMMED ARIF	ID No.	G6593582T
Related Vehicle	GBG1297T (Lorry)	Contact No.	90457551
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

I am the driver of GBG1297T. On the 23/03/2019 at about 0645hrs, I was travelling to work, I was waiting for the traffic arrow light to turn green at the cross junction of Upper Serangoon road and Hougang Ave 2. I am waiting behind a Mazda car register plate number:SKX5009L. When the traffic arrow light turn green, I proceed to turn right into upper Serangoon road behind the Mazda Car. Out of sudden, There was a comfort taxi travelling towards the Mazda car and hit onto the Mazda car and resulted hitting my front lorry.

Police Report



SINGAPORE  
POLICE FORCE



T/20190324/2119

4 of 4

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20190324/2119

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 /

SI NG RAYMOND

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2019 21:50

Officer In Charge Of Case:

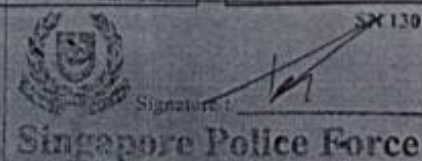
TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

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





Accident Photo



Accident Photo

