

## 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	10/05/2019 11:56
Date Of Accident	09/05/2019 09:45
Exact Location Of Accident	BKE TWDS PIE B4 EXIT 1 L/P 30
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9949P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO BROTHERS ENGINEERING PTE LTD
Co Reg No	201206193K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800139653
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD NUR
Passport No/FIN	G6599332K
Date Of Birth	01/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94654661
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	2 YISHUN INDUSTRIAL ST 1 #03-07 NORTH POINT BIZHUB
Postcode	768159
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 - CHANGE/CROSS LANE
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: : RAHMAN MOHAMMAD SAIDUR GENDER: : MALE
Passenger 2	NAME: : ALAM MAHBUB GENDER: : MALE
Passenger 3	NAME: : ISLAM MD JAHIDUL GENDER: : MALE
Passenger 4	NAME: : PAKKIRISAMY SUTHAKAR GENDER: : MALE
Passenger 5	NAME: : SUBRAMANIAN RETHINAKKUMAR GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	50 SERANGOON AVE 2
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <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

PLS REFERT TO THE POLICE REPORT:T/20190509/2117

#### Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GU7252A  
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 INJURED PERSON 1

Name RAHMAN MOHAMMAD SAIDUR  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBC9949P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ALAM MAHBUB  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBC9949P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name ISLAM MD JAHIDUL  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBC9949P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name PAKKIRISAMY SUTHAKAR  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBC9949P

Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

DETAILS OF INJURED PERSON 5

Name SUBRAMANIAN RETHINAKKUMAR  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBC9949P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan

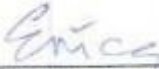
### SKETCH PLAN


#### 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:

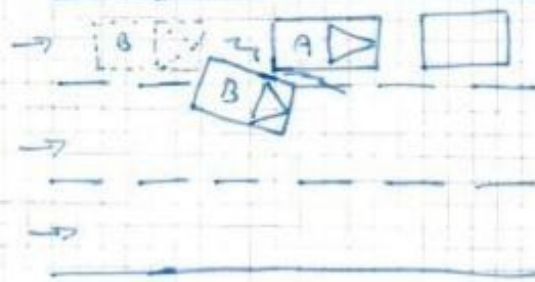
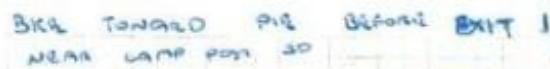
 10/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

VEHICULE A  
- GBC 9449P

Vehicle B  
- GU 7252A




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

Report number  
: 7/20190509/2117

Vehicle A - G3C9949P

Vehicle B - G47252A



## DECLARATION

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

ENICS  
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature: *Sym 10/05/19*  
 Name:  
 NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190509/2117

3 of 4

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20190509/2117

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	PAKKIRISAMY SUTHAKAR	ID No.	G6892584W
Related Vehicle	GBC9949P (Lorry)	Contact No.	87320938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	SUBRAMANIAN RETHINAKKUMAR	ID No.	F7599926R
Related Vehicle	GBC9949P (Lorry)	Contact No.	98458874
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

### Brief Details.

On 09/05/2019 at about 0945hrs, I was driving my company lorry (GBC9949P) along BKE towards PIE. On my vehicle there were 5 other passengers. While reaching Exit 1, lamp post 30, the vehicle in front of me suddenly applied brake and came to a stop. Upon seeing the vehicle stopping, I also applied my brake to come to a stop. All of a sudden, I felt an impact from the rear. We drove to the side and got off our vehicle and I took a few picture of the vehicle. As the other driver is Chinese speaking, my insurance agent came to the location and assisted us to speak to the driver. LTA officer came to advised us to exchange particulars. Subsequent, we went to consult a doctor at Parkway Shenton located at Serangoon Central and some of us were given 2 days of MC and the others were given 3 days of MC.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190509/2117

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1900-4980999

1 of 4

Report No: T/20190509/2117

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2019 15:29	Vide Report No.:	Station Diary No.: 43
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### Informant's Particulars

Name of Informant: MOHAMMAD NUR			Address:		
ID Type / ID No.: FIN NO / G6599332K			Contact No.: Home/Office: Mobile: 94654681		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 34	Date of Birth: 01/02/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Construction			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury: Others:	Drink Drive: No	Date/Time of Accident: 09/05/2019 09:45	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY Towards PIE before Exit 1 Lamp Post 30				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9949P	Lorry				Slightly Damaged	5
GU7252A	Lorry					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/20190509/2117

2 of 4

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Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20190509/2117

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	RAHMAN MOHAMMAD SAIDUR	ID No	PP:BP0156449
Related Vehicle	GBC9949P (Lorry)	Contact No	90592894
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	ALAM MAHBUB	ID No.	G2350510Q
Related Vehicle	GBC9949P (Lorry)	Contact No	87629326
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMMAD NUR	ID No.	G6598332K
Related Vehicle	GBC9949P (Lorry)	Contact No.	94654661
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	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	ISLAM MD JAHIDUL	ID No.	G6627342W
Related Vehicle	GBC9949P (Lorry)	Contact No.	85472791
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190509/2117

3 of 4

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880899

Report No: T/20190509/2117

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190509/2117

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Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No: T/20190509/2117

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

F /

Sgt 2 NGIO HAN BOON, DARREN

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

09/05/2019 15:29

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case

SH 104

Authentication Stamp

NP108



Signature

Singapore Police Force

Driving License



## Identification Card

[illegible]