

## 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	07/06/2019 15:27
Date Of Accident	06/06/2019 15:55
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6712Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIANPLUS GENERAL CONTRACTOR PTE LTD
Co Reg No	200723284D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94573066

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1825731800
Cover Note Number	

### Driver

Name of Driver	TITU MD ABDUR ROB
Passport No/FIN	G7545984Q
Date Of Birth	25/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81154153
Fax Number	
Contact Number	
EEmail Address	MOHANATITU@YAHOO.COM.SG

Address	31B LOR 22 GEYLANG
Postcode	398688
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

VEHICLE B WAS ON MY LEFT. VEHICLE INFRONT OF ME SUDDENLY STOPPED. I BRAKED AND MY LORRY SKIDDED AND HIT VEHICLE B'S RIGHT PORTION.

#### 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	YN561C
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)	3

Passenger 1

NAME: :

GENDER: : MALE

Passenger 2

NAME: :

GENDER: : MALE

## Sketch Plan

### SKETCH PLAN

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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.
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: 7-6-19

1420 hr

Driver's Signature

(If driver is not the policyholder)

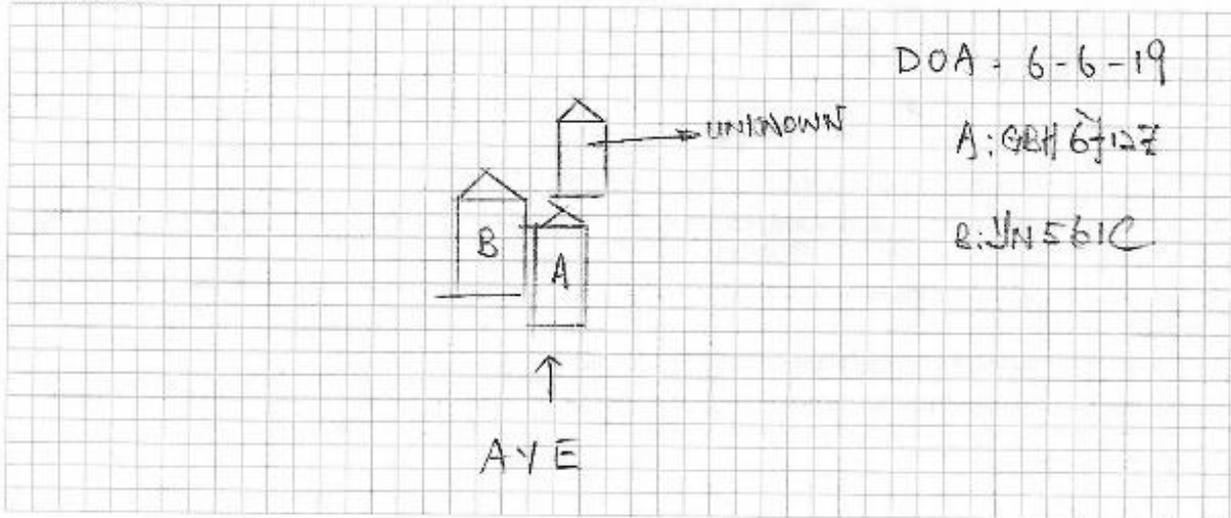
Date & Time: 7-6-19 1420 hr

Reporting Centre Personnel's Signature

Name: *Yoh Kuan Jin*  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B WAS ON MY LEFT,  
 VEHICLE IN FRONT OF ME SUDDENLY STOPPED,  
 BRAKED  
 I BRAKED AND MY LORRY SKIDDED AND HIT VEHICLE B'S  
 RIGHT PORTION:

DECLARATION

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

Policyholder's Signature  
 Date & Time: 7-6-19  
 1420 hr



Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 7-6-19 1420 hr

Reporting Centre Person's Signature  
 Name: JOY KIAN JIN  
 NRIC/TIN No.:



SGARMC SketchPlanForm\_V3

Sketch Plan #3



中国太平  
CHINA TAIPING  
MOTOR COMMERCIAL  
VEHICLE

M2300/CE SN  
AN0633A  
Cov.Type: C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN1825731800	Engine No :1KD2814436 Chassis No:JTFAT35Y10K211165
1. Index Mark and Registration Number of Vehicle	GBH6712Z	
2. Name of Policy Holder	M/S KIANPLUS GENERAL CONTRACTOR PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 AUGUST 2018	EXCESS SECT I .....S\$350.00 EX OR WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	19 AUGUST 2019	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER</p> <p>* Limitations rendered inoperative by Section 8 of the Motor 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.</p>		

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).  
Please see reverse



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **G 7 5 4 5 9 8 4 Q**  
Name:  
**TITU MD ABDUR ROB**

Birth Date: **25 Mar 1985**  
Issue Date: **15 Jun 2015**  
Valid Till **22/07/2020**

**002431838H**



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore



Employer  
**SOON KON CONSTRUCTION COMPANY (PTE) LTD.**



Name  
**TITU MD ABDUR ROB**

S Pass No. **0 62130008** Sector:  
**CONSTRUCTION**

**0 62130008**



**K0746708**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 23 Jul 2010

NP 428A



VISIT PASS

Immigration Regulations

03-09-2018

Name

TITU MD ABDUR ROB

FIN

G7545984Q

Date of Birth

25-03-1985

Sex

M

Nationality

BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



AUTHORISATION LETTER

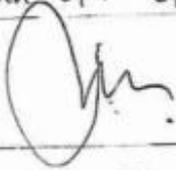
Letter of Authorization

I, (Owner Name) Tan Gim cheong, (NRIC) S1830118/2  
authorize (Driver Name) Titu md Abdul R (NRIC) 062130008  
to drive the vehicle (Plate Number) GRH 6712Z under my  
company (Company Name) Kianplus General Contractor Pte Ltd  
(Company Registration No.) 200723284D as a co-driver.  
Should there be any problem or queries, feel free to contact me  
at (Hp No.) 98573066.

Thank you.

Your Sincerely,

Tan Gim Cheong / Kianplus General Contractor P/L



(Company Stamp; if Applicable)

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



TOYOTA MOTOR CORPORATION JAPAN  
MODEL KDY231R-TLMKY  
ENGINE 1KD-FTV 2982 mL  
FRAME No. JTFAT35Y10K211165  
COLOR TRIM PLANT OPTION  
199 EA13 P11  
TRANS./AXLE R451 A06B 422

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 - 17:00
URN: 5665520206 / GST Reg. No.: M400017795

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 : MJAS 19074322 Vehicle Registration No: GBH 6712Z
Name (as shown in NRIC) : TITU MD ABDUR ROB NRIC/FIN/Passport No : G7545984Q
(\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate
Address : 31B LOR 22 GEYLANG Singapore (392688)
Contact (Tel) : Mobile No. : 8115 4153
Email Address : MOHANATITU@YAHOO.COM.SG
Date of Accident : 06/06/2019 Time of Accident : 15:55
Place of Accident : AYE TOWARDS TUAS
Insurance Company: CHINA TAIPING INSURANCE PTE. LTD.

(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:

I want to change my purpose of reporting from
Reporting Only to Own Damage Claim.

Policyholder / Driver's Signature
Date: 17/6/2019

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