

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	19/12/2018 13:20
Date Of Accident	18/12/2018 19:00
Exact Location Of Accident	JUNCTION OF TUAS WEST RD & TUAS LINK 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7327S
Insured/Policyholder	
Name Of Registered Owner	SIEW KONG GLASS MAKERS PTE. LTD.
Co Reg No	197802202E
Email Address	SALES@SIEWKONGGLASS.COM.SG
Mobile Phone No	(LOCAL) +65-90276279
Alternative Phone No	OFFICE-68633303

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 100-3.0 D (M)

Exact Purpose for which vehicle was being used at time of accident

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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN108031800

Cover Note Number

Driver

Name of Driver	HOSSAIN ANOWAR
Passport No/FIN	F7746117P
Date Of Birth	25/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91029966
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 3, TUAS LINK 3, SINGAPORE 638523

Postcode

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? YES

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) 3

Passenger 1 NAME: : MANDOL BIMAL

GENDER: : MALE

Passenger 2 NAME: : RAMASAMI SATHISH KUMAR

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20181219/2042 REMARK: VEHICLE AT TP COMPOUND

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBB8612Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBB8612Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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.



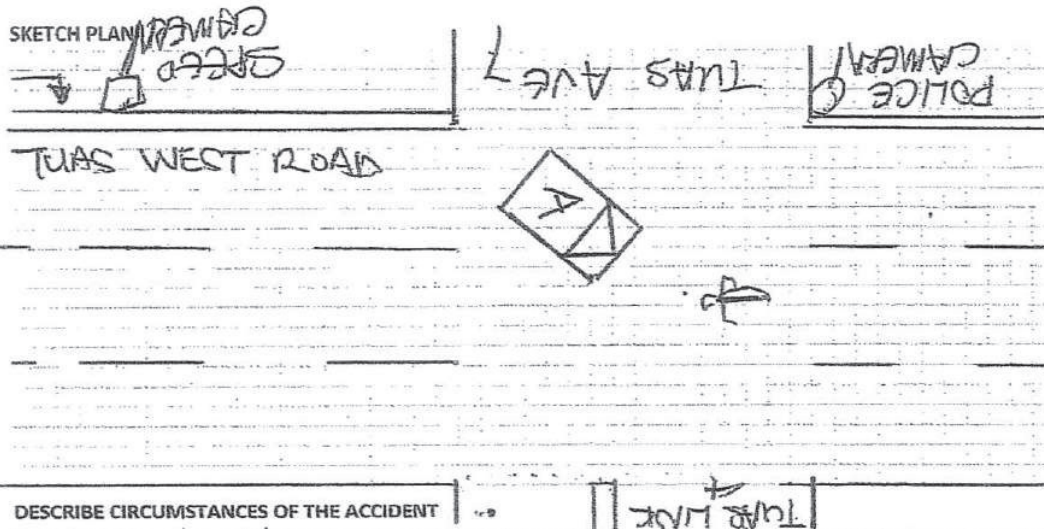
Am

B

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.:



I had finish work at China Embassy at about 1730 hre, and proceed to leave the Embassy after my co-worker exchanged our passess. We left the Embassy about 1740, and headed back to our office in Tuas. However we had plan to have coffe at Soon Li Rd canteen before reporting back to office. We went via AYE to Soon Li and reached about 1815-1820. We and other co-worker had coffe till about 1840-1845. I then left with 2 of my co-worker heading back to office at Tuas Link 3. While driving along Tuas West Rd I approached the Junction of Tuas Ave 7. I then move into extreme right hand lane as I was going to turn into Tuas Link 4. (Its a right turn lane only) At this time traffic light was showing

DECLARATION

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

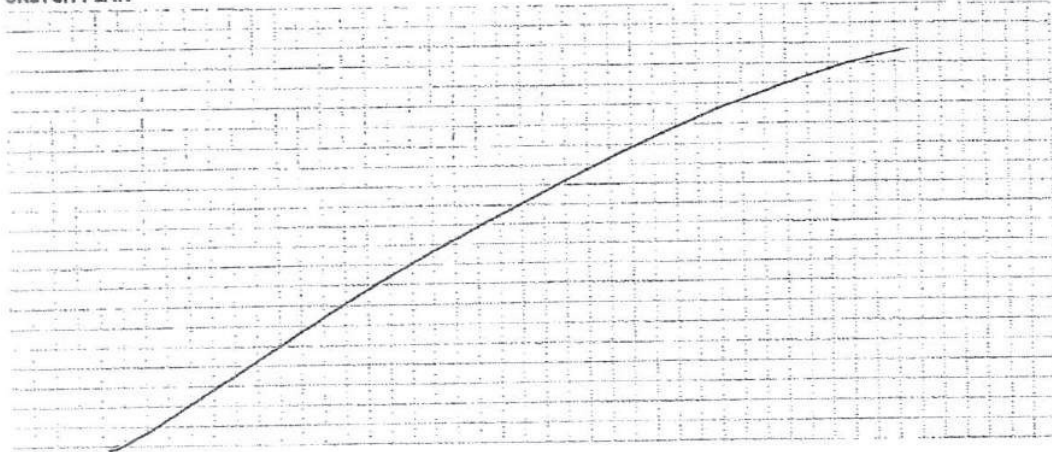
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

red, and as I continue forward the green arrow then came on in my favour, a vehicle in front of me continued to cross the Junction and I followed. When I entered the Junction I saw a motor cycle coming from the opposite direction I immediately jammed my brakes my lorry stopped immediately as I was travelling slow. However the said motor cycle still came forward and smashed onto my lorry and motor cyclist fell onto the Rd. I came down with my co-worker from the lorry. I told my co-worker to call my boss and I went to see the motorcyclist. At this point a pedestrian also approached and had called an ambulance. Later the police also arrived. I would also like mention that all vehicles on the opposite direction had all stopped as it

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Policyholder's Signature
Date & Time:



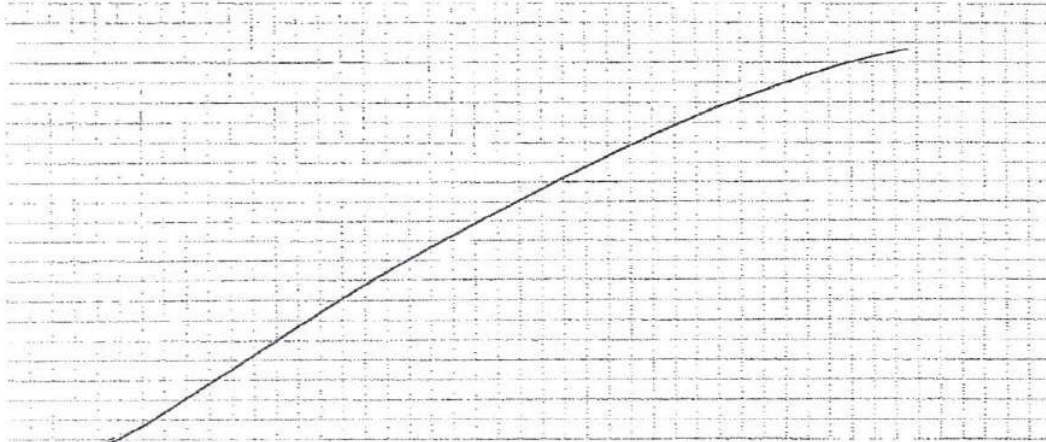
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was red light for their direction.
All this would have been recorded
in the police camera on lamp post
nine. Along Tuas Ave 7. and in my
direction there is also a speed
camera.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Date & Time:



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

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

Form 10/11, Section 10/11, Form 10/11



SINGAPORE POLICE FORCE



T/20181219/2042

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20181219/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2018 12:31	Vide Report No.: J/20181218/0118	Station Diary No.: 23
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Informant's Particulars

Name of Informant: HOSSAIN ANOWAR			Address: APT BLK 70 TUAS SOUTH AVENUE 1 #03-18 TUAS VIEW DORMITORY SINGAPORE 637285		
ID Type / ID No.: FIN NO / F7746117P			Contact No.: Home/Office: Mobile: 91029966		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 44	Date of Birth: 25/06/1974	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 19:00	Type of Location:
Location: Along Road 1 TUAS WEST ROAD Junction Tuas West Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8612Y						0
GBD7327S	Lorry				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181219/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20181219/2042

CONTINUATION OF REPORT

Driver				
Name	HOSSAIN ANOWAR		ID No.	F7746117P
Related Vehicle	NIL		Contact No.	91029966
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	NIL		Degree of Injury	NIL

Brief Details.

On 19/12/2018 at about 1900hrs, my vehicle was stationary along Tuas West Road towards Tuas South Ave 3 X Tuas Link 4 on the extreme right of 4 lanes Road and i was the 2nd veicles before the stop line as i am going to make a right turn into Tuas Link 4.

Once Traffic Light change to red with green right arrow in my favor, the front vehicle infront of me proceeded to make a right turn as such i proceeded to make a right turn subsequently. Vehicle at the opposite vehicles stop at the stop line however suddenly while i was making my turn, a motorcycle (FBB8612y) from opposite direction dash out and collided onto my vehicle front portion.

I have no built in camera inside my front vehicle. i wish to state that there is CCTV around the vicinity. Traffic police and ambulance was at scene. my passenger and i was not injured . The motorcyclist was conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20181219/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181219/2042

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:

D /

Sgt 1 LIM TIAN WEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2018 12:31

Officer In Charge Of Case:

TP / FAIT /

Sr Staff Sgt MUHAMMAD FARHAN BIN MALIK

Contact No.: 65476202

Classification Of Case:

SN 49

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE