

## 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	24/07/2019 14:14
Date Of Accident	24/07/2019 10:30
Exact Location Of Accident	HOLLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9856T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S WANG SHENG DESIGN & BUILD PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94564438

### 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	REPORTING ONLY
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	DMCVSN1538271803
Cover Note Number	-

### Driver

Name of Driver	UDDIN SELIM
NRIC No	G7969225K
Date Of Birth	23/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91600063
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 TAMPINES NORTH DR 1 #06-31
Postcode	528559
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?	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

I WAS TRAVELLING ALONG HOLLAND RD, SUDDENLY VEH B WHICH WAS INFRONT OF ME STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

#### 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	SLD1969K
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)	

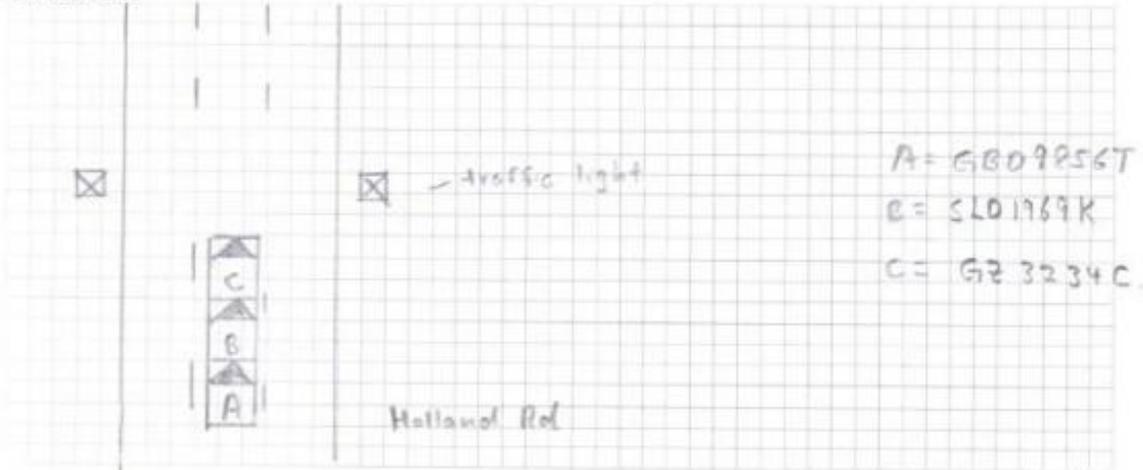
#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ3234C
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)	



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: G7969225K

Name: SELIM UDDIN DULAL MIAH

Date of Birth: 23 May 1982

Issue Date: 11 May 2015

Valid Till: 10 May 2020

002426626D

SG 50



WORK PERMIT

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

Employer: WANG SHENG DESIGN & BUILD PTE. LTD.

Name: UDDIN SELIM

Work Permit No: 0 62371234

Sector: CONSTRUCTION

0 62371234

K1330572



For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 11 May 2015

For LKK/NAC Use Only

Licence No: G7969225K

NP 429A



VISIT PASS

Immigration Regulations

Name: UDDIN SELIM

FIN: G7969225K

Date of Birth: 23-05-1982

Sex: M

Nationality: BANGLADESH

MULTIPLE JOURNEY VISA ISSUED

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

Download SGWorkPass App to check status



Accident Photo



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