

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	23/08/2019 11:03
Date Of Accident	30/03/2019 07:20
Exact Location Of Accident	99 DESKER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8180E
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Insured/Policyholder

Name Of Registered Owner	DENGDA CONSTRUCTION PTE LTD
Co Reg No	201112568N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69098796

Vehicle Particulars

Manufacturer	FOTON
Model	BJ1041V9JD6-FP
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	5104785038
Cover Note Number	

Driver

Name of Driver	HOSSAIN MONIR
Passport No/FIN	G2335897U
Date Of Birth	01/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84498081
Fax Number	
Contact Number	OFFICE-84498081
Email Address	NOEMAIL

Address	67 UBI CRESCENT #04-02 TECHNIQUES CENTRE
Postcode	408560
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	SIDE SWIPE
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?	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)	13
Passenger 1	NAME: : MOLIK MOHAMMAD ALAUDDIN GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE
Passenger 6	NAME: : - GENDER: : MALE
Passenger 7	NAME: : - GENDER: : MALE
Passenger 8	NAME: : - GENDER: : MALE
Passenger 9	NAME: : - GENDER: : MALE
Passenger 10	NAME: : - GENDER: : MALE

Passenger 11

NAME: : -
GENDER: : MALE

Passenger 12

NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address **ROAD:** 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT
COMPLEX BLOCK A , **POSTCODE:** 088762 , **COUNTRY:** SINGAPORE
Police Station Contact **TEL NO:** 1800-2240000 - **FAX NO:** 62200877
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - A/20190722/7020.

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 XD7785S
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

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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.



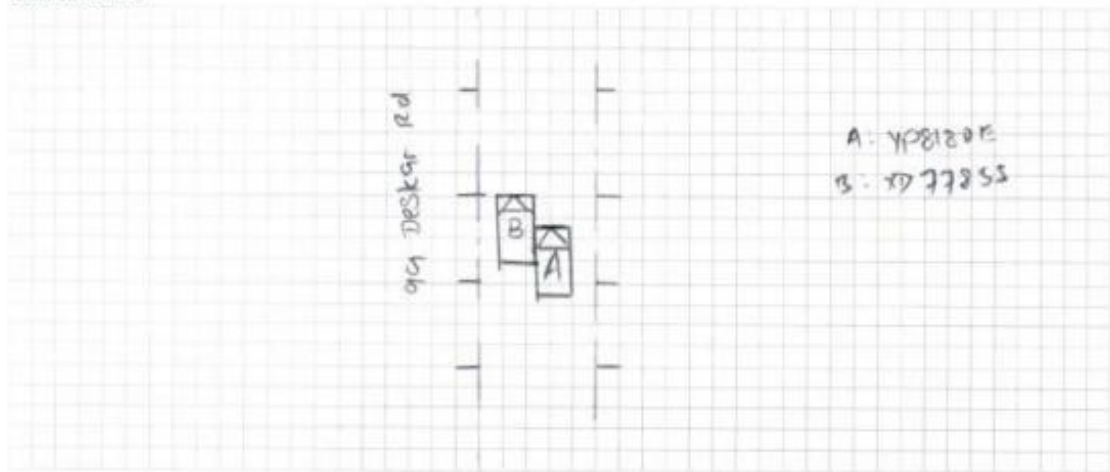
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - A/2019224/2020.

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**



A/20190722/7020

1 of 1

POLICE REPORT (NP299)

Report No. A/20190722/7020

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 22/07/2019 14:10	Vide Report No.	Station Diary No.
Name Of Informant LIU WEI	Address APT BLK 62A STRATHMORE AVENUE #23-44 SINGAPORE 142062	
ID Type / ID No. NRIC NO / S7485884H	Contact No. Home/Office: Mobile: 81333691	
Nationality CHINESE	Email Address LW7403@GMAIL.COM	
Occupation Administration manager	Sex Female	Age 45
Institution/School Name	Date of Birth 16/03/1974	Race Chinese
Date/Time Of Incident 30/03/2019 07:20 - 30/03/2019 07:20	Location Of Incident 99 DESKER ROAD	

Brief details.

In the morning on 30 Mar 2019 about 7:20, a garbage truck was parked near to unit 99 in the middle of Desker Road picking up the garbage. When our lorry YP8180E carrying about 12 foreigner works slowly passed it, the garbage made a slightly detour on its left side. The the garbage truck and our lorry YP8180E has a minor collision. Both drivers immediately stopped to check the the damage of the vehicles and any victims sitting in the lorry. Both vehicles has slight scratch and we did not claim insurance. Only one worker complained left elbow pain and we send him to clinic to checkup.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 14:10
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

