

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	29/08/2019 10:11
Date Of Accident	28/08/2019 07:50
Exact Location Of Accident	PASIR PANJANG ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG713R
Insured/Policyholder	
Name Of Registered Owner	ALBATROSS CONSORTIUM PTE. LTD.
Co Reg No	200614093K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90513550
Alternative Phone No	OFFICE-90513550

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN3027801900
Cover Note Number	

Driver

Name of Driver	AHMED TOFAYEL
Passport No/FIN	G8437023T
Date Of Birth	02/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90513550
Fax Number	
Contact Number	OTHERS-90513550
Email Address	NOEMAIL

Address	10 ANSON ROAD #10-11 INTERNATIONAL PLAZA
Postcode	079903
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 - HEAD TO REAR
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)	8
Passenger 1	NAME: : RAHMAN LOTFAR GENDER: : MALE
Passenger 2	NAME: : UDDIN MOHAMMAD RAHIZ GENDER: : MALE
Passenger 3	NAME: : SHEKH MAMUN GENDER: : MALE
Passenger 4	NAME: : ISLAM MD MINARUM GENDER: : MALE
Passenger 5	NAME: : BAKUL GENDER: : MALE
Passenger 6	NAME: : BHUAN SHAKIR AHAMED GENDER: : MALE
Passenger 7	NAME: : RAHMAN MUHAMMAD HAFIZUR GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

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	GBB9854J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AHMED TOFAYEL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AHMED TOFAYEL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UDDIN MOHAMMAD RAHIZ
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	SHEKH MAMUN
Approximate Age	
Injuries Sustain	SLIGHT INJURY

Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	ISLAM MD MINARUM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	BAKUL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 7

Name	BHUAN SHAKIR AHAMED
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 8

Name	RAHMAN MUHAMMAD HAFIZUR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG713R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



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8. **Consent under the Personal Data Protection Act (PDPA)**

(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.



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Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: 2968099

Accident Sketch Plan

SKETCH PLAN

Pasir
Pantane
Rd Towards
Alexandra
Rd

(A) GBB 713K
(B) GBB 9854J

ALBERT ROSS CONSORTIUM PTE LTD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28-06-2019 at about 01:50hrs, I was travelling along Pasir Pantane Rd Towards Alexandra Rd. I was on Lane 2. As I was heading straight, I saw a van GBB9854J open his door at the side road, I moved as normal and slow. While heading straight, the said vehicle with his door open make a sudden moved and swung into my lane and collided onto my front left side position.

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:
NIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

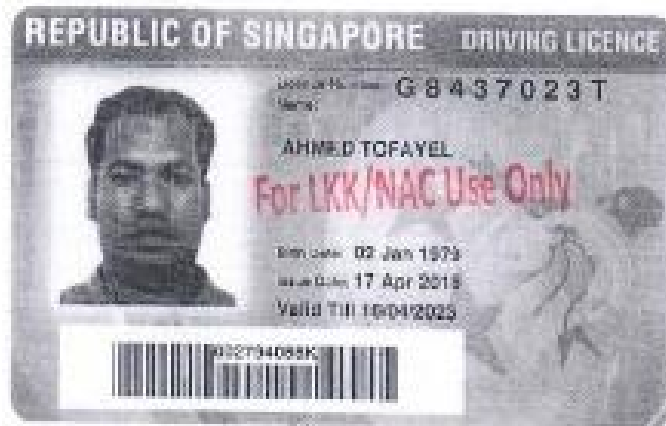


Accident Photo





Driving License



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

Class 3 Motor cars with unladen weight <= 3500kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE

17 Apr 2018

For LKK/NAC Use Only

NP 425A



Identification Card

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


Employer:
ALBATROSS CONSORTIUM PTE. LTD.

For LKK/NAC Use Only

Name:
ARMED TORAYEL

Work Permit No.
S 03077009

Expiry:
CONSTRUCTION

 **K0328848**

VISIT PASS
Immigration Regulations

Name:
ARMED TORAYEL

For LKK/NAC Use Only

For:
08/07/0207

Date of Birth: **03-01-1970** Sex: **M**

Passport No.:
DAN BLANFORD

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.

