#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/09/2019 18:23
Date Of Accident	28/09/2019 10:25
Exact Location Of Accident	BKE TOWARDS PIE/TUAS BEFORE ERP GANTRY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7661E
Insured/Policyholder	
Name Of Registered Owner	DURABLINDS TRADING
Co Reg No	201621583E
Email Address	OPS@GLASSSCAPE.COM.SG
Mobile Phone No	(LOCAL) +65-96277736
Alternative Phone No	OFFICE-87413496
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V11746/VCV/R00
Cover Note Number	
Dulyan	

#### Driver

Name of Driver SUMIR OWHID ULLAH

NRIC No G6747427P

Date Of Birth 11/01/1988

Occupation OUTDOOR

Date Of Driving Pass 21/03/2016

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96277736

Fax Number

Contact Number OTHERS-87413496

EMail Address OPS@GLASSSCAPE.COM.SG

Address

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 **CHAIN COLLISION** 

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

5

Was any body injured in the Accident? NO

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 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY:

Police Station Address **SINGAPORE** 

TEL NO: 1800-8999999 - FAX NO: 66655791 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20190928/2093

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GZ8225X

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

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 SLS1127U

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 3**

Vehicle Registration Number SKS3211H

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 4**

Vehicle Registration Number SJY5169P

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)

#### Accident Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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: Siz - 09-2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

#### **Accident Sketch Plan**

SKETCH PLAN		
GBH7661E		ALDREA BER B/F JULICIUS
628225X		OF PIE PLUS & PIE CHON
SLS 1127 4	0	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
SKS 3211H	I I A	
Say 5169P	1 181	
	1 101	
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
		not
		Chy
		CK 63
		2011 / 201
	100	201
	(0)	100/10
	1	2011
/	th,	
00	,	
DECLARATION  I/We declare the foregoing par	ticulars are true in every respect.	/ , ,
	Suit 30-09"	2019 20109/2019
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyhold	Reporting Centre Personnel's Signature

#### POLICE REPORT





1 of 3

Report No. T/20190928/2093

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2019 14:28		Made:	Vide Report No.:	Station Diary No. 51
Informa	nt's Partic	ulars		
Name of Informant: SUMIR OWHID ULLAH ID Type / ID No.; FIN NO / G6747427P Nationality: BANGLADESHI			Address:	
		7P	Contact No.: Home/Office: Mobile: 87413496 Email:	
Sex: Male	Age:	Date of Birth: 11/01/1988	Type of Informant: Driver	
Race: Indian Occupation: CONSTRUCTION WORKER			Language:	Institution / School Name:
		VORKER	Driving Licence Information: Class: 3	Date of Expiry: 20/03/2021

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2019 10:20	Type of Location Straight Road
BUKIT TIMAH	Traveling Toward F EXPRESSWAY BEFORE JUNCTIO	Road 2 N OF PIE/TUAS AND P	IE/CHANGI AIRPORT E	BEFORE ERP
Manklendi		Road Surface:		
		Dry	- 1	Road Speed Limit:
Weather: Clear Traffic Flow: Dual Carriage Type of Collis		Traffic Control: Not Controlled	7	raffic Volume:

Details of V	ehicle Involve	ed				
Vehicle No.		Make	Model	Color	Condition	No of Passenger
					Seriously Damaged	0
GZ8225X	Lorry B		, A		Slightly Damaged	0
SJY5169P	Car E	100			Slightly Damaged	0
SK\$3211H	Car D				Slightly Damaged	1
SLS1127U	Car C				Slightly Damaged	2

#### POLICE REPORT





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

2 of 3 Report No. T/20190928/2093

#### CONTINUATION OF REPORT

Details of Perso	n Involved	100 THE		100		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Crnee	ing: NA
Driver		The same	000011	o do atrigi	101033	my. NA
Name	SUMIR OWHID ULLAH		ID No		G6747427P	
Related Vehicle	GBH7661E (Lorry)			Conta	ict No.	87413496
Hospital/Clinic	NIL		Class Drivin Licent Expir	g	Class: 3 Date of Expiry: 20/03/2021	
Date Treatment	NIL D		Date Disc	The second second second	NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	

#### Brief Details.

On 28/09/2019 at about 1020hrs, I was driving my lorry (GBH7661E) along BKE towards PIE/Tuas before the ERP gantry at the crossroad of PIE/Tuas and PIE/Changi. I was at lane 2 at that time and there was a car in front of me. The car (SKS3211H) suddenly jam brake and I also did the same. However, I did not stop in time and my front hit the rear of the said car. At the same time, there was a lorry (GZ8225X) behind me and it also hit the rear of my lorry.

I then alighted to check on the damages. I discovered that my lorry suffered some damages at the front and rear. My front was seriously damaged and the bumper came off while the rear left of my lorry also get damaged. However, I did not suffer any injuries. Subsequently, I discovered that it was a chain collision involving 6 vehicles including mine. However, the first vehicle had already moved off. I then exchanged particulars with the other drivers.

I wish to add that my vehicle was the 4th vehicle in the collision. There was an unknown car which had moved off before I could get the particulars. The car behind it was SJY5169P, followed by another car SKS3211H. My lorry was next and behind me was another lorry, GZ 8225X. The last vehicle is also another car SLS1127U. There are 2 passengers in the last vehicle. I then got to know that they went to hospital for their injuries sustained at the accident.

I wish to add that there was no police or ambulance that came to the accident.

#### POLICE REPORT





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

3 of 3 . Report No. T/20190928/2093

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 2 SYAFIQ BIN ABDUL RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2019 14:28
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case;
Authentication Stamp	









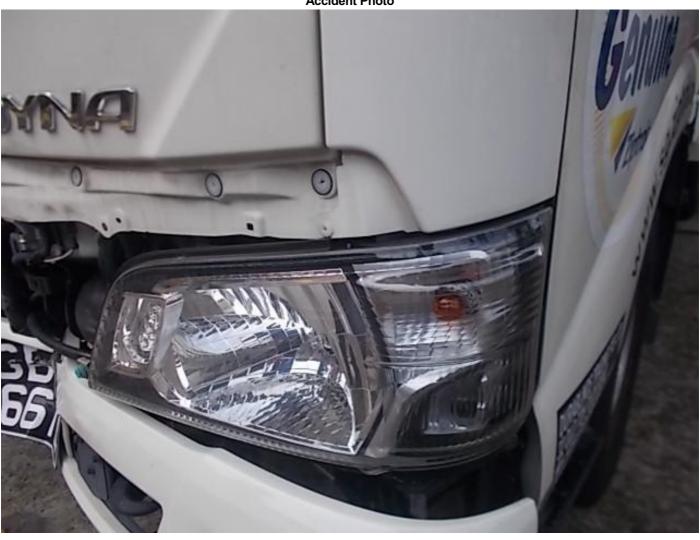
































**Driving License** 

