

## 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	05/11/2019 15:19
Date Of Accident	23/10/2019 18:30
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5154B
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#### Insured/Policyholder

Name Of Registered Owner	PREMIUM-RICH ENGINEERING PTE LTD
Co Reg No	200608099D
Email Address	HRDEPT@PREMIUMGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67811488

#### Vehicle Particulars

Manufacturer	HINO
Model	XZU710R 14FT WIDE CAB 7T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05001203
Cover Note Number	16/12/18 - 15/12/19

#### Driver

Name of Driver	SHAHIDULLAH MD
NRIC No	G0040239M
Date Of Birth	01/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88456264
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	C/O PREMIUM-RICH ENGINEERING PTE LTD
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2180000 - <b>FAX NO:</b> 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

#### 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	SBS3462G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TIAN JIPU
NRIC/Passport Number	G8533613X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)



## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: 4P 5154 B  
INSURER : Lompac  
DATE & TIME: 23/10/19 @ 18:30

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.



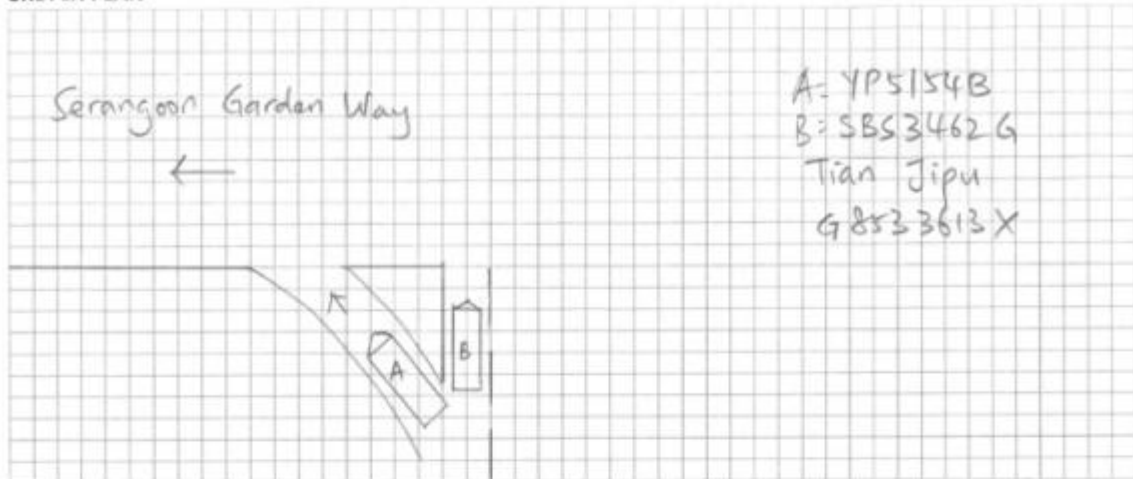
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: (45)  
NRIC/FIN No.:



# SKETCH PLAN




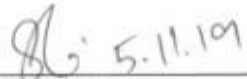

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Yio Chu Kang Rd

Refer to Police Report No: F/20191025/7013

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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.:
GIAMC SketchPlanForm_V3                    ( ) Claim Own Policy                    ( ) Claim Third Party                    (✓) Reporting Only                    ( ) Claim OD/TP at other workshop ( )		





**SINGAPORE  
POLICE FORCE**



F/20191025/7013

1 of 3

**POLICE REPORT (NP299)**

Report No. F/20191025/7013

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 25/10/2019 12:23	Vide Report No.	Station Diary No.
Name Of Informant GAO LIANQUAN	Address 71 LORONG TANGGAM SINGAPORE 798759	
ID Type / ID No. NRIC NO / S7770623B	Contact No. Home/Office:	Mobile: 93801488
Nationality SINGAPORE CITIZEN	Email Address leon@premiumgroup.com.sg	
Occupation Company director	Sex Male	Age 42
Institution/School Name	Date of Birth 20/10/1977	Race Chinese
Date/Time Of Incident 23/10/2019 18:30 - 23/10/2019 18:40	Location Of Incident YIO CHU KANG ROAD	

**Brief details.**

On 23rd October 2019 (wednesday) evening, my company driver by name of Shahidullah MD is driving lorry number YP5154B from Yio Chu Kang Road turning into Serangoon Garden Way, it was a rainy day and he is moving slowly on the road.

There was a little bit traffic along Yio Chu Kang Road and there is a public bus SBS3462G stop on the road waiting for traffic light, my driver is slowly turning into Serangoon Garden Road but end up met an collision at the right rear of our lorry and the left rear of the bus. No injury was occurred.

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: 25/10/2019 12:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20191025/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191025/7013

They exchange driving licence and took photo of the vehicle and left the incident area.

Subjects Involved			
<b>Suspect</b>			
Person Name	SHAHIDULLAH MD		
ID Type	FIN NO	ID No	G0040239M
Gender	Male	Age	47-48
Race	Bangladeshi	Language	English
Occupation	Construction worker cum Driver	Address	6 WOODLANDS WALK #00-00 SINGAPORE 738398
Home/Office No	67811488	Mobile No	88456264
Relation To Informant	employee		
<b>Victim</b>			
Person Name	Shahidullah MD		
ID Type	FIN NO	ID No	G0040239M
Gender	Male	Age	47
Race	Bangladeshi	Language	English
Occupation	Construction worker cum driver	Address	6 WOODLANDS WALK #00-00 SINGAPORE 738398
Home/Office No	67811488	Mobile No	88456264
Relation To Informant	Employee		
Person Name	TIAN JIPU		
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		25/10/2019 12:23	
Officer In-Charge Of Case:		Classification Of Case:	

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20191025/7013

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20191025/7013

ID Type	FIN NO	ID No	G8533613X
Gender	Male	Age	39
Race	Chinese	Language	Chinese
Occupation	Driver	Relation To Informant	NIL

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: 25/10/2019 12:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**Driving License**





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

Employer:  
**PREMIUM-RICH ENGINEERING PTE. LTD.**



Name:  
**SHAHDULLAH MD**  
Date of Birth:  
**01 May 1972** Gender:  
**CONSTRUCTION**



**K1092521**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **G0040239M**

Name:  
**SHAHDULLAH MD**

Birth Date: **01 May 1972**  
Issue Date: **04 May 2018**  
Valid Till: **23/06/2023**



**VISIT PASS**

Immigration Regulations

11 01 2019

Name:  
**SHAHDULLAH MD**

FIN:  
**G0040239M**

Date of Birth: **01-05-1972** Sex:  
**M**

Nationality:  
**BANGLADESHI**

**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



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

EFFECTIVE DATE \*

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 20 Jun 2008

NP 428A





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo





SCENE

