

## 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	03/12/2019 15:34
Date Of Accident	02/12/2019 17:00
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5002S
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#### Insured/Policyholder

Name Of Registered Owner	BUILDFORMS CONSTRUCTION PTE LTD
Co Reg No	200701140E
Email Address	HR@BUILDFORMS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67486749

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1764041902
Cover Note Number	

#### Driver

Name of Driver	RAJU
Passport No/FIN	F8381616M
Date Of Birth	01/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81508250
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	432 TAGORE INDUSTRIAL AVE SINDO INDUSTRIAL ESTATE
Postcode	787811
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	6
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)	10
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER GENDER: : MALE
Passenger 7	NAME: : WORKER GENDER: : MALE
Passenger 8	NAME: : WORKER GENDER: : MALE
Passenger 9	NAME: : WORKER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
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If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

WHEN I WAS TRAVELLING ALONG CTE, VEHICLE B IN FRONT OF ME SUDDENLY JAM BRAKE, I FOLLOWED SUIT TO BRAKE IMMEDIATELY. HOWEVER, DUE TO THE WET SURFACE CONDITION, MY VEHICLE SLIPPED FORWARD AND HIT ONTO VEHICLE B'S REAR PORTION. UPON CHECKING, THERE WERE ANOTHER 4 CARS IN FRONT OF VEHICLE B. THEREFORE, THERE WERE TOTAL 6 VEHICLES INVOLVED IN THIS ACCIDENT. DUE TO THE HEAVY RAIN, I DIDN'T TAKE PHOTOS OF THE FRONT THREE VEHICLE'S NO. NOBODY INJURED IN THIS 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 SMN6759C  
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 SHC4D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 6/12/19

12:32 pm

GIAMC Sketch Plan Form\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN CTE

F						Date: 02/12/19 A = GZ 5002 S B = SMN 6759C C = SHC 4D D = Unknown E = Unknown F = Unknown
E						
D						
C						
B						
A	↑	↑	↑			
↑						

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was travelling along CTE, vehicle B in front of me suddenly jam brake, I followed suit to brake immediately. However, due to the wet surface condition, my vehicle slipped forward and hit onto vehicle B's rear portion. Upon checking, there were another 4 cars in front of vehicle B. Therefore, there were total 6 vehicles involved in this accident. Due to the heavy rain, I didn't take photos of the front three vehicles' no. Nobody injured in this accident.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time: 3/12/19

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

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



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200206334E

MZ300/C  
R SN  
AN0055A  
Cov.Type: F

MOTOR, COMMERCIAL VEHICLE  
Servicing Agent:  
Cowell Insurance Agency  
Pte Ltd | tel.63382502  
Trivex @ 8 Burn Road #09-09  
contactus@cowell.com.sg

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN1764041902	Engine No : 5L5648661 Chako: JTFUF34Y/03011889
1. Index Mark and Registration Number of Vehicle	GZ5002S	
2. Name of Policy Holder	BUILDFORMS CONSTRUCTION PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 November 2019	
4. Date of Expiry of Insurance	24 November 2020	
5. Persons or Classes of Persons entitled to drive*		

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

- (1) Use in connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover.
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Issued By: ..... COWELL INSURANCE (AGENCY) PTE LTD  
Authorised Officer




.....  
Authorised Signatory



Identification Card

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


Employer  
**BUILDFORMS CONSTRUCTION (PTE.) LTD.**





Name  
**RAJU**

Work Permit No.  
**O 61684476**

Sector:  
**CONSTRUCTION**








**K0046470**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



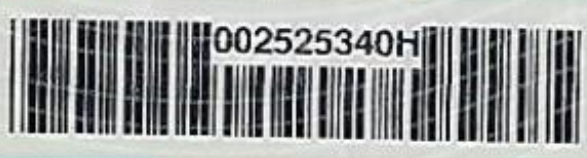
Licence Number: **F8381616M**

Name:  
**RAJU AFZAL**

Birth Date: **01 Feb 1973**

Issue Date: **03 Feb 2016**

Valid Till **02/02/2021**



Identification Card

**VISIT PASS**  
Immigration Regulations

14-11-2017

Name  
**RAJU**

FIN  
**F8381616M**

Date of Birth  
**01-02-1973**

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

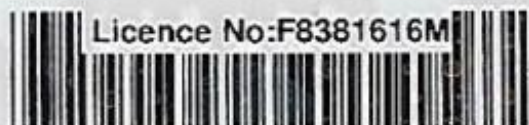


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**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**      **03 Feb 2016**

NP 428A



Licence No: F8381616M



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

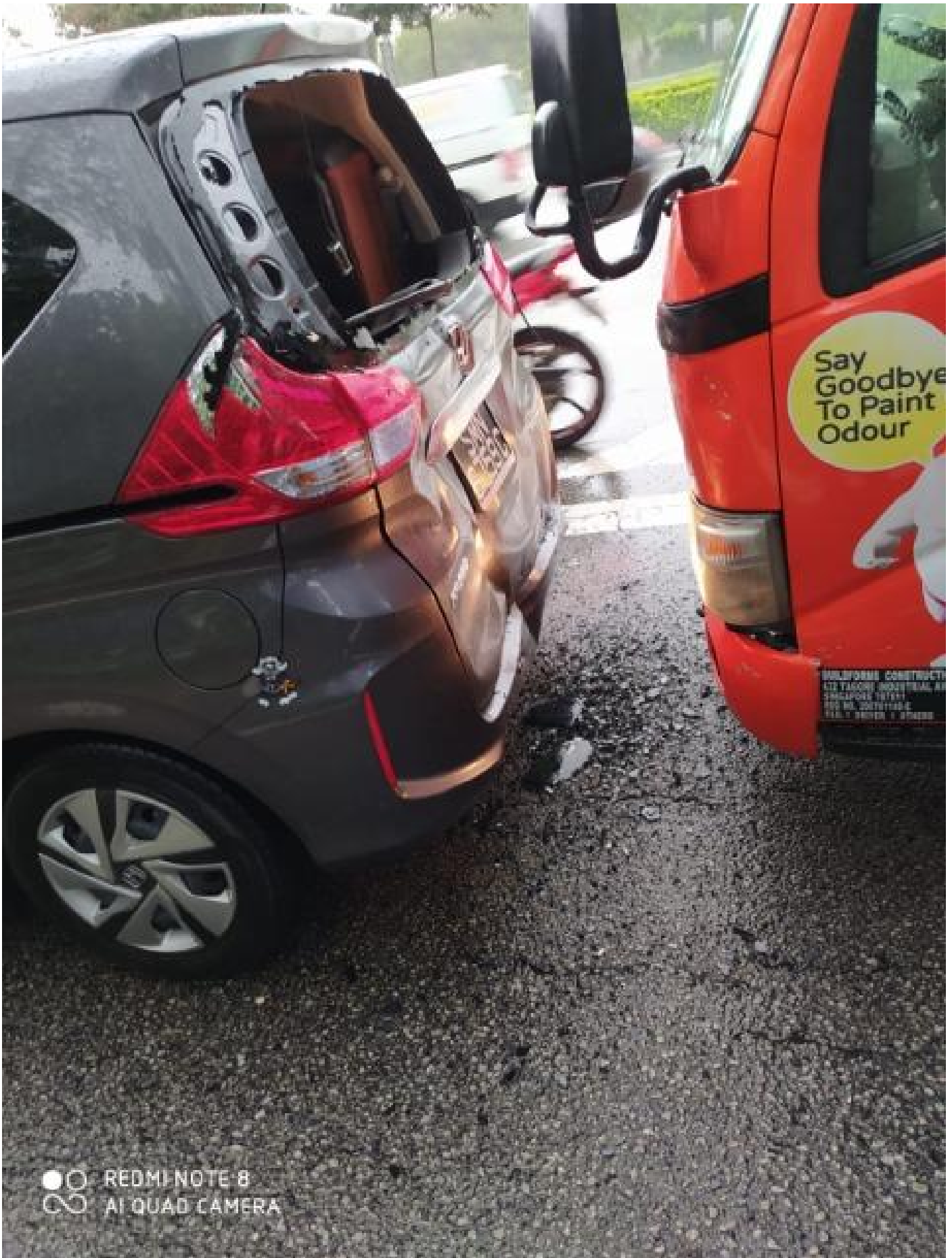




SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo





Accident Photo





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