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 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

ACCIDENT STATEMENT

Date Of Report09/12/2019 11:42Date Of Accident06/12/2019 19:00Exact Location Of AccidentTUAS CRESCENT

DETAILS OF OWN VEHICLE

SINGAPORE

Vehicle Registration Number GT7314K

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner WONDOR ENGINEERING & TRADING

Co Reg No 48752900J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-86527561

Alternative Phone No OFFICE-86527561

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150-2.8 D 3L (M)

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 THIRD PARTY

Fleet Policy NO

Policy Number 5098103733-01

Cover Note Number

Driver

 Name of Driver
 ISLAM JAHIDUL

 Work Permit No
 G6934655W

 Date Of Birth
 25/11/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/07/2015

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86527561

Fax Number

Contact Number OFFICE-86527561

EMail Address NOEMAIL

Address

140 UPPER BUKIT TIMAH ROAD #03-15 BEAUTY WORLD PLAZA

Postcode

S588176

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?

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

True any body injured in the Accident:

YES

Was any injured conveyed to hospital by ambulance?

YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

Passenger 1

NAME:

. -

GENDER:

: MALE

Passenger 2

NAME: GENDER:

-

: MALE

Passenger 3

NAME:

; -

GENDER:

: MALE

Passenger 4

NAME:

. .

GENDER:

: MALE

Passenger 5

NAME:

-

Passenger 6

GENDER: NAME: : MALE

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station Police Station Name

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

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

YM2792U

Vehicle Make/Model/Colour

LORRY

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN6434X

Vehicle Make/Model/Colour

LORRY

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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

DRIVER

REFER TO POLICE REPORT

Injured person in which vehicle?

YM2792U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2 DRIVER + PASSENGER

Name

Approximate Age

Injuries Sustain

REFEFR TO POLICE REPORT.

Injured person in which vehicle?

YN6434X

YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

SKETCH PLAN

IMPORTANT NOTICE

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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:
 - 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.

- 9 DEC 2019

fDAC GUATE 6 511 Each Care 23 511 Each Catok Street 23 511 Each Catok Street 23 Tet: 6560 3312 Fax: 6569 0722 Email: vacuo@singnet.com.sg

Reporting Centre Personnel's Signature

Policyholder's Parature

Driver's Signature
(If driver is not the policyhollan) (1) Date & Time:

NRIC/FIN No .:





T/20191206/2033D

1 of 3

Report No. T/20191206/2033D

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 22:49			Vide Report No.: J/20191206/0114	Station Diary No.: 5075	
Informant	's Particul	ars ;			
Name of Informant: ISLAM JAHIDUL			Address:		
ID Type / ID No.:			Contact No.:		
FIN NO / G6934655W			Home/Office: Mobile: 86527561		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 25/11/1991	Type of Informant: Driver		
Race: Others			Language:	Institution / School Name:	
Occupation: Supervisor/general foreman of assemblers and quality checkers			Driving Licence Information: Class:	Date of Expiry:	

Type of	nation of the Accident :	Drink	Date/Time of	Type of Location:	
Accident:	Conveyed By Ambula	ance Drive:	Accident: 06/12/2019 19:00	Straight Road	
	CENT CUESTAR INDUSTRY(Ş		,		
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit:	
The state of the s		Traffic Control: Not Controlled		Traffic Volume: Light	
	ion:			Anyone conveyed by	

Vehicle No.	Type	Make	Model	Tal.		
	L. DPC makes and	Move	Model	Color	Condition	No of Passenge
GT7314K	Lorry	ТОУОТА	DYNA 150 D	Blue	Slightly Damaged	0
YM2792U	Lorry	MITSUBISHI	FE83PEOSR DEA	White	Slightly Damaged	0
YN6434Y	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0





T/20191206/2033D

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Report No. T/20191206/2033D

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver 4 1 1 1 1 1 1						A CHARLES OF THE STATE OF THE S
Name	ISLAM JAHIDUL			ID No.		G6934655W
Related Vehicle	NIL			Conta	ct No.	86527561
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: 01/07/2020
D. I. T turnet	NIII		Date Disc	1 , , ,	NIL	
Date Treatment NIL No. of Days granted Medical Leave NIL			Degree of	The second second	- WITHOUTH COURSE	

Brief Details.

On 06/12/2019, at about 1900hrs, I was driving a lorry (GT7341K) along the road at tuas crescent outside the company Cuestar Industry(s) Pte Ltd. When i was driving towards the road outside the company, i saw someone came out of this company with a stop sign, hence i stopped my vehicle abruptly, as there were vehicle coming out of this company. After which, one lorry (YM2792U) behind me hit the rear of my lorry as he had to stop abruptly. After which another lorry (YN6434Y) then hit the lorry behind me as it had to stop abruptly as well, causing it to hit my lorry the second time. My lorry suffered slight a small dent at the rear. Lorry with vehicle n.o. YM2792U suffered a small dent at the front of the lorry, and third lorry with vehicle number YN6434Y had a small dent at the front of the lorry.

After which, i came down to make a check. The lorry driver YM2792U called for the traffic police and the ambulance, as the driver from lorry YN6434Y was injured. I was interviewed by the traffic police. The injured driver from the third lorry was then conveyed to the hospital by the ambulance. He was conscious when conveyed to the hospital. There was no other injury. This is the first time such incident happened to me.

I was referred to Traffic police Investigation officer Dylan (HP: 65476251) by the traffic police. Vide n.o.: J/20191206/0114.





T/20191206/2033D

3 of 3

Report No. T/20191206/2033D

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

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 report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Insp ONG HWEE PENG	Sahur
Signature Of Interpreter:	Date/Time:
Not applicable	06/12/2019 22:49
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt CHONG GUAN FATT	*
ContactNov: 65476083	
Authentication Stamp	
NP168	
SIGNATURE	,