

## 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	05/03/2020 11:59
Date Of Accident	03/03/2020 18:50
Exact Location Of Accident	CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6041C
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#### Insured/Policyholder

Name Of Registered Owner	HOMEWORKS SERVICES PTE LTD
Co Reg No	2XXXXX015W
Email Address	SHENGYONG.LEE@HOMEWORKS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-93844381

#### Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106503178-01
Cover Note Number	

#### Driver

Name of Driver	RANA MOHAMMAD SOHEL
Passport No/FIN	GXXXX422L
Date Of Birth	01/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92713804
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 JALAN MOLEK #01-01
Postcode	399501
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)	2
Passenger 1	NAME: : UDDIN MAYIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20200304/7064

#### 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	SLG3676B
Vehicle Make/Model/Colour	KIA SORENTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EKACHAI DANPANICH
NRIC/Passport Number	SXXXX549H
Contact Number	96412942

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name RANA MOHAMMAD SOHEL

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? YM6041C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name UDDIN MAYIN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? YM6041C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

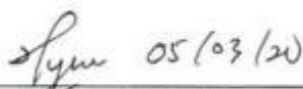
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

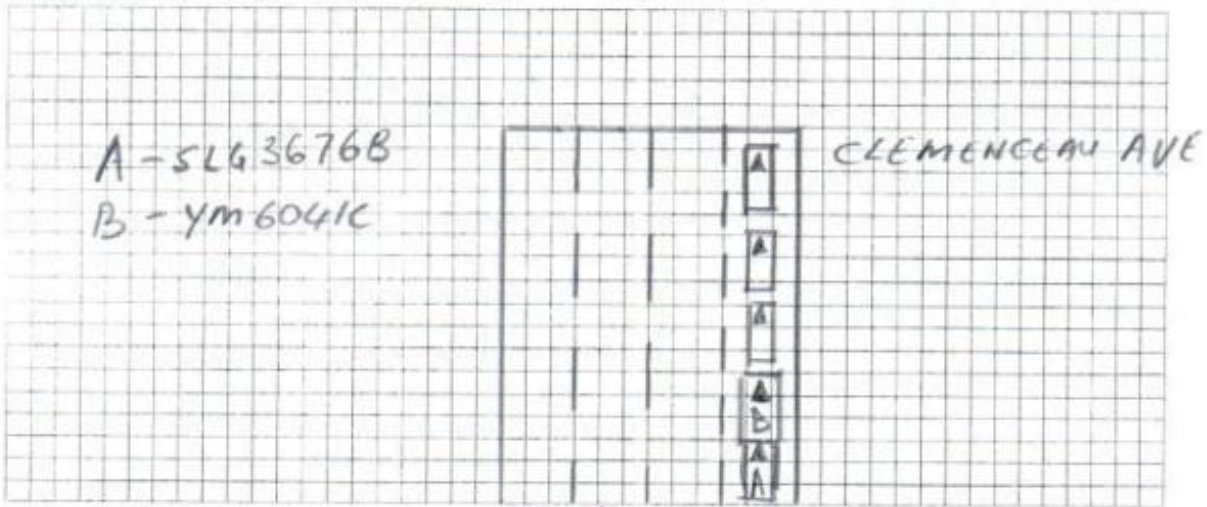
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
05/03/20

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

# Accident Sketch Plan

## SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: G/20200304/7064

## 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.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



G/20200304/7064

1 of 3

## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20200304/7064

Date/Time Report Made 04/03/2020 20:20		Vide Report No.		Station Diary No.	
Name Of Informant RANA MOHAMMAD SOHEL		Address 1 JALAN MOLEK #01-01 SINGAPORE 399501			
ID Type / ID No. FIN NO / G8431422L		Contact No. Home/Office: Mobile: 92713804			
Nationality BANGLADESHI		Email Address shengyong.lee@homeworks.com.sg			
Occupation driver		Sex Male	Age 33	Date of Birth 01/06/1986	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 03/03/2020 18:50 - 03/03/2020 18:55		Location Of Incident CLEMENCEAU AVENUE			

### Brief details.

the car behind me hit my back of the lorry i am driving in (bearing vehicle no. plate YM6041C ) at clemenceau avenue towards cte but my lorry is at the most right lane turning towards river valley road.

the vehicle A that hit my lorry is SLG3676B (kia sorento) and my lorry Vehicle B is Ym6041C (isuzu npr85)

there is no witness to the accident however the driver of vehicle A has admitted to fault for hitting vehicle B

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: 04/03/2020 20:20
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo







Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



G/20200304/7084

1 of 3

## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20200304/7084

Date/Time Report Made 04/03/2020 20:20		Vice Report No.		Station Diary No.	
Name Of Informant HANA MOHAMMAD SOHEL		Address 1 JALAN MOLEK #01-01 SINGAPORE 399501			
ID Type / ID No. FIN NO / G8431422L		Contact No. Home/Office: Mobile: 92713804			
Nationality BANGLADESHI		Email Address shengyong.lee@homeworks.com.sg			
Occupation driver		Sex Male	Age 33	Date of Birth 01/06/1986	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 03/03/2020 18:50 - 03/03/2020 18:55		Location Of Incident CLEMENCEAU AVENUE			
<b>Brief details.</b>					

the car behind me hit my back of the lorry i am driving in (bearing vehicle no. plate YM6041C ) at clemenceau avenue towards cte but my lorry is at the most right lane turning towards river valley road.

the vehicle A that hit my lorry is SLG36768 (kia sorento) and my lorry Vehicle B is Ym6041C (isuzu npr85)

there is no witness to the accident however the driver of vehicle A has admitted to fault for hitting vehicle B

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: 04/03/2020 20:20
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Police Report



**SINGAPORE  
POLICE FORCE**



G/20200304/7054

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POLICE REPORT (NP298)

CONTINUATION OF REPORT

Report No. G/20200304/7054

Subjects Involved			
<b>Suspect</b>			
Person Name	ekachai danganich		
ID Type	NRIC NO	ID No	S2746549H
Gender	Male	Age	55
Race	Thai	Language	English
Address	60 KIM SENG ROAD #06-07 TRIBECA SINGAPORE 239497		Mobile No 96412942
Relation To Informant	a stranger		
<b>Victim</b>			
Person Name	Uddin Mayin		
ID Type	OTHERS / work permit no	ID No	Q 63905801
Gender	Male	Age	29
Race	Bangladeshi	Language	English
Occupation	construction worker	Address	1A JALAN MOLEK #02-01 SINGAPORE 399502
Mobile No	92719452	Relation To Informant	colleague
<b>Person Name</b> RANA MOHAMMAD SOHEL			
ID Type	FIN NO	ID No	G8431422L
Gender	Male	Age	33
Race	Indian	Language	English
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		04/03/2020 20:20	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			

# Police Report



SINGAPORE  
POLICE FORCE



G/20200304/7084

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200304/7084

Occupation	driver	Address	1 JALAN MOLEK #01-01 SINGAPORE 396501
Mobile No	92713804	Is Informant A Victim?	Yes
Person Name	RANA MOHAMMAD SOHEL (Informant)		

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: 04/03/2020 20:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

I am the driver at ball for  
 bringing you 641c at clemenceau  
 are 3rd-Mar-2020 6:50 pm.

9274 65429

8274 65429

544444 DANPANC.

964412942