

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	17/03/2020 17:19
Date Of Accident	17/03/2020 08:50
Exact Location Of Accident	JUNCTION OF LAVENDER ST/SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8744E
Insured/Policyholder	
Name Of Registered Owner	TAI BEE CONSTRUCTION PTE LTD
Co Reg No	1XXXXX210W
Email Address	ADMIN@TAIBEE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62981998

Vehicle Particulars

Manufacturer	ISUZU
Model	TFR86HDR-2.5 D (M)
Exact Purpose for which vehicle was being used at time of accident	GOING JOBSITE
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	5100975072-01
Cover Note Number	

Driver

Name of Driver	HOSSIN MD WASHIM
Passport No/FIN	GXXXX591R
Date Of Birth	10/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98241899
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O TAI BEE CONSTRUCTION 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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED POLICE REPORT NO : T/20200317/2093

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	SHA2981E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KHOO LAI KWEE
NRIC/Passport Number	SXXXX683A
Contact Number	
Address	BLK 507B WELLINGTON CIRCLE #03-138
Postcode	752507
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HOSSIN MD WASHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBA8744E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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)**

(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.

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

Sketch Plan Pg. 2

SKETCH PLAN

Balestier Rd ← Lavender St



A: GBA8744E
B: SHA2987F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


See attached Police Report No. T/20200317/2093.

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200317/2093

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20200317/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 16:07	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: HOSSIN MD WASHIM			Address: 101 LAVENDER STREET FOUR STAR BUILDING SINGAPORE 338724		
ID Type / ID No.: FIN NO / G7715591R			Contact No.: Home/Office: Mobile: 98241899		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 37	Date of Birth: 10/01/1983	Type of Informant: Driver		
Race: Others			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3,4 Date of Expiry: 08/07/2023		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2020 08:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 LAVENDER STREET SERANGOON ROAD Junction of Lavender Street and Serangoon Road, towards Balestier Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8744E	Lorry				Slightly Damaged	0
SHA2981E	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20200317/2093

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30 Bedok North Road SINGAPORE 469676
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Report No. T/20200317/2093

CONTINUATION OF REPORT

Driver			
Name	HOSSIN MD WASHIM		ID No. G7715591R
Related Vehicle	GBA8744E (Lorry)		Contact No. 98241899
Hospital/Clinic	TRUCARE MEDICAL & SURGERY		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: 08/07/2023
Date Treatment	17/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KHOO LAI KWEE		ID No. S1210683A
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 17/03/2020 at about 0850hrs, I was driving my company vehicle GBA8744E along the left lane of Lavender Street, travelling towards Balestier Road. At the junction of Lavender Street and Serangoon Road, as I continued straight, a car that was travelling at the right side of me suddenly increased speed and overtook my vehicle. I slowed down to avoid a collision and suddenly felt an impact from the rear of my vehicle. A taxi SHA2981E that was travelling behind me had collided into the rear of my vehicle. The drivers alighted and we exchanged our particulars. We did not have any passengers and both drivers did not seem visibly injured. Due to the impact, my chest had hit the steering wheel of the vehicle but I did not feel any pain. We agreed to report the matter to our company to settle via insurance claims and we went our separate ways.

Shortly after, I started to feel pains from my chest, neck and back due to the accident. I then went to see a doctor at Trucare Medical & Surgery at 1187 Upper Serangoon Road #01-53. I was given a medical certificate of 3 days.



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POLICE FORCE**



T/20200317/2093

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Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20200317/2093

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 report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/03/2020 16:07

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

