

## 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             | 31/03/2020 11:01                 |
| Date Of Accident           | 30/03/2020 08:15                 |
| Exact Location Of Accident | JUNC YISHUN AVE 1 & YISHUN AVE 6 |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                                 |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | GBJ6895T                        |
| <b>Insured/Policyholder</b> |                                 |
| Name Of Registered Owner    | HOCK UNITED ENGINEERING PTE LTD |
| Co Reg No                   | 2XXXXX132D                      |
| Email Address               | NOEMAIL                         |
| Mobile Phone No             | (LOCAL) +65-93805075            |
| Alternative Phone No        | OFFICE-93805075                 |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 150 5MT       |
| 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                                       | THIRD PARTY        |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                     |
|---------------------------|-------------------------------------|
| Name of Insurance Company | ALLIED WORLD ASSURANCE COMPANY, LTD |
| Type Of Coverage          | COMPREHENSIVE                       |
| Fleet Policy              | NO                                  |
| Policy Number             | AVCPSB0097681900                    |
| Cover Note Number         |                                     |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | BHADRA PAPON KUMAR   |
| Passport No/FIN      | GXXXXX016T           |
| Date Of Birth        | 01/01/1990           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 04/10/2017           |
| Driving Experience   | 2 YEARS AND 5 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-91906448 |
| Fax Number           |                      |
| Contact Number       | OFFICE-91906448      |
| EEmail Address       | NOEMAIL              |

|   |                      |
|---|----------------------|
| Address   | 5 SUNGEI KADUT DRIVE |
| Postcode  | 729558               |
| 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 - CROSS JUNCTION |
| 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)   | 6                              |
| Passenger 1   | NAME: : REAJ<br>GENDER: : MALE |
| Passenger 2   | NAME: : -<br>GENDER: : MALE    |
| Passenger 3   | NAME: : -<br>GENDER: : MALE    |
| Passenger 4   | NAME: : -<br>GENDER: : MALE    |
| Passenger 5   | NAME: : -<br>GENDER: : MALE    |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | WOODLANDS EAST N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <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

REFER TO POLICE REPORT - T/20200330/2083.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |

|                               |                           |
|-------------------------------|---------------------------|
| Remarks/ Reasons:             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |              |
|-------------------------------------|--------------|
| Vehicle Registration Number         | SHC5814A     |
| Vehicle Make/Model/Colour           |              |
| Details Of Properties               |              |
| Vehicle Category                    | TAXI         |
| Name of Driver                      | ANG KIM CHEN |
| NRIC/Passport Number                |              |
| Contact Number                      |              |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) | 1            |

#### DETAILS OF INJURED PERSON 1

|   |                    |
|---|--------------------|
| Name  | BHADRA PAPON KUMAR |
| Approximate Age                                     |                    |
| Injuries Sustain                                    | BODY               |
| Injured person in which vehicle?                    | GBJ6895T           |
| Were seat belts worn?                               | YES                |
| Was this injured conveyed to hospital by ambulance? | NO                 |
| Address   |                    |
| Postcode  |                    |

#### DETAILS OF INJURED PERSON 2

|   |          |
|---|----------|
| Name  | REAJ     |
| Approximate Age                                     |          |
| Injuries Sustain                                    | BODY     |
| Injured person in which vehicle?                    | GBJ6895T |
| 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.
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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:

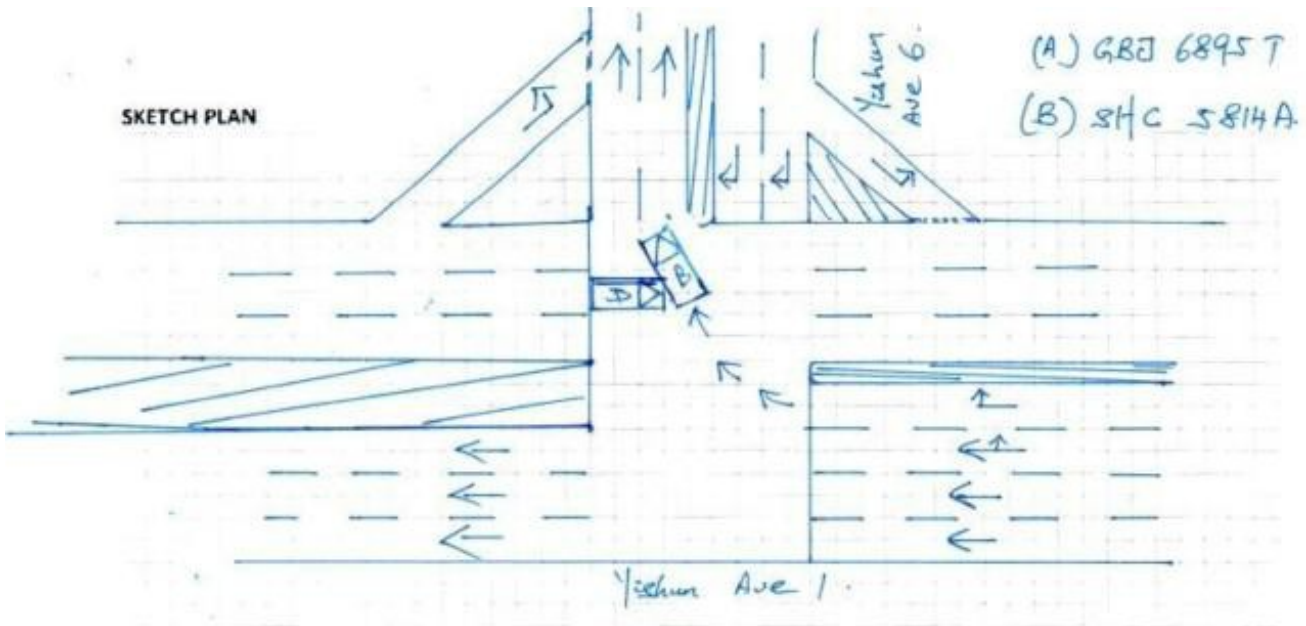
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

# Accident Sketch Plan







## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT




On 30/03/2020 at @ 0814 hrs. I was travelling in my vehicle (GBJ 6895 T) along Yishun Ave 1 toward Yishun Dam direction. While approaching the junction of Yishun Ave 6, the traffic light was green in my favour and I proceed straight in the middle lane. Suddenly, a taxi (SHC 5814 A) from the opposite direction make a right turn into Yishun Ave 6, without giving way to me. As a result, my vehicle front portion collided onto the left side of the said taxi. The taxi driver admitted at fault and signed a letter written by my manager.

## 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.: 



Date: 30/03/2020

Location: Yishun Ave 1 Lamp Post 109. Junction Yishun Ave 6.

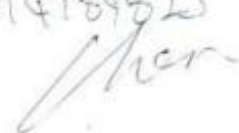
1. Boubou Papon Kumar Trn/No. G3167016T was  
GBJ 6895T lorry. Toyota Aygo.  
Driving along Yishun Ave 1 at 8:14 am to work.

When I reach the mentioned junction, the Taxi  
SHC 5814A driven by Mr. Ang Kim Chen S1478982J  
Red colour Trans-cab.  
make a faulty right turnal without giving way to  
me & checking the on going traffic clearance and  
causing the collision of the 2 vehicles.

The taxi driver admitted he committed the wrong  
changement while making the right turn. He also reported  
to the traffic officer handling the case.

Lorry Driver  
GBJ 6895T  
Papon Kumar  
G3167016T  


30/03/2020  
9.15 am

Taxi Driver  
SHC 5814A  
S1478982J  


30/03/2020  
9.15 am

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2083

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20200330/2083

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                          |                            |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>30/03/2020 17:10 |            | Vide Report No.:<br>L/20200330/0076 |  | Station Diary No.:<br>48 |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                          |                            |
| Name of Informant:<br>BHADRA PAPON KUMAR   |            |                                     | Address:<br>5 SUNGEI KADUT DRIVE SINGAPORE 729558      |                          |                            |
| ID Type / ID No.:<br>FIN NO / G8167016T    |            |                                     | Contact No.:<br>Home/Office: Mobile: 91906448          |                          |                            |
| Nationality:<br>BANGLADESHI                |            |                                     | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>30 | Date of Birth:<br>01/01/1990        | Type of Informant:<br>Driver                           |                          |                            |
| Race:<br>Indian                            |            |                                     | Language:<br>English                                   |                          | Institution / School Name: |
| Occupation:<br>Lorry driver                |            |                                     | Driving Licence Information:<br>Class: Date of Expiry: |                          |                            |

## General Information of the Accident

|  |                          |   |  |                                     |
|--|--------------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Police Vehicle | Drink Drive:<br>No                          | Date/Time of Accident:<br>30/03/2020 08:15 | Type of Location:<br>X-Junction     |
| Location:<br>Junction of Road 1 and Road 2<br>YISHUN AVENUE 1<br>YISHUN AVENUE 6 |                          |   |  |                                     |
| Weather:<br>Clear  |                          | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way   |                          | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                     |                          |   |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No | Type  | Make | Model | Color | Condition        | No of Passenger |
|------------|-------|------|-------|-------|------------------|-----------------|
| GBJ6895T   | Lorry |      |       |       | Slightly Damaged | 4               |
| SHC5814A   | taxi  |      |       |       | Slightly Damaged | 0               |

## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2083

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20200330/2083

### CONTINUATION OF REPORT

|                                   |                    |  |  |                                   |
|-----------------------------------|--------------------|--|--|-----------------------------------|
| <b>Driver</b>                     |                    |  |  |                                   |
| Name                              | BHADRA PAPON KUMAR |  | ID No.                                 | G8167016T                         |
| Related Vehicle                   | GBJ6895T (Lorry)   |  | Contact No.                            | 91906448                          |
| Hospital/Clinic                   | NIL                |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                |  | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                    |  |  |                                   |
| Name                              | ANG KIM CHEN       |  | ID No.                                 | S1478982J                         |
| Related Vehicle                   | SHC5814A (taxi)    |  | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                |  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                |  | Degree of Injury                       | NIL                               |

### Brief Details.

On 30/03/2020 at about 0814hrs, I was driving my lorry bearing registration number GBJ6895T along Yishun Avenue 1 towards Yishun Dam Direction. While I was approaching the junction of Yishun Avenue 1 and Yishun Avenue 6, the traffic light was green in my favor and I proceed straight in the middle lane. Suddenly, a taxi bearing registration number SHC5814A from the opposite direction make a right turn into Yishun Avenue 6 without giving way to me. As a result, my vehicle front portion collided onto the left side of the said taxi.

After the accident happened, we came down from our vehicles to ensure all parties were not injured. After that we settle the issues, during the settling of the issues, the taxi driver signed a letter which written by my manger, admitted that it was his fault.

After a while Police came to scene and took down all parties particular and issued a case card to me. The traffic police took my CCTV's memory card.

This is the first such incident happened to me.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200330/2083

Police Station Of Origin:  
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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20200330/2083

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:

L /

Sgt 1 GLENN KUAN YONG SHENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

30/03/2020 17:10

Officer In Charge Of Case:

TP / DDCVT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

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

