

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 | 11/08/2020 10:18 |
| Date Of Accident | 07/08/2020 13:30 |
| Exact Location Of Accident | CTE TWDS AYE BEFORE BRADDELL RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBE7153X |
| Insured/Policyholder | |
| Name Of Registered Owner | HONG SHENG TECHNOLOGY PTE LTD |
| Co Reg No | 2XXXXX504M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62696381 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 3.0 DIESEL TURBO M/T 2WD LORRY |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D20MCV0001524 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | AHMED ISTIAKE |
| NRIC No | GXXXX292W |
| Date Of Birth | 11/11/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/03/2019 |
| Driving Experience | 1 YEAR AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91576946 |
| Fax Number | |
| Contact Number | OFFICE-91576946 |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | 48 SUNGEI KADUT STREET 1 #02-06 SUNGEI KADUT INDUSTRIAL ESTATE |
| Postcode | 729377 |
| 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? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| 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: : - GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200808/7029.

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 | GBC5360M |
| Vehicle Make/Model/Colour | MITSUBISHI FUSO |
| 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 GBJ2199X
Vehicle Make/Model/Colour MERCEDES VITO
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 AHMED ISTIAKE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBE7153X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

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

Accident Sketch Plan

SKETCH PLAN

Vehicle A:

GDE 7153X

Vehicle B:

GBC 5360M

Vehicle C:

G13J 2199X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON the stated date, time and venue, I was traveling along the towards city before Brundell exit along lane 4. The traffic in front came to a stopped. I follow suit. Suddenly, a vehicle collided onto the rear of my vehicle. I panicked and realised that it was a 3 car chain collision.

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.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200808/7029

1 of 3

Report No. T/20200808/7029

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 08/08/2020 18:15 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | |
|--|--|------------------------------|
| Name of Informant: AHMED ISTIAKE | Address: 48 SUNGEI KADUT STREET 1 #02-06 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729377 | |
| ID Type / ID No.: FIN NO / G2118292W | Contact No.: | Mobile: 91576946 |
| Nationality: BANGLADESHI | Email: mdistiake854@gmail.com | |
| Sex: Male | Age: 29 | Date of Birth: 11/11/1990 |
| Race: Others | Type of Informant: Driver | Institution / School Name: |
| Occupation: Building maintenance worker | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------------|------------------------------|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/08/2020 18:03 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: 90 Km/h | | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Heavy | | |
| 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 |
|-------------|-------|------------------|-------|-------|---------------------|-------|
| GBC5360M | Lorry | MITSUBISHI | fuso | | | 0 |
| GBE7153X | Lorry | | dyna | | Slightly Damaged | 0 |
| GBJ2199X | Van | MERCEDES BENZ | vito | Brown | Slightly Damaged | 0 |

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200808/7029

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Report No. T/20200808/7029

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|-----------------------------------|---------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | AHMED ISTIAKE | ID No. | G2118292W |
| Related Vehicle | GBE7153X (Lorry) | Contact No. | 91576946 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 08/08/2020 | Date | 08/08/2020 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

I was travelling along Cte Towards City Before Braddell exit along lane 4. The traffic in front came to stop. I follow Suit. Suddenly i felt an impact from the back. I alighted from my vehicle and realised It's a 3 car chain collision.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200808/7029

3 of 3

Report No. T/20200808/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/08/2020 18:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



| | |
|----------|----------|
| 25261 | 99 |
| 178 3318 | 232 3392 |
| 103 1011 | |
| 550 5.50 | 350 3.50 |
| 25261 | 99 |

Accident Photo



Accident Photo



Accident Photo

