

## 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	31/08/2020 10:50
Date Of Accident	30/08/2020 01:30
Exact Location Of Accident	HOUGANG AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2543E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J.KEART ALLIANCES PTE LTD
Co Reg No	198804023K
Email Address	ZOEY@JKEART.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68444846

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEK (CBU)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSNW00015562000
Cover Note Number	04/03/20 - 03/03/21

### Driver

Name of Driver	MONDOL BIMOL KUMAR
Passport No/FIN	G6525898L
Date Of Birth	13/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94881025
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I felt sleepy could not concentrate on my driving & hit onto SDQ3938M rear portion. Both parties no injured.

#### 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	SDQ3938M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHONG HAN JOHNATHAN
NRIC/Passport Number	S8845316F
Contact Number	90477671
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

1. VEHICLE NO.: GRK2543E  
2. INSURER CO: China Taiping  
3. ACCIDENT  
DATE & TIME: 30/8/20 01:32pm

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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:

(45) 09 31/8/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN

Hand-drawn sketch map on grid paper showing the intersection of Hong Kong Ave 10 and Hong Kong Ave 6. The map includes a north arrow pointing down. A building is located at the intersection, with a red box labeled 'A' and a blue box labeled 'B' on its facade. A red arrow points from the building towards the intersection, and a blue arrow points from the intersection towards the building. A red arrow points from the intersection towards the right, and a blue arrow points from the right towards the intersection. A red arrow points from the intersection towards the bottom, and a blue arrow points from the bottom towards the intersection. A red arrow points from the intersection towards the top, and a blue arrow points from the top towards the intersection.

Handwritten notes on the right side of the map:

- A: GBK2543E
- B: 3DQ3938M
- ong Chong Han Johnathan
- 58845316 F
- HP: 90477671

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: Chiao Tai-ping      Veh No: GBK2543E      DOA: 30/8/20 01:32am

I felt sleepy could not concentrate on my driving & hit onto

S2Q3938M rear portion. Both parties no injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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:

(45) 31/8/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GLRMC Sketch2nForm V3

(☒) Claim Own Policy    (☐) Claim Third Party    (☐) Reporting Only  
(☐) Claim OD/TP at other workshop (\_\_\_\_\_)

## Driving License

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
J KEART ALLIANCES PTE. LTD.

Name:  
MONDOL BIMOL KUMAR

Work Permit No: Q 62667145

Category:  
CONSTRUCTION

 K0941106

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: G 6525898L

Name:  
MONDOL BIMOL KUMAR

Birth Date: 13 Feb 1986

Issue Date: 05 Feb 2018

Valid Till: 04/02/2023

 002770681A

**VISIT PASS**  
Immigration Regulations

Name:  
MONDOL BIMOL KUMAR

FIN:  
G6525898L

Date of Birth: 13-02-1986

Sex: M

Nationality:  
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 05 Feb 2018

NP 428A

Licence No: G6525898L

Accident Photo



Accident Photo





Accident Photo





Accident Photo



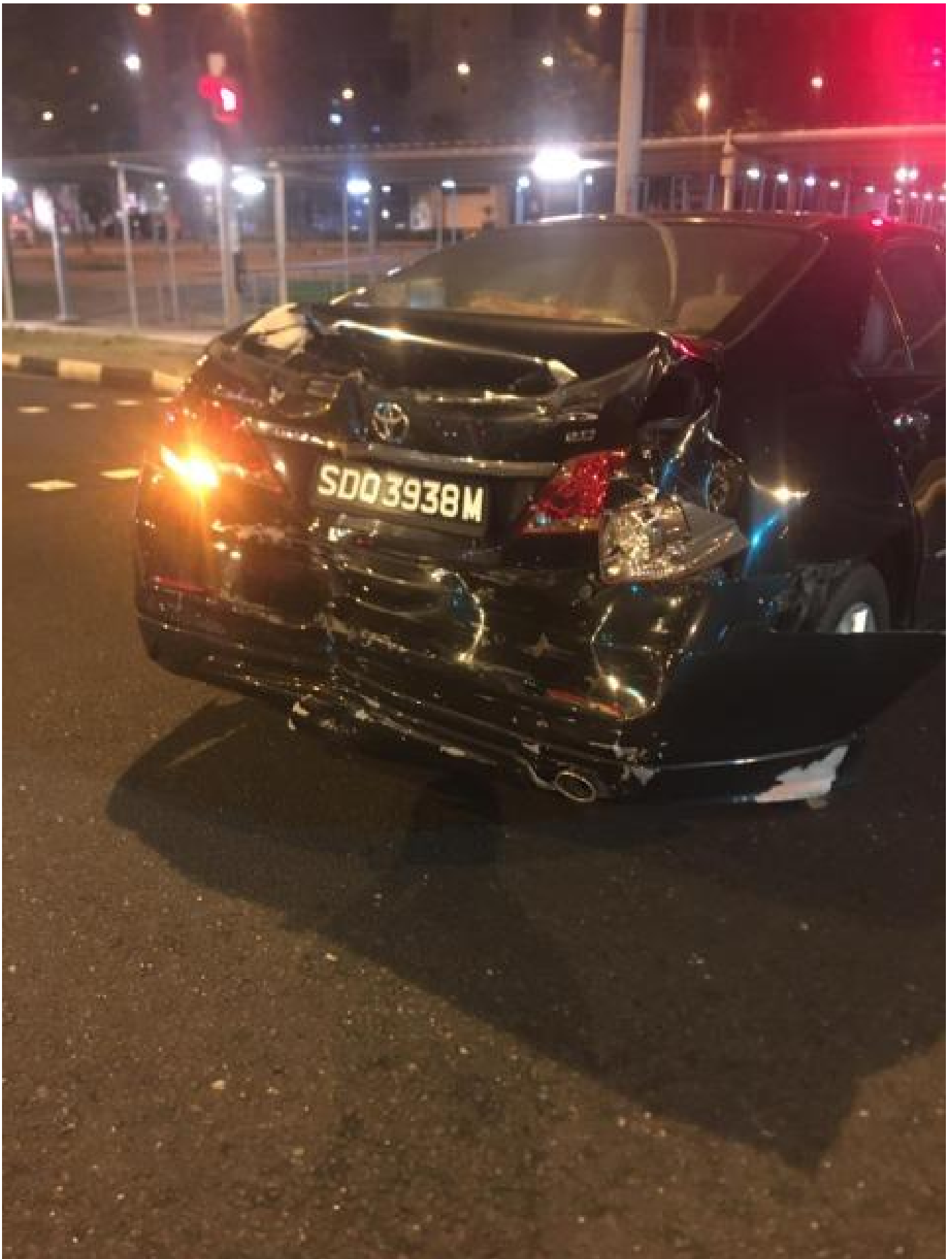
Accident Photo



Accident Photo



Scene Photo





Scene Photo

