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 witholding 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	07/09/2020 15:30
Date Of Accident	05/09/2020 17:10
Exact Location Of Accident	WOODLANDS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD2653H
Insured/Policyholder	
Name Of Registered Owner	ISOTEAM ACCESS PTE LTD
Co Reg No	2XXXXX269N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96679744
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5118423596
Cover Note Number	
Driver	
Name of Driver	UDDIN ROHIM
Passport No/FIN	GXXXX629N
Date Of Birth	03/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2013
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96679744
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	25 SUNGEI KADUT LOOP
Postcode	729466
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?	YES
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	BISHAN NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 196 BISHAN STREET 13 , **POSTCODE:** 570196 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2589999 - **FAX NO**: 63536659
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT

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	GBA612E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VIJAYAN VASANTHAKUMAR
NRIC/Passport Number	GXXXX432X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN7157R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HU JIAWEN
NRIC/Passport Number	GXXXX489U
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UDDIN ROHIM
Approximate Age	40
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	GBD2653H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	25 SUNGEI KADUT
Postcode	729466

DETAILS OF INJURED PERSON 2

Name	NA
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.

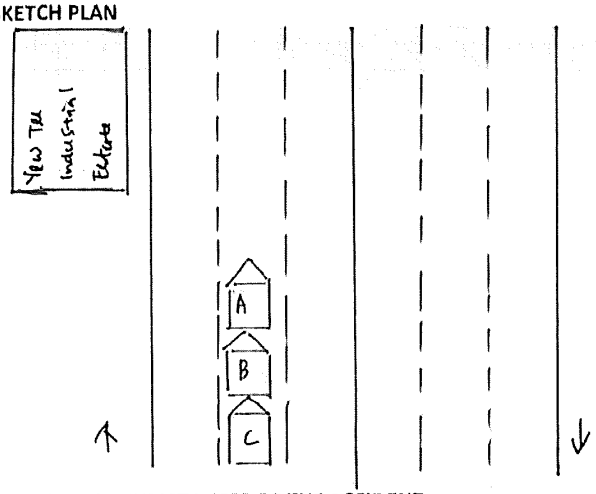
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 1/9/20	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



A: GBD 3653H
B: GBA 6132E
C: YH 7157R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Road, while driving I heard a sound from behind, simultaneously I felt a very big impact, vehicle B hit the rear of my vehicle A. I came out and found that I was involving in a 3 cars chain collision. After the accident, I don't feel well and want to seek medical attention. I was given 3 days mc.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

7/9/22

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

SINGAPORE POLICE FORCE

T/20200907/2063

Report No. T/20200907/2063

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/09/2020 14:16		65

Informant's Particulars

Name of Informant: UDDIN ROHIM			Address: 181 VERDE CRESCENT #02-72 VILLA VERDE SINGAPORE 688501	
ID Type / ID No.: FIN NO / G8273629N			Contact No.: Home/Office:	Mobile: 96679744
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 40	Date of Birth: 03/05/1980	Type of Informant: Driver	
Race: Others			Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2020 17:10	Type of Location: Straight Road
Location: WOODLANDS ROAD Lamp Post Number: 108				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBA612E	Lorry	TOYOTA	DYNA 150 MANUAL	Silver		6
GBD2653H	Lorry	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver	Slightly Damaged	0
YN7157R	Lorry	ISUZU	NPR85UH5A	White		0

SINGAPORE POLICE FORCE

T/20200907/2063

Report No. T/20200907/2063

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VIJAYAN VASANTHAKUMAR	ID No.	G7900432X
Related Vehicle	GBA612E (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	UDDIN ROHIM	ID No.	G8273629N
Related Vehicle	GBD2653H (Lorry)	Contact No.	96679744
Hospital/Clinic	CENTRAL 24-HR CLINIC (MARSILING)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HU JIAWEN	ID No.	G8763489U
Related Vehicle	YN7157R (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 05/09/2020 at around 1710hrs, I was driving my company lorry GBD2653H along Woodlands Road towards the direction of north. Suddenly, I heard a sound and simultaneously felt a very big impact from behind. Behind me, the front of lorry GBA612E had hit the rear of my lorry while another lorry YN7157R had hit the rear of lorry GBA612E. It was a 3 car chain collision accident. I saw that an ambulance was at scene which conveyed someone involved in the accident. After the accident, I went to seek medical attention at Central 24-hr (Marsiling) for neck and leg pain and was given 3 days of MC.

SINGAPORE
POLICE FORCE

T/20200907/2063

Report No. T/20200907/2063

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CONTINUATION OF REPORT

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T/20200907/2063

Report No. T/20200907/2063

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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: E / SCSGT(1) MOHAMED ZAFIR	Signature Of Informant: Udrid Rokim
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2020 14:16
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SN 061 SIGNATURE