

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	25/09/2020 16:27
Date Of Accident	10/09/2020 08:00
Exact Location Of Accident	YIO CHU KANG (SLIP RD TO SERANGOON NORTH AVE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1271Y
Insured/Policyholder	
Name Of Registered Owner	DOUBLE-TRANS PTE LTD
Co Reg No	199001888E
Email Address	VJKNESH@SAMCO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64812518

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	REPORTING ONLY
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	DMCVSNA00005742000
Cover Note Number	01/01/2020 - 31/12/2020

Driver

Name of Driver	SHEIKH MOHOSIN
Passport No/FIN	G2066860T
Date Of Birth	08/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85772195
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 4 SUNGEI KADUT ST 2 SUNGEI KADUT INDUSTRIAL ESTATE
Postcode	729226
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)	7
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER GENDER: : MALE
Passenger 5	NAME: : WORKER GENDER: : MALE
Passenger 6	NAME: : WORKER GENDER: : MALE

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

REFER TO STATEMENT

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	SHD4190S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

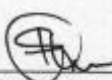
IMPORTANT NOTICE

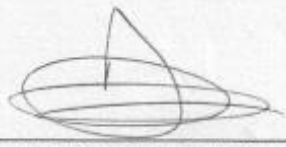
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

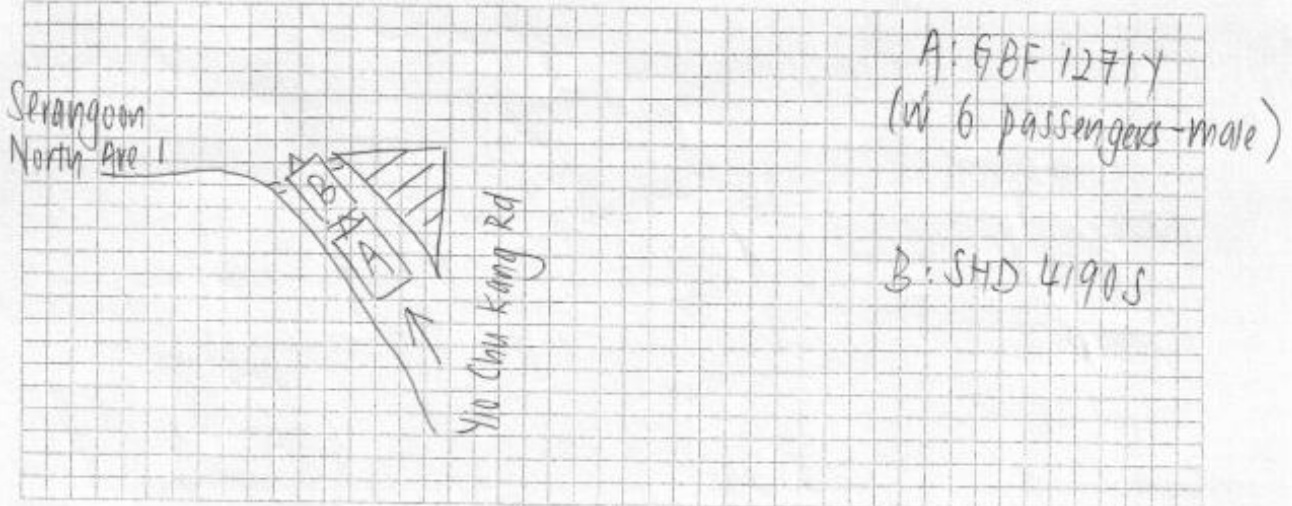

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/09/2020


Reporting Centre Personnel's Signature
Name: Daryl (AMK)
NRIC/FIN No.: 25/09/2020

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: 6BF 1271Y (China)

Accident Date & Time: 10/09/2020 @ 0800

Accident Location: Yio Chu Kang Rd (Slip rd to Sriangoon North Ave 1)

Motor taxi SHD 4190S moved out of slip road, as such i follow too. However, taxi sudden e-brake in front, i follow too but couldn't in time and had a slight tap onto the back of SHD 4190S. No visible damage found, we then exchanged particulars and left the scene. I was not aware of the accident reporting as taxi driver did not said anything until my office received a letter from ins company in regards to the accident. That's all.

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

DECLARATION

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

* IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature
Date & Time: *



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

[Signature] 25/09/2020

Reporting Centre Personnel's Signature
Name: *(AMK)*
NRIC/FIN No.:

[Signature]

Driving License

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 81A)
Republic of Singapore

Employer: DOUBLE-TRANS PTE LTD

Name: SHEKH MOHOBIN

Work Permit No: S-60703392

Category: CONSTRUCTION

81019764

REPUBLIC OF SINGAPORE DRIVING LICENCE

G2066860T

SHEKH MOHOBIN

Age: 30

Sex: M

Date of Birth: 06 Jul 1993

Valid From: 26 Jan 2019

Valid Till: 25-01-2024

VISIT PASS
Immigration Regulations

Name: SHEKH MOHOBIN

Pass No: G2066860T

Date of Birth: 06 Jul 1993

Nationality: BANGLADESH

MULTIPLE JOURNEY VISA ISSUED

THIS VISA IS VALID FOR THE PERIOD OF 12 MONTHS FROM THE DATE OF ISSUE. IT IS NOT VALID FOR ENTRY INTO SINGAPORE ON THE DATE OF EXPIRATION. A NEW VISA IS REQUIRED FOR ENTRY.

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

CLASS(S): 3

Motor cars with unladen weight \leq 3500kg with not more than 9 passengers, exclusive of driver and other motor vehicles with unladen weight \leq 2500kg

EXPIRY DATE: 26 Jan 2024

UP 435A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

