

## 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	12/10/2020 13:43
Date Of Accident	10/10/2020 19:00
Exact Location Of Accident	PIE TWDS TUAS BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2649K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FINEBUILD SYSTEMS PTE LTD
Co Reg No	1XXXXX672Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV350 MICROBUS 2.5 4DR 5AT ABS
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	BUS

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SNW00002912001
Cover Note Number	

### Driver

Name of Driver	KANNAN ASHOKUMAR
Passport No/FIN	GXXXX613R
Date Of Birth	04/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2014
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82254373
Fax Number	
Contact Number	OFFICE-82254373
Email Address	NOEMAIL

Address	74 TAGORE LANE #02-00 SINDO INDUSTRIAL ESTATE
Postcode	787498
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)	11

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201010/2094.

#### 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	SJF585D
Vehicle Make/Model/Colour	BMW 520I
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SMJ6037Z  
Vehicle Make/Model/Colour TOYOTA NOAH  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 ISLAM HAFIZUL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name AZIZ MD TAREQUE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name BOSUNIA NURUJJAMAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name RANA SOHEL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K

Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 5

Name ISLAM MD RAFIQU  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 6

Name RONI MIRZA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 7

Name AKTER  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 8

Name HOSSAIN BIPLOB  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 9

Name SAYED MOHAMMAD ABU  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC2649K  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 10

Name ULLA RAHMAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PC2649K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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:

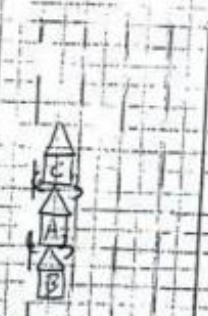
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

PIE towards town before CTE(city) exit



Vehicle A - PC 2649K  
Vehicle B - SJF 731D  
Vehicle C - SMJ 6037E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

## DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

Signature of Policyholder

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

Signature of Driver

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

Signature of Reporting Centre Personnel



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201010/2094

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20201010/2094

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2020 22:50	Vide Report No.:	Station Diary No.: 99
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### Informant's Particulars

Name of Informant: KANNAN ASHOKUMAR	Address: 15 GUILLEMARD ROAD SINGAPORE 399691		
ID Type / ID No.: FIN NO / G2372613R	Contact No.: Home/Office: Mobile: 82254373		
Nationality: INDIAN	Email:		
Sex: Male	Age: 42	Date of Birth: 04/06/1978	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: Van driver	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: 10/10/2020 19:00	Type of Location: Along PIE towards Tuasbefore CTE( City ) exit
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
PC2649K	Van					10
SJF585D	Car					0
SMJ6037Z	Car					0



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569929  
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Report No. T/20201010/2094

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ISLAM HAFIZUL	ID No.	G8057839W
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	AZIZ MD TAREQUE	ID No.	G2397571N
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	BOSUNIA NURUJJAMAN	ID No.	G2591618U
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL

# Police Report



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Report No. T/20201010/2094

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	RANA SOHEL	ID No.	G2140345N
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	ISLAM MD RAFIQU	ID No.	G2149224N
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Driver</b>			
Name	KANNAN ASHOKUMAR	ID No.	G2372613R
Related Vehicle	PC2649K (Van)	Contact No.	82254373
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
<b>Passenger</b>			
Name	RONI MIRZA	ID No.	G8054088X
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL



# Police Report



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Report No. T/20201010/2094

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	AKTER	ID No.	G6932508X
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	HOSSAIN BIPLOB	ID No.	G2672889X
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	SAYED MOHAMMAD ABU	ID No.	G7790213P
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	ULLA RAHMAT	ID No.	G6922651K
Related Vehicle	PC2649K (Van)	Contact No.	NIL
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/10/2020	Date Discharge	10/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL

## Police Report



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Report No. T/20201010/2094

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM SIN TECK	ID No.	S7044774F
Related Vehicle	SJF585D (Car)	Contact No.	96587562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

I am currently staying 74 Tagore Lane Singapore 787498.

On the 10/10/2020 at about 1900hrs, I was driving my company FineBuild System Pte Ltd van PC2649K at along PIE towards Tuas before CTE (City) exit. I was driving at lane 4 and the traffic was moderate. The weather was clear and dry. I had 10 passengers seated at the rear.

As I was driving straight, suddenly the car in front of me SMJ6037Z applied brake. I immediately applied my brake and managed to stop in time. However after I stop, suddenly another car SJF585D from rear collided with my van. Due to the impact, my van moved forward and collided with the front car.

I came down and realized it was a chain collision. My passengers complained of body pain due to the impact, however they informed not so serious. I exchanged particulars and I decided to bring my passengers to consult doctor at 'Intemedical 24 Hr Clinic' at 525 Ang Mo Kio Avenue 10 #01-2407. The doctor checked them and all my passengers were given 2 days of MC. Due to the accident, the front and rear portion of my van is dented and damaged. I am not injured.

Police Report



SINGAPORE  
POLICE FORCE



T/20201010/2094

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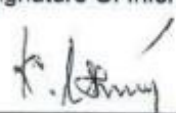
Report No. T/20201010/2094

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: F / Sr Staff Sgt RAHUMATHULLA AZIMAL ALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2020 22:50
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	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

