

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	21/11/2020 13:59
Date Of Accident	20/11/2020 16:30
Exact Location Of Accident	PIONEER RD TWDS TUAS WEST DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5467Z
Insured/Policyholder	
Name Of Registered Owner	UNI MARINE SERVICES PTE LTD
Co Reg No	2XXXXX869W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106097906-01
Cover Note Number	

Driver

Name of Driver	BARAI SETU
Passport No/FIN	GXXXX209R
Date Of Birth	03/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90483414
Fax Number	
Contact Number	OFFICE-90483414
Email Address	NOEMAIL

Address	BLK 847 JURONG WEST STREET 81 #14-245
Postcode	640847
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	WET

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)	9
Passenger 1	NAME: : UDDIN SALEH GENDER: : MALE
Passenger 2	NAME: : ISLAM MOHAMMED NAZRUL GENDER: : MALE
Passenger 3	NAME: : JONY MD REZAUL KARIM GENDER: : MALE
Passenger 4	NAME: : KEERTHI SAI RAVI TEJA GENDER: : MALE
Passenger 5	NAME: : HASSAN MD RABIUL GENDER: : MALE
Passenger 6	NAME: : ISMAIL GENDER: : MALE
Passenger 7	NAME: : CHAWDHURY MD RASHEDUR RAHMAN GENDER: : MALE
Passenger 8	NAME: : HUSSAIN MOHAMMAD MOKARRAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20201120/7055.

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	XD4105A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG FULIANG
NRIC/Passport Number	GXXXXX721M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE1503Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHOU BINGNAN
NRIC/Passport Number	GXXXXX738T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BARAI SETU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UDDIN SALEH
Approximate Age	

Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ISLAM MOHAMMED NAZRUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	JONY MD REZAUL KARIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	KEERTHI SAI RAVI TEJA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	HASSAN MD RABIUL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 7

Name	ISMAIL
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 8

Name	CHAWDHURY MD RASHEDUR RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP5467Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:

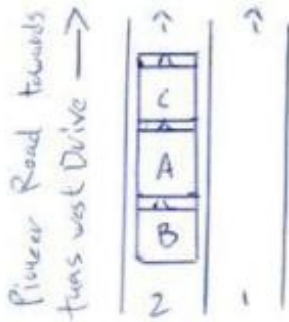


Driver's Signature
(If driver is not policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



Veh A: YP5467Z


Veh B: XD4105A

Veh C: XE1503Z


Refer to police report


DECLARATION

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


Policyholder's Signature
Date & Time:




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


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

Police Report



**SINGAPORE
POLICE FORCE**



J/20201120/7055

1 of 2

POLICE REPORT (NP299)

Report No. J/20201120/7055

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 20/11/2020 22:09	Vide Report No.	Station Diary No.
Name Of Informant BARAI SETU	Address	
ID Type / ID No. FIN NO / G7952209R	Contact No. Home/Office:	Mobile: 90483414
Nationality BANGLADESHI	Email Address setumetubarai@gmail.com	
Occupation Driver	Sex Male	Age 37
Institution/School Name	Date of Birth 03/04/1983	Race Bengali
Date/Time Of Incident 20/11/2020 16:30	Location Of Incident PIONEER ROAD	

Brief details.

On the above mentioned date and time, I was driving my company lorry YP 5467Z carrying 8 colleagues on the way back to office.

I had gradually come to a stop due to traffic conditions when a massive impact propelled me forwards, causing me to collide into the vehicle in front.

My vehicle's windscreen was shattered as a result.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 22:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



J/20201120/7055

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201120/7055

I alighted to realise that XD4105A had collided into my vehicle's rear causing me to hit onto XE1503Z.

My passenger's particulars are as follows:

- 1) Uddin Saleh G8886846W
- 2) Islam Mohammed Nazrul G8338519M
- 3) Jony Md Rezaul Karim G6621257U
- 4) Keerthi Sai Ravi Teja G3910537W
- 5) Hasan Md Rabiul G8934658X
- 6) Ismail G8370105L
- 7) Chawdhury Md Rashedur Rahman G6932094K
- 8) Hussain Mohammad Mokarram G7153782Q

Hussain Mohammad Mokarram was my front passenger. He was the only one not injured immediately after the accident.

Ismail and Chawdhury Md Rashedur Rahman was conveyed by ambulance to Ng Teng Fong General Hospital.

The rest of us went to our company doctor at Unihealth 24-Hr Clinic (Jurong East) for treatment and was given 2 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 22:09
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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