

# 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 Submission ..... 12/12/2020 14:35 (SGT)  
Date of Accident ..... 08/12/2020 04:35 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TWDS BUKIT BATOK NEAR TOH GUAN L/P 1423  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE6965U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EZY-1 LEASING PTE. LTD  
Company Reg No ..... 2XXXXX333W  
Email Address ..... jimlee@ezy-1.com  
Mobile Phone No ..... (Phone) +65-96899905  
Alternative Phone No ..... +65-96899905

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD JASHIM UDDIN  
NRIC No ..... SXXXX442I  
Date Of Birth ..... 30/11/1974  
Occupation ..... Indoor

Date Of Driving Pass .....	06/08/2001
Driving experience .....	19 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96809603
Alt. Phone Number .....	-
Email Address .....	maroufacatering2015@gmail.com
Address .....	BLK 325 BUKIT BATOK ST 33
Address complement .....	#04-13
Postcode .....	650325
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201211/2017

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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.
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.

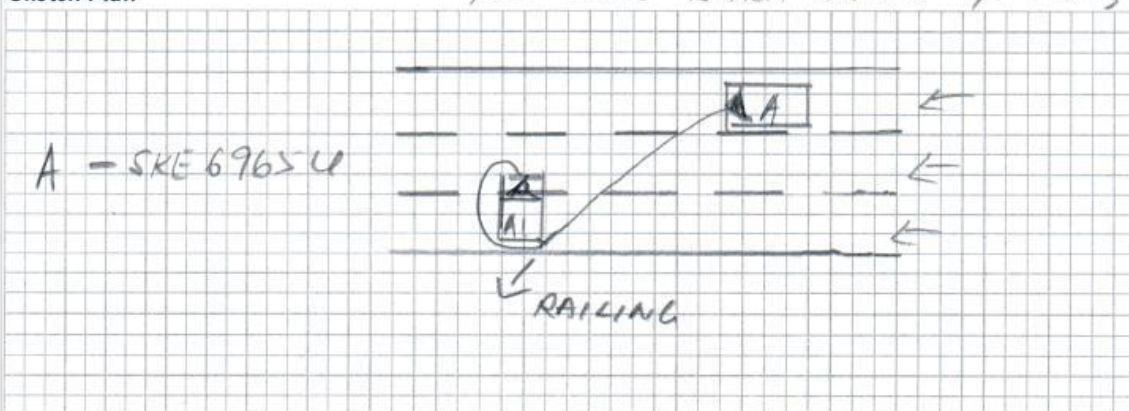


Policyholder's Signature / Date & Time

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

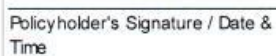
Witnessed by Reporting Centre Personnel

## **Sketch Plan**



REFER TO THE POLICE REPORT: T/2020/211/2017

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



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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20201211/2017

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20201211/2017

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMMAD JASHIM UDDIN		ID No. S7467442I
Related Vehicle	SKE6965U (Car)		Contact No. 96809603
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

was driving along lane 1 at PIE towards Tuas. As I was driving, I suddenly lost control of my vehicle and skidded across 3 lanes and hit on the railings on the road shoulder. There were lost of damages to my vehicles such as the front bumper came out, the rear right bumper came lose. I don't know the reason why it happened.



































Police Station Of Origin: Rochor N.P.C 11 Kampong Kapur Road SINGAPORE 208678 Tel No: 1800-2949999				1 of 3 Report No. T/20201211/2017		
<b>REPORT OF A TRAFFIC ACCIDENT</b>						
Date/Time Report Made: 11/12/2020 10:07		Vide Report No.: D/20201208/0027		Station Diary No.: 20		
<b>Informant's Particulars</b>						
Name of Informant: MOHAMMAD JASHIM UDDIN		Address: APT BLK 325 BUKIT BATOK STREET 33 #04-13 SINGAPORE 650325				
ID Type / ID No.: NRIC NO / S74674421		Contact No.: Home/Office: Mobile: 96809603				
Nationality: BANGLADESHI		Email:				
Sex: Male	Age: 46	Date of Birth: 30/11/1974	Type of Informant: Driver			
Race: Bengali		Language:		Institution / School Name:		
Occupation: DIRECTOR		Driving Licence Information: Class: 3		Date of Expiry:		
<b>General Information of the Accident</b>						
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2020 04:35	Type of Location: Straight Road		
Location: PAN-ISLAND EXPRESSWAY						
Lamp Post Number: 1423						
Weather: Clear		Road Surface: Dry		Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light		
Type of Collision: Skidded				Anyone conveyed by ambulance: No		
<b>Details of Vehicle Involved</b>						
Vehicle No. KE6965U	Type Car	Make TOYOTA	Model VIOS E	Color	Condition Slightly Damaged	No of Passenger 0
<b>Details of Person Involved</b>						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			





**SINGAPORE  
POLICE FORCE**



T/20201211/2017

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Report No. T/20201211/2017

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMMAD JASHIM UDDIN		ID No. S7467442I
Related Vehicle	SKE6965U (Car)		Contact No. 96809603
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

was driving along lane 1 at PIE towards Tuas. As I was driving, I suddenly lost control of my vehicle and skidded across 3 lanes and hit on the railings on the road shoulder. There were lost of damages to my vehicles such as the front bumper came out, the rear right bumper came lose. I don't know the reason why it happened.



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Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20201211/2017

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Report No. T/20201211/2017

**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:

A /  
Sgt 2 MOHAMED RAFHAN BIN MOHAMED  
ABDUL KADER

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168



SIGNATURE

Signature Of Informant:

Date/Time:  
11/12/2020 10:07

Classification Of Case: