

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 28/12/2020 23:44 (SGT)
Date of Accident 27/12/2020 17:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (CHANGI) BEFORE UPPER SERANGOON EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1788C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BEST M&E ENGINEERING PTE LTD
Company Reg No 201206095W
Email Address bensonseow91@gmail.com
Mobile Phone No (Phone) +65-69779722
Alternative Phone No (Office) +65-69779722

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5106920731-01
Cover Note Number 16/01/2020 - 15/01/2021

DRIVER

Name of Driver RAHMAN MOHAMMED MIJANUR
Passport No/FIN G2434340K
Date Of Birth 09/07/1990
Occupation Outdoor

Date Of Driving Pass	31/03/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85267585
Alt. Phone Number	-
Email Address	mijanmollah1990@gmail.com
Address	78 DESKER ROAD #2-5 DESKER ROAD CONSERVATION AREA
Address complement	-
Postcode	209601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KABIR
Gender	Male

PASSENGER 2

Name	SHARDER MOHAMMAD MANIK
Gender	Male

PASSENGER 3

Name	BADHRA HARIDAS
Gender	Male

PASSENGER 4

Name	ALI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Police Cantonment Complex
Police Station Address	391 New Bridge Road Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLX396P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAHMAN MOHAMMED MIJANUR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBJ1788C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BADHRA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBJ1788C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KABIR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBJ1788C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	ALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC

Injured person in which vehicle?	GBJ1788C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

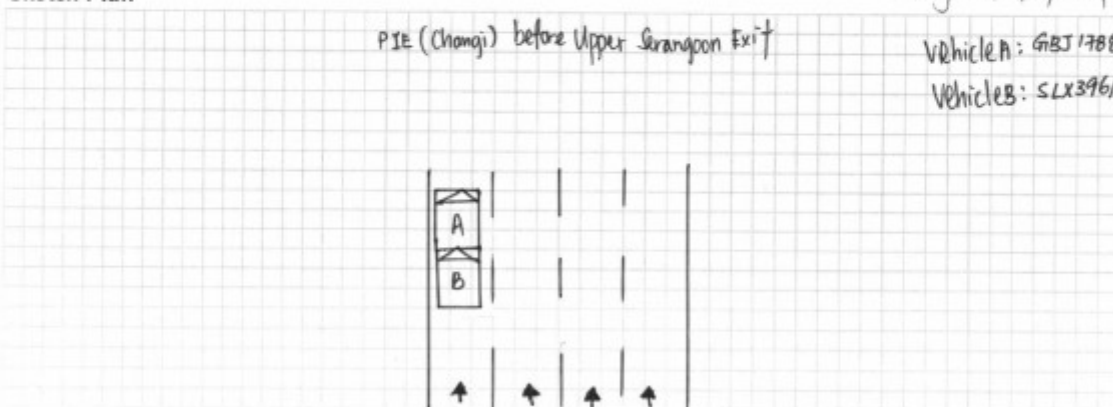


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police Report No: A / 26201227 / 7022

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

M/W 28/12/20

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

Witnessed by Reporting Centre
Personnel *Alaia*

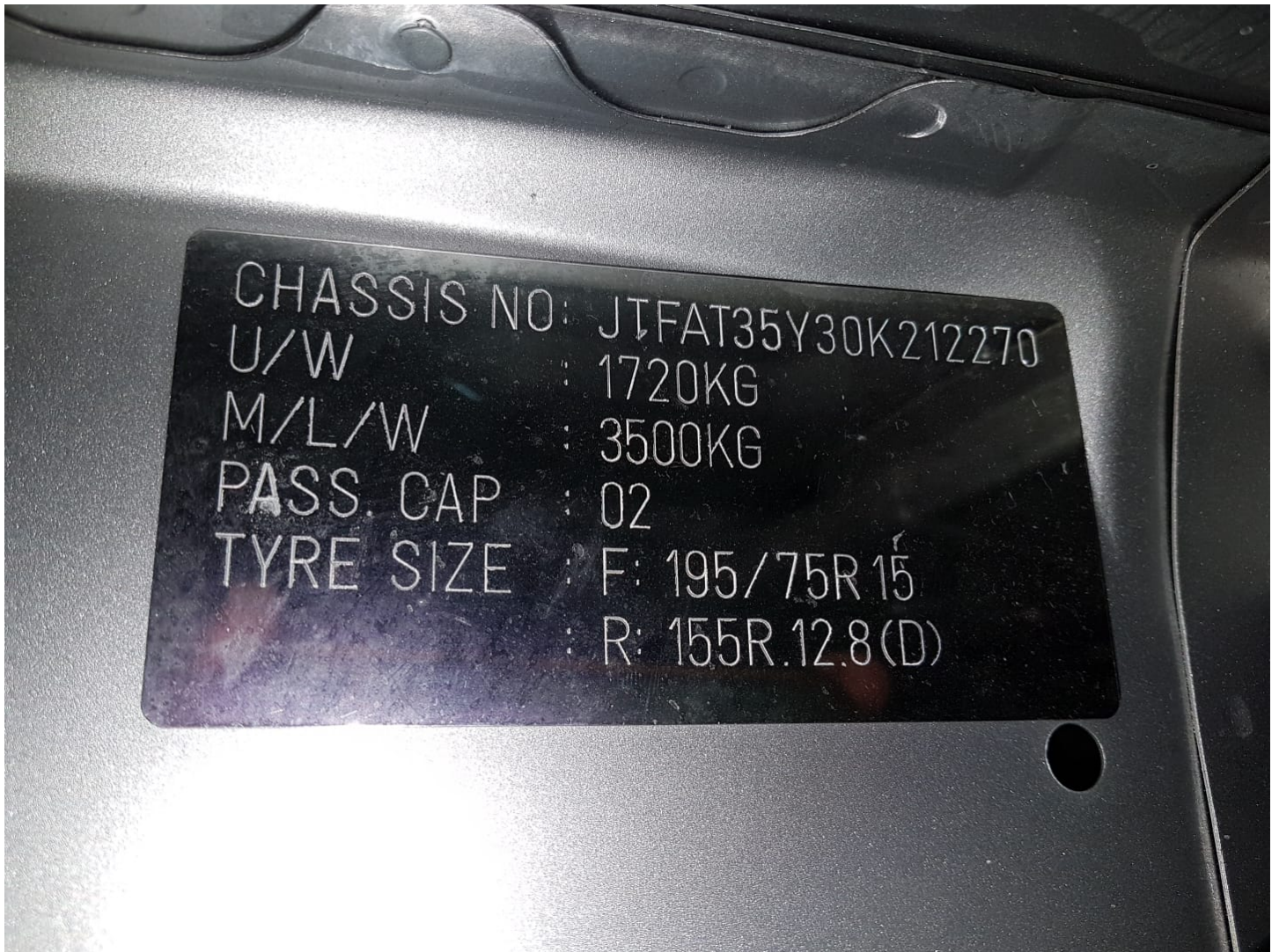














**SINGAPORE
POLICE FORCE**



A/20201227/7022

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POLICE REPORT (NP299)

Report No. A/20201227/7022

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 27/12/2020 23:05	Vide Report No.	Station Diary No.
Name Of Informant RAHMAN MOHAMMED MIJANUR	Address 78 DESKER ROAD #2-5 DESKER ROAD CONSERVATION AREA SINGAPORE 209601	
ID Type / ID No. FIN NO / G2434340K	Contact No. Home/Office: Mobile: 85267585	
Nationality BANGLADESHI	Email Address	
Occupation driver	Sex Male	Age 30
Institution/School Name	Date of Birth 09/07/1990	Race Bangladeshi
Date/Time Of Incident 27/12/2020 17:34	Location Of Incident pie changi	

Brief details.

on the above mentioned date and time, i was driving my vehicle GBJ1788C along PIE(CHANGI).

it was raining heavily and i had gradually come to a stop due to traffic conditions before upper serangoon exit.

suddenly, i felt a massive impact from my vehicle's rear and my vehicle surged forward as a result. i alighted to realised that SLX396P had collided into my vehicle's rear. SLX39P was badly damaged.

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: 27/12/2020 23:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20201227/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201227/7022

i was ferrying 4 passengers when the accident happened, namely;

kabir

G8418532P

Sharder Mohammad Manik

G2081140X

Badhra Haridas

G8395150N

Rahman Mohammed Mijanur

G234340K

Ali

Four of us, namely Kabir, badhra, rahman and i were injured due to the accident.
we proceeded to Intermedical Clinic Kovan for treatment and were given 3 days MC each.

Subjects Involved			
Victim			
Person Name	RAHMAN MOHAMMED MIJANUR		
ID Type	FIN NO	ID No	G2434340K
Gender	Male	Age	30
Race	Bangladeshi	Language	English

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/12/2020 23:05

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20201227/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201227/7022

Occupation	driver	Address	78 DESKER ROAD #2-5 DESKER ROAD CONSERVATION AREA SINGAPORE 209601
Mobile No	85267585	Is Informant A Victim?	Yes
Person Name RAHMAN MOHAMMED MIJANUR (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/12/2020 23:05

Classification Of Case: