

# 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 ..... 14/01/2021 09:04 (SGT)  
Date of Accident ..... 11/01/2021 17:00 (SGT)  
Exact Location of Accident ..... Pioneer Rd, Singapore  
Additional Location Information ..... twds pioneer sector  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD3025P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HIMALAY TRADING (S) PTE LTD  
Company Reg No ..... 2XXXXX840Z  
Email Address ..... mark.gregory.ambose@gmail.com  
Mobile Phone No ..... (Phone) +65-83000041  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 ..... 5112315362-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ALUM SYED MORSHED  
Passport No/FIN ..... GXXXX922P  
Date Of Birth ..... 01/12/1983  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/01/2020
Driving experience .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-90040246
Alt. Phone Number .....	-
Email Address .....	mark.gregory.ambrose@gmail.com
Address .....	1 BUKIT BATOK CRESCENT
Address complement .....	#06-60 WCEGA PLAZA
Postcode .....	658064
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210112/2074.

#### 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 .....	YN3618D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GZ5405M  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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 ..... ALUM SYED MORSHED  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... GBD3025P  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

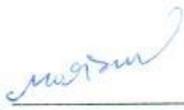
**IMPORTANT NOTICE**

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- 5) **Any false reporting may be referred to the Police as investigation.**
- 6) The 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 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:

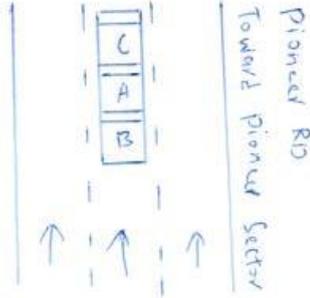
- a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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: 12/1/21  
 1700hrs

  
 Driver's Signature  
 (If driver is not policyholder)  
 Date & Time: 12/1/21  
 1700hrs

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

**SKETCH PLAN**



Vehicle A: GRD302SP  
Vehicle B: GZ5405M  
Vehicle C: YN3618D

Refer to police report  
T20210112/2074

*(The rest of the form is crossed out with a large diagonal line)*

**DECLARATION**

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

  
Policyholder's Signature  
Date & Time: 12/1/21  
17:00hrs



  
Driver's Signature  
(If driver is not policyholder)  
Date & Time: 12/1/21  
17:00hrs

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





















**SINGAPORE  
POLICE FORCE**



T/20210112/2074

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210112/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/01/2021 15:58	Vide Report No.: J/20210111/0164	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ALUM SYED MORSHED		Address: 1 BUKIT BATOK CRESCENT #06-60 WCEGA PLAZA SINGAPORE 658064	
ID Type / ID No.: FIN NO / G5395922P		Contact No.:	Mobile: 90040246
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 37	Date of Birth: 01/12/1983	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: Sales and marketing manager		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/01/2021 17:00	Type of Location:
Location:  PIONEER SECTOR 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3025P	Lorry					0
GZ5405M	Van					0
YN3618D	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20210112/2074

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No: T/20210112/2074

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ALUM SYED MORSHED	ID No.	G5395922P
Related Vehicle	GBD3025P (Lorry)	Contact No.	90040246
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

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS AT PIONEER SECTOR LANE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. AS I WAS WAITING, A VAN (GZ5405M) OUT OF THE SUDDEN COLLIDED MY VEHICLE FROM BEHIND. IT COLLIDED MY VEHICLE TO THE POINT WHERE IT PUSHES MY VEHICLE THAT CAUSED IT TO HIT A LORRY (YN3618D) INFRONT OF ME. A PASSER-BY CALLED THE AMBULANCE AS I WAS INJURED. AMBULANCE WAS AT SCENE AND I WAS CONVAYED TO NG TENG FONG GENERAL HOSPITAL. THATS ALL.



SINGAPORE  
POLICE FORCE



T/20210112/2074

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210112/2074

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: TP / SC SAIFUL ILHAM BIN ZAHARI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200	
Authentication Stamp NP168	

Signature Of Informant: 
Date/Time: 12/01/2021 15:58
Classification Of Case:
Signature: