

# 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 14:58 (SGT)  
Date of Accident ..... 12/01/2021 22:15 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS (LAMP POST NO:211)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP2665M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... QUAN JI CONSTRUCTION PTE LTD  
Company Reg No ..... 1XXXXX458C  
Email Address ..... lamcheegroup@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-90906969  
Alternative Phone No ..... (Office) +65-62910310

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00042092000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JUTTU GANESH  
Passport No/FIN ..... GXXXX794P  
Date Of Birth ..... 02/12/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/09/2017
Driving experience .....	3 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90541455
Alt. Phone Number .....	-
Email Address .....	lamcheegroup@singnet.com.sg
Address .....	200 JALAN SULTAN #12-02
Address complement .....	TEXTILE CENTRE
Postcode .....	199018
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 .....	Side Swipe
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? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RAHMAN TAREQUE
Gender .....	Male

#### PASSENGER 2

Name .....	ABEDIN JOYNAL
Gender .....	Male

#### PASSENGER 3

Name .....	RAHIM ABDUR
Gender .....	Male

#### PASSENGER 4

Name .....	MIA MOHD ALAMGIR
Gender .....	Male

#### PASSENGER 5

Name .....	ISLAM MD SERAJUL
Gender .....	Male

#### PASSENGER 6

Name .....	HOSEN NAZMUL
Gender .....	Male

#### PASSENGER 7

Name .....	KARRUPPIAH SARAVANAN
Gender .....	Male

#### PASSENGER 8

Name .....	MD SAMIM AHMED
Gender .....	Male

PASSENGER 9

Name ..... AHAMED MILON  
Gender ..... Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Woodlands West Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18003639999  
Alt. Police Station Phone No ..... (Fax) +65-63640997  
Police Station Address ..... 1 Woodlands St 12 Singapore 738622  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210113/2155

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 ..... GBD9912P  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... NTUC  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... RAHMAN TAREQUE  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SERIOUS INJURY  
Injured person in which vehicle? ..... YP2665M  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 2

Name of injured person ..... HASAN MANJUR  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -

Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	ABEDIN JOYNAL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4

Name of injured person .....	RAHIM ABDUS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	MIA MOHD ALAMGIR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 6

Name of injured person .....	ISLAM MD SERAJUL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 7

Name of injured person .....	HOSEN NAZMUL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 8

Name of injured person .....	KARRUPPIAH SARAVANAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-

Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 9

Name of injured person .....	MD SAMIM AHNED
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 10

Name of injured person .....	AHAMED MILON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	YP2665M
Were seat belts worn? .....	-
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' 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) to comply 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/PIN No.:

DISPATCHED BY: 14/01/2011 10:00 AM

[illegible]





































