SN09211T000G / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 29/01/2021 17:09 (SGT)
SUBMITTED BY: Celine Fong Wai Li
VERSION: 1 (29/01/2021 17:09 (SGT))

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 witholding 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	29/01/2021 17:09 (SGT)
Date of Accident	28/01/2021 20:55 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	L/P 68
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8282R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYCAPE PTE LTD
Company Reg No	2XXXXX483D
Email Address	yeowkin74@gmail.com
Mobile Phone No	(Phone) +65-98292723
Alternative Phone No	+65-98292723

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	5053455767-08
Cover Note Number	-

DRIVER

Name of Driver	KALAM ABUL
Passport No/FIN	GXXXX011U
Date Of Birth	01/09/1983
Occupation	Outdoor

Date Of Driving Pass	15/09/2020
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81085806
Alt. Phone Number	-
Email Address	yeowkin74@gmail.com
Address	12 LORONG 14 GEYLANG
Address complement	#04-15
Postcode	398924
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	Clear
Road Surface	Dry

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)	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	Bedok Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002419999
Alt. Police Station Phone No	(Fax) +65-64431687
Police Station Address	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210128/2124

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	SLN5393S
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	KALAM ABUL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD,NECK,BACK AND HAD A CUT ON MY LOWER LIP.
Injured person in which vehicle?	GBB8282R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SLN5393S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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. 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 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.

SKYCAPE PTE LTD

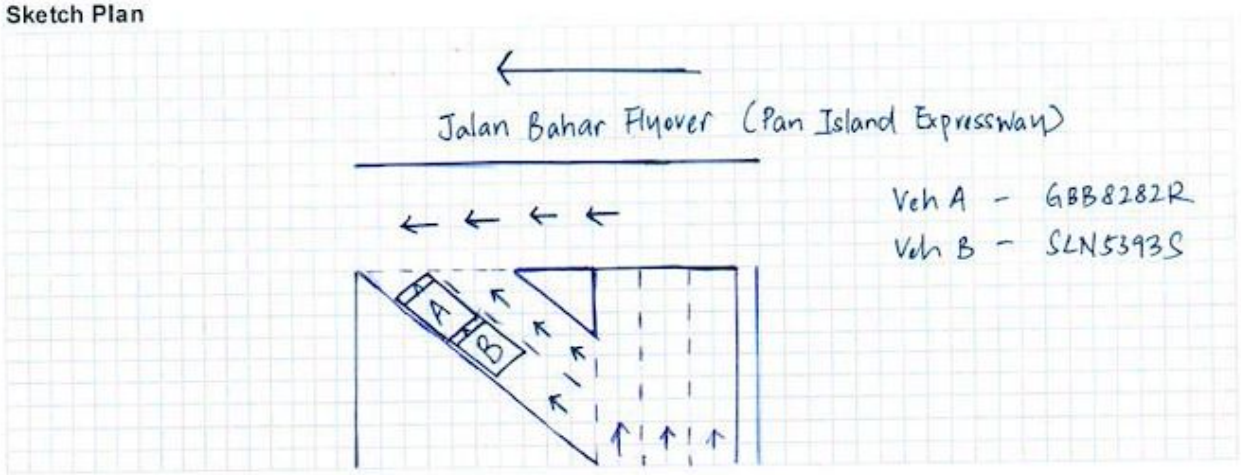
Policyholder's Signature / Date & Time

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

29/01/21

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report T/20210128/2124

Declaration

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

Policyholder's Signature / Date & Time

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

29/01/21

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20210128/2124

Report No. T/20210128/2124

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

CONTINUATION OF REPORT

Driver			
Name	KALAM ABUL	ID No.	G8274011U
Related Vehicle	GBB8282R (Lorry)	Contact No.	81085806
Hospital/Clinic	UNIHEALTH clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL

Date Treatment	28/01/2021	Date Discharge	28/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/01/2021 at about 1800hrs, while on my vehicle bearing registration plate number GBB8282R , at along Jln Bahar slip road to PIE and while I was moving slowly forward into the slip road, a vehicle bearing registration plate number SLN5393S collided onto the rear of my vehicle while I was stationary which caused my vehicle to jerk forward. As a result the right side of the tail light came off and the rear of the lorry was damaged. Ambulance came and conveyed the passenger from the car SLN5393S. Traffic police also arrived. After the incident I felt pain on the back of my head, neck and back. I also had a cut on my lower lip thus I consulted the doctor and was given 3 days of MC.

I do not have any in car camera in my vehicle.

IMAGES

IMAGES #2

IMAGES #3

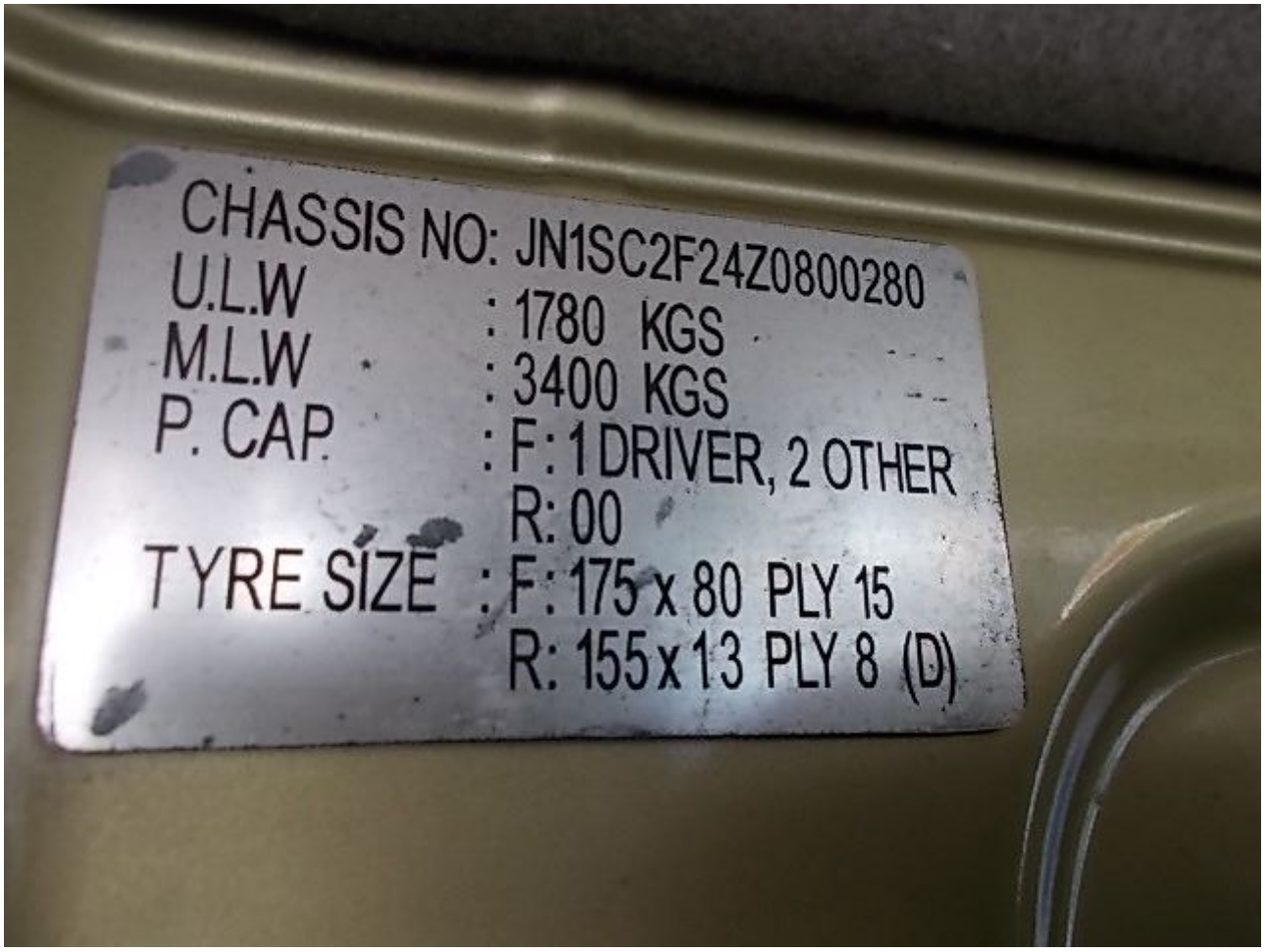
IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


CHASSIS NO: JN1SC2F24Z0800280
U.L.W : 1780 KGS
M.L.W : 3400 KGS
P. CAP : F: 1 DRIVER, 2 OTHER
R: 00
TYRE SIZE : F: 175 x 80 PLY 15
R: 155 x 13 PLY 8 (D)

IMAGES #9

SINGAPORE POLICE FORCE

T/20210128/2124

Report No. T/20210128/2124

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/01/2021 20:57	L/20210128/0112	23

Informant's Particulars

Name of Informant: KALAM ABUL			Address: 12 LOR 14 GEYLANG #04-15 SINGAPORE 398924	
ID Type / ID No.: FIN NO / G8274011U			Contact No.: Home/Office: Mobile: 81085806	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 37	Date of Birth: 01/09/1983	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2021 18:00	Type of Location: FILTER LANE
Location: JALAN BAHAR Lamp Post Number: 68				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8282R	Lorry	NISSAN	CABSTAR	White		0
SLN5393S	Car	TOYOTA	AQUA	White		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20210128/2124

Report No. T/20210128/2124

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

CONTINUATION OF REPORT

Driver			
Name	KALAM ABUL	ID No.	G8274011U
Related Vehicle	GBB8282R (Lorry)	Contact No.	81085806
Hospital/Clinic	UNIHEALTH clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/01/2021	Date Discharge	28/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/01/2021 at about 1800hrs, while on my vehicle bearing registration plate number GBB8282R , at along Jln Bahar slip road to PIE and while I was moving slowly forward into the slip road, a vehicle bearing registration plate number SLN5393S collided onto the rear of my vehicle while I was stationary which caused my vehicle to jerk forward. As a result the right side of the tail light came off and the rear of the lorry was damaged. Ambulance came and conveyed the passenger from the car SLN5393S. Traffic police also arrived. After the incident I felt pain on the back of my head, neck and back. I also had a cut on my lower lip thus I consulted the doctor and was given 3 days of MC.

I do not have any in car camera in my vehicle.

SINGAPORE POLICE FORCE

T/20210128/2124

Report No. T/20210128/2124

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE 460015
Tel No: 1800-2419999

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: G / Staff Sgt MUHAMMAD FITRI BIN ABDUL LATIF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2021 20:57
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	