SN092124000E / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 04/02/2021 14:21 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (04/02/2021 14:21 (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	04/02/2021 14:21 (SGT)
Date of Accident	03/02/2021 09:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7636P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAIFUL
Work Permit No	GXXXX969K
Email Address	DARYLCHEAH96@GMAIL.COM
Mobile Phone No	(Phone) +65-93590914
Alternative Phone No	+65-93590914

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118153606
Cover Note Number	-

DRIVER

Name of Driver	SARKER MD MAHMUDUL
Work Permit No	GXXXX177T
Date Of Birth	27/12/1998
Occupation	Outdoor

Date Of Driving Pass	06/11/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82697282
Alt. Phone Number	-
Email Address	DARYLCHEAH96@GMAIL.COM
Address	29 JLN ELOK
Address complement	-
Postcode	209067
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?	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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210203/2053

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4870Z
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	SARKER MD MAHMUDUL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLL7636P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

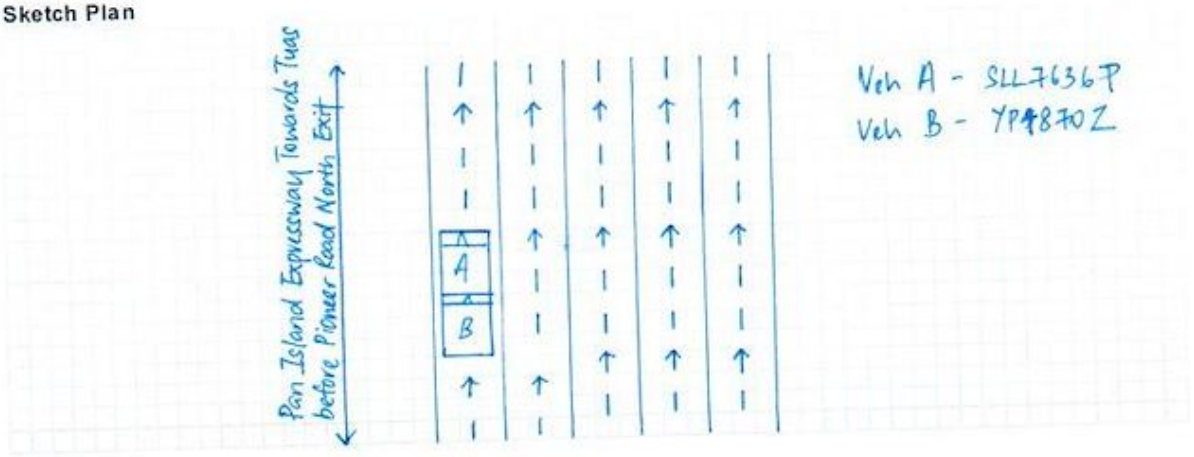
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 : T/20210203/2853

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

SINGAPORE POLICE FORCE

T/20210203/2053

Report No. T/20210203/2053

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/02/2021 12:33		39

Informant's Particulars

Name of Informant: SARKER MD MAHMUDUL			Address: 29 Jalan Elok SINGAPORE 209067	
ID Type / ID No.: FIN NO / G8528177T			Contact No.: Home/Office:	Mobile: 82697282
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 22	Date of Birth: 27/12/1998	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Construction Worker			Driving Licence Information: Class: 3	Date of Expiry: 05/11/2025

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2021 09:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL7636P	Car				Seriously Damaged	0
YP4870Z	Lorry				Slightly Damaged	10

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20210203/2053

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20210203/2053

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: D / Sgt 2 LEE XIN MEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2021 12:33
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE SN 34

SIGNATURE

SINGAPORE POLICE FORCE

T/20210203/2053

Report No. T/20210203/2053

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Driver					
Name	SARKER MD MAHMUDUL			ID No.	G8528177T
Related Vehicle	SLL7636P (Car)			Contact No.	82697282
Hospital/Clinic	Unihealth 24-Hr Clinic (Jurong East)			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 05/11/2025
Date Treatment	03/02/2021		Date Discharge	03/02/2021	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Vehicle Owner					
Name	Rethinam Veerakumar			ID No.	G2355805Q
Related Vehicle	YP4870Z (Lorry)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 03/02/2021, at about 0915hrs, I was driving my manager's vehicle bearing registration plate number SLL7636P from my worksite heading back to my office, going by PIE. When I was driving, and exiting PIE at Pioneer Road North (Exit 38), a lorry bearing registration plate number YP4870Z hit into my vehicle from the rear causing my vehicle (SLL7636P) to be damaged.

The traffic condition was heavy and there was a vehicle in front of mine that swerved into my lane, hence I stepped on the brakes. Subsequently, the lorry at the rear failed to stop in time and hit into the rear of my vehicle.

After the incident, I went to the clinic to get a check up as I felt discomfort in the back of my neck and was given a 3-day MC by Dr Soong Yi Wei Daniel.