# **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.

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   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 15/04/2021 15:19 (SGT) Date of Accident 14/04/2021 08:30 (SGT) Exact Location of Accident Near 66 Lor 4 Toa Payoh, Singapore 310066 Additional Location Information LORONG 4 TO PAYOH Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YP5702U

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GREATPRAISE CONTRACTORS PTE LTD Company Reg No 201541271Z **Email Address** greatpraise.contractors@gmail.com Mobile Phone No (Phone) +65-62530814 Alternative Phone No +65-62530814

### VEHICLE PARTICULARS

Manufacturer

Model Canter Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 3000

### **INSURANCE COMPANY**

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Nο Policy Number GA451755/1 Cover Note Number

### DRIVER

Name of Driver VEERAIAH PRABHU Passport No/FIN G8091479U

Date Of Birth 13/08/1985 Occupation Indoor Date Of Driving Pass 26/10/2020 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-84160208 Alt. Phone Number Email Address veeraiahprabhu@gmail.com Address 51 BENOI ROAD Address complement Postcode 629908 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Opening Door of Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **ISLAM TANJIL** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

FBS3426L

Vehicle Registration Number

Vehicle Manufacturer	Honda
Vehicle Model	ADV150 ABS CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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 :
  - 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;
  - (lii) 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, involces, 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:
  - 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) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: V. Ruh

Driver's Signature (If driver is not the policyholder) Date & Time: 800

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

https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae

SKETCH PLAN FBS3406I DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on thron best of rakant esso bys thrive yestoon Please refar to police Report. 4140KOG/T -DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Date & Time: NRIC/FIN No .:

https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae





1 of 3 Report No. T/20210414/2111

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 4/04/2021 18:15		Vide Report No.:	Station Diary No.: 95	
Informa	nt's Partic	ulars			
Name of	Informant: ANJIL		Address: 51 BENOI ROAD SINGAPOR	RE 629908	
	/ ID No.: / G2319124	iK	Contact No.: Home/Office:	Mobile: 84160208	
	ationality: NGLADESHI		Email:		
Sex: Male	Age: 28	Date of Birth: 25/01/1993	Type of Informant: Passenger		
Race: Others			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		VORKER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2021 08:30	Type of Location Straight Road	
LORONG 4 T	OA PAYOH	Road Surface:		Road Speed Limit:	
Clear		Dry		15	
Traffic Flow: Traffic Control: One Way Traffic Light - Working				Traffic Volume: Moderate	
One Way Type of Collis		Traffic Light - Wor	rking	Moderate	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBS3426L	Motorcycle	HONDA	ADV150 ABS CVT	Black	Condition	0
YP5702U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		4

Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20210414/2111

Tel No: 1800-2519999

Rider				a 1 3 min	
Name	MUHAMMAD SALIHIN BIN SUBARI				S8540801A
Related Vehicle	FBS3426L (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Passenger					
Name	ISLAM TANJIL		ID No		G2319124K
Related Vehicle	YP5702U (Lorry)			ct No.	84160208
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

### Brief Details.

On 14/4/2021 at about 0830hrs, I was a passenger in vehicle YP5702U, sitting at the left side of the cabin. As we were at the junction of Lorong 4 Toa Payoh and Lorong 6 Toa Payoh, the traffic light turned red thus we stopped and form up in the queue at the first lane. We were there to carry out some construction works.

As I saw that the vehicle had stopped, I made a check through the left mirror before alighting the lorry. Once I saw that it was clear, I opened the door and alighted the lorry. That was when I felt a strong impact on the door. I was then shocked when I saw that a motorcycle (FBS3426L) had collided onto the door. The rider together with the bike then fell on the ground.

After which, my colleagues and I made a check and assisted the said rider. There were no visible injuries on him at this point of time. I then told my boss ( Huat HP:8161 9787 ) about this matter and he came to the scene shortly after.

The rider then called for ambulance and police arrived shortly after as well. Subsequently, the rider was not conveyed. Traffic police then recorded a statement from the rider and me and we were advised to lodge a police report regarding this incident.

That is all.





3 of 3 Report No. T/20210414/2111

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 <a href="report number">report number</a> as reference.

ording The Report:	Signature Of Informant:	
•	Date/Time: 14/04/2021 18:15	
se: DAH BINTE HANAFI	Classification Of Case:	
SINGAPORE POLICE FORCE ORIGINATION	SN 168	
V	ATT IDE	
	DAH BINTE HANAFI  SINGAPORE POLICE PORCE OUTCOMPCTIVED	Date/Time: 14/04/2021 18:15  Be: Classification Of Case: DAH BINTE HANAFI  SN 168





AXA Insurance Pte 11th 22 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ customer.care@axa.com.sg

date 18/02/2021

policy number GA451755

## Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Componsation) Act. (Chapter 189) - Comviorcial Vehicles (Third-Party Risks and Componsation) Rules. 1960 -Road Transcort Act. 1887 (Malaysia) - Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia) - Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia) - Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia) - Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia) - Commercial Vehicles (Third-Party Risks ) Rules, 1960 - Road Transcort Act.

Certificate number

#### Policy details

Policyholder name Cover Engine number

Period of Insurance

Finance Loan Company

Sum Insured

Vehicle Registration number

GREATPRAISE CONTRACTORS PTE. LTD Third Party, Fire & Theft 4P10C41782 YP5702U

Chassis number

from 13/03/2021 to 12/03/2022 (both dates inclusive) Market Value at The Time of Loss

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

GA451755 / 1 FEB21EA21151

### Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their pen

Provided that the person driving is cermitted in accordance with the licensing or other laws or regulations to drive the Motor Venicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitations as to use\*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers ( other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\*\* Linhtallichs rendered inaperative by Section IS of the Commercial Vehicles (finite-Party Risks and Compensation) Act, (Chapter 185) and Section 95 of the Road Transport Act, 1987 (Malignata), are not to be included under these needings.

An additional excess is applicable as follows: Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who a) is 18 years old to 21 years old and/or b) is 71 years old and above and/or c) with driving experience of less than 1 year on the relevant classes of driving license

### Additional clauses & endorsements to your policy

Nil

VIRTUAL INSURANCE AGENCIES HIE LILE 192 Waterloo Street #02-02 Skyfine Buikking, Singapore187966 Tel: (85) 83380083 Fax: (85) 83360048

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1012

### GREATPRAISE CONTRACTORS PTE LTD

### 7 GAMBAS CRESCENT #08-08 ARK@GAMBAS SINGAPORE 757087

Date: 15/04/2021

To whom it may concern

Dear Sir,

We hereby authorise Mr Veeralah Prabhu holder of work permit no: 0 33949901 to make the incident report for Lorry No. YP5702U.

If you have any questions or concern, please feel free to contact me at

Telephone No.62530814.

Thank You

Greatpraise Contractors Pte Ltd

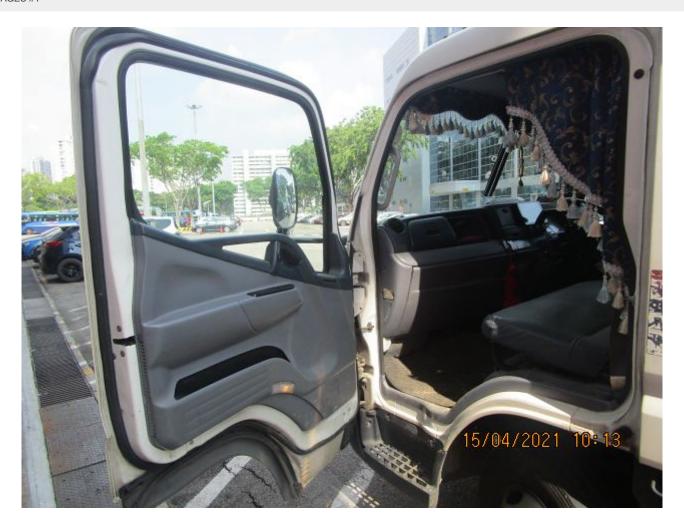
horse

Ho Wee Seng Director

















1 of 3 Report No. T/20210414/2111

### REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/04/2021 18:15		Vide Report No.:	Station Diary No.: 95	
Informa	nt's Partic	ulars			
	Informant:		Address: 51 BENOI ROAD SINGAPOR	E 629908	
	/ ID No.: / G2319124	iK	Contact No.: Home/Office: Mobile: 84160208		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 25/01/1993	Type of Informant: Passenger		
Race: Others			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		VORKER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2021 08:30	Type of Location: Straight Road
LORONG 4 T	ОА РАҮОН	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: One Way Type of Collis		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBS3426L	Motorcycle	HONDA	ADV150 ABS CVT	Black	Johnson	0
YP5702U	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		4

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





2 of 3 Report No. T/20210414/2111

Rider					
Name	MUHAMMAD SALIHIN BIN SUBARI				S8540801A
Related Vehicle	FBS3426L (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	-	NIL	
M / D			Degree of Injury NIL		
Passenger					
Name	ISLAM TANJIL		ID No		G2319124K
Related Vehicle	YP5702U (Lorry)			ct No.	84160208
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

### Brief Details.

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As I saw that the vehicle had stopped, I made a check through the left mirror before alighting the lorry. Once I saw that it was clear, I opened the door and alighted the lorry. That was when I felt a strong impact on the door. I was then shocked when I saw that a motorcycle (FBS3426L) had collided onto the door. The rider together with the bike then fell on the ground.

After which, my colleagues and I made a check and assisted the said rider. There were no visible injuries on him at this point of time. I then told my boss ( Huat HP:8161 9787 ) about this matter and he came to the scene shortly after.

The rider then called for ambulance and police arrived shortly after as well. Subsequently, the rider was not conveyed. Traffic police then recorded a statement from the rider and me and we were advised to lodge a police report regarding this incident. That is all.





3 of 3 Report No. T/20210414/2111

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: E / Sgt 2 MUHAMMAD NOOR HAIKAL BIN MUHAMMAD  Signature Of Interpreter: Not applicable  Officer In Charge Of Case: TP / GIT / Staff Sgt SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202		Signature Of Informant:  Date/Time: 14/04/2021 18:15  Classification Of Case:	
Authentication Stamp NP168	SINGAPORE POLICE FORCE.	SN 168	
	SIGN	ATURE	