

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 21/04/2021 10:17 (SGT)
Date of Accident 14/04/2021 18:15 (SGT)
Exact Location of Accident Kaki Bukit Rd 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK9816Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KING BUILD PTE LTD
Company Reg No -
Email Address KINGBUILDSG1@GMAIL.COM
Mobile Phone No (Phone) +65-92230086
Alternative Phone No +65-92230086

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120058742100
Cover Note Number -

DRIVER

Name of Driver NOBI MOHAMMAD NUR
Work Permit No GXXXX825P

Date Of Birth	01/01/1992
Occupation	Outdoor
Date Of Driving Pass	06/02/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83458129
Alt. Phone Number	-
Email Address	KINGBUILDSG1@GMAIL.COM
Address	APT BLK 32 MANDAI ESTATE #04-26 WESTLITE MANDAI DORMITORY SINGAPORE
Address complement	-
Postcode	729939
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

Name	-
Gender	Male

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/20210414/2132

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TP TOOK THE MEMORY CARD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM7229U
Vehicle Manufacturer	-
Vehicle Model	-
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

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5. Any false reporting may be referred to the Police for investigation.
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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' law yers/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' law yers/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 law yers/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

A = GBK 9816 Y

B = FBM 7229 U

Kaki Bukit Rd 3

Refer to Police Report T/20210414 / 2132

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel





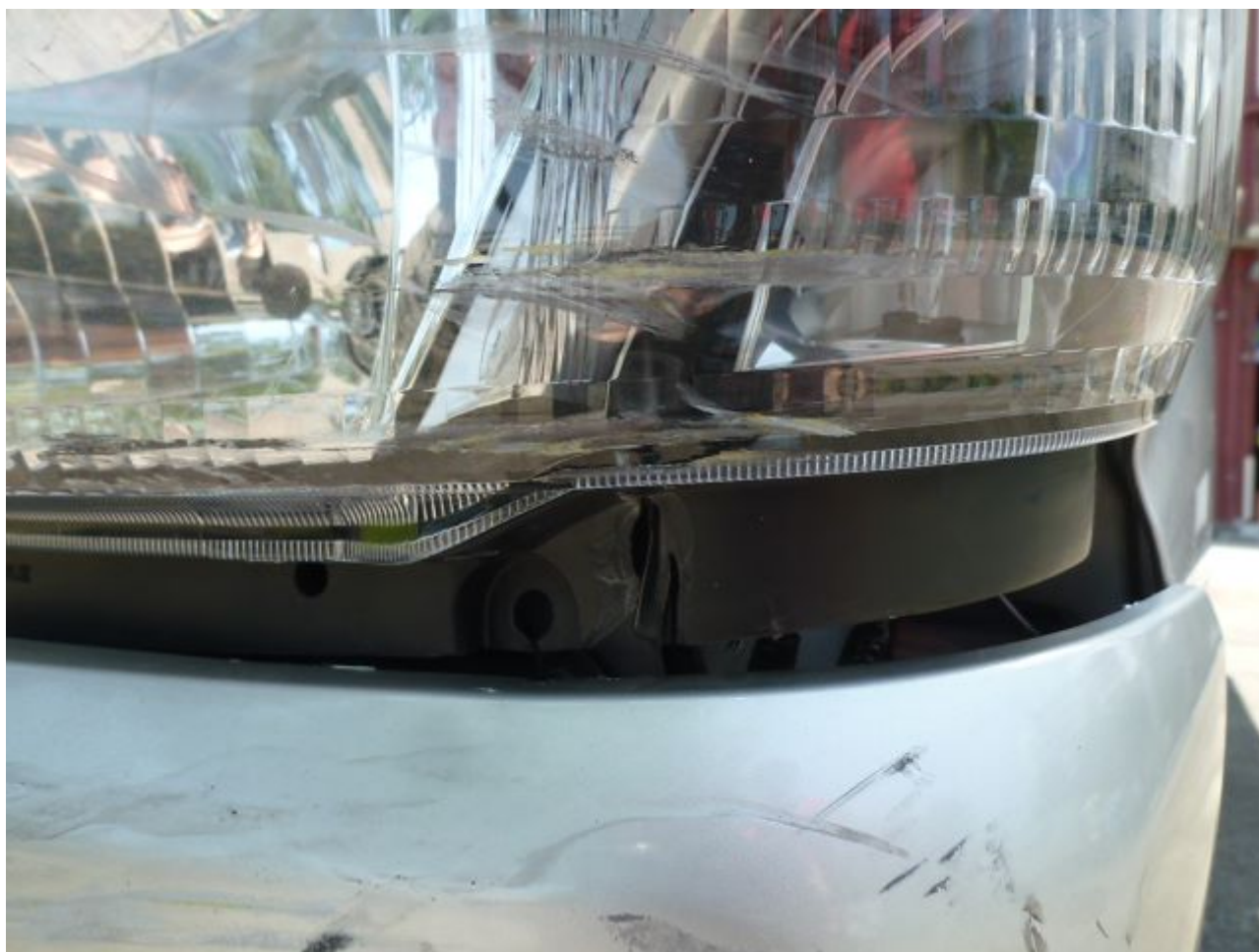


















SINGAPORE
POLICE FORCE



T/20210414/2132

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

Report No. T/20210414/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2021 20:23		Vide Report No.: G/20210414/0151		Station Diary No.:	
Informant's Particulars					
Name of Informant: NOBI MOHAMMAD NUR			Address: APT BLK 32 MANDAI ESTATE #04-26 WESTLITE MANDAI DORMITORY SINGAPORE 729939		
ID Type / ID No.: FIN NO / G2560825P			Contact No.: Home/Office: Mobile: 83458129		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 29	Date of Birth: 01/01/1992	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: OTHERS			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: 14/04/2021 18:15	Type of Location: T-Junction
Location: KAKI BUKIT ROAD 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7229U	Motorcycle				Slightly Damaged	1
GBK9816Y	Lorry				Slightly Damaged	3

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210414/2132

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

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Report No. T/20210414/2132

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD FITRI SHAHREZA BIN SAZLI	ID No.	T0000844Z
Related Vehicle	FBM7229U (Motorcycle)	Contact No.	NIL
Hospital/Clinic	RAFFLES HOSPITAL	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
Driver			
Name	NOBI MOHAMMAD NUR	ID No.	G2560825P
Related Vehicle	GBK9816Y (Lorry)	Contact No.	83458129
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
Passenger			
Name	MAIAH SHOHEL	ID No.	G6766509R
Related Vehicle	GBK9816Y (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.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING AT KAKI BUKIT ROAD 3, CROSSING A T JUNCTION YELLOW BOX WHEN A MOTORCYCLIST HIT ONTO THE SIDE OF MY LORRY. I CHECKED FOR ONCOMING VEHICLES BEFORE CROSSING, BUT SAW NO VEHICLES AND THEREFORE PROCEEDED. HOWEVER AS I WAS PROCEEDING, I SAW A MOTORCYCLIST SPEEDING TOWARDS MY LORRY AT ABOUT 50KM/H. THE MOTORCYCLIST EMERGENCY BRAKED BUT LOST CONTROL OF HIS BIKE AND EVENTUALLY HIT ONTO MY VEHICLE. ALL MY PASSENGERS AND I WAS NOT INJURED FROM THE ACCIDENT. THE RIDER HAD A BIT OF ABRASION ON HIS RIGHT TOENAIL AND CALLED THE AMBULANCE FOR CONEYANCE TO RAFFLES HOSPITAL.



SINGAPORE
POLICE FORCE



T/20210414/2132

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

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Report No. T/20210414/2132

CONTINUATION OF REPORT

THAT'S ALL.

INCIDENT NUMBER: G/20210414/0151



SINGAPORE
POLICE FORCE



T/20210414/2132

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

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Report No. T/20210414/2132

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 TOH CHIN XIONG

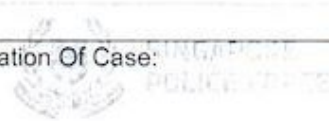
Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/04/2021 20:23

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:



Authentication Stamp
NP168

Signature: