

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	24/05/2021 15:20 (SGT)
Date of Accident	21/05/2021 14:25 (SGT)
Exact Location of Accident	355 Sembawang Way, #02-02, Singapore 750355
Additional Location Information	ALONG SEMBAWANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1839E
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JAK ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX478R
Email Address	VIJIEMPLOY@GMAIL.COM
Mobile Phone No	(Phone) +65-93385063
Alternative Phone No	+65-93385063

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
Transmission	Manual
CC	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5119556245
Cover Note Number	-

DRIVER

Name of Driver	RASHID MOHAMMED ABDUR
Passport No/FIN	GXXXX002P

Date Of Birth	03/01/1975
Occupation	Outdoor
Date Of Driving Pass	31/03/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93385063
Alt. Phone Number	-
Email Address	VIIJEMPLOY@GMAIL.COM
Address	BLK B WOODLAND WEST LIFE
Address complement	#09-24
Postcode	737723
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	K. SELVARAJ
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED SKETCH PLAN & POLICE REPORT

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	SG1103T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

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 willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 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:
 - (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) complying 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 shed 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) for complying 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/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Singapore Police report

Attach Scene photo-

DECLARATION

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

[Signature]

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
RUC/IN No.:

10/06/2016 10:00 AM

2



**SINGAPORE
POLICE FORCE**



T/20210521/2032

Police Station Of Origin
Geylang N P C
1 Cassia Link SINGAPORE 397618
Tel No 1800-8486999

1 of 3

Report No T/20210521/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made. 21/05/2021 14 25	Vide Report No	Station Diary No 29
--	----------------	------------------------

Informant's Particulars

Name of Informant RASHID MOHAMMED ABDUR	Address
ID Type / ID No FIN NO / G7238002P	Contact No. Home/Office. Mobile: 93385063
Nationality BANGLADESHI	Email:
Sex: Male Age: 46 Date of Birth: 03/01/1975	Type of Informant Driver
Race Bangladeshi	Language: English Institution / School Name:
Occupation LIFT TECHNICIAN	Driving Licence Information Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident	Non-Injury	Drink Drive No	Date/Time of Accident: 20/05/2021 22.30	Type of Location: Straight Road
Location SEMBAWANG WAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow	Traffic Control:	Traffic Volume: Light		
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
SG1103T	BUS					0
YQ1839E	Lorry				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210521/2032

Police Station Of Origin
Geylang N P C
1 Cassia Link SINGAPORE 397618
Tel No 1800-8486999

2 of 3

Report No T/20210521/2032

CONTINUATION OF REPORT

Driver				
Name	RASHID MOHAMMED ABDUR		ID No	G7238002P
Related Vehicle	NIL		Contact No	93385063
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	

Brief Details.

On 20 05 2021 at about 2230hrs. I was driving my company lorry along Sembawang Way on the 1st lane. There is SBS Bus which came out from the left filter lane and had collided onto my said lorry. I then came out from the vehicle to make a check and notice that my left headlights cover came off. At that point of time no one is injured. I have reported this matter to my company and they advise me to lodge a police report. I wish to state that I did not take down the particulars of the said bus driver.

[Signature]



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C.
1 Cassia Link SINGAPORE 397618
Tel No. 1800-8486999



T/20210521/2032

3 of 3

Report No. T/20210521/2032

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 /
Sgt 3 NOORUL NADIAH BINTE HAIRON
HANWAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/05/2021 14:25

Classification Of Case