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# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

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.

The issue and acceptance of this Form by insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

11/06/2021 11:06 (SGT) 10/06/2021 07:50 (SGT) Singapore AMK AVE 3 TWDS CTE Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG2564R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes DESIGNAU PTE LTD 2XXXXX489M alihossain19@gmail.com (Phone) +65-91855355 +65-91855355

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Employment

Nissan

Cabstar

No - Claiming third party Commercial vehicle Manual 2953

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

India International Insurance Pte Ltd Comprehensive No D20MCV0003955

DRIVER

Name of Driver Passport No/FIN HOSSAIN MD ALI GXXXX764N

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address

01/03/1988 Outdoor

17/08/2017

Male

545603

Employee

No

No

3 YEARS AND 10 MONTHS

(Phone) +65-82789514

alihossain19@gmail.com

152 YIO CHU KANG RD

Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

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 Weather Conditions

Chain Collision Clear Dry Road Surface

OTHER INFORMATION

No Was any foreign vehicle involved in the accident? 4 Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Yes Was any other material or property damaged? Number of Passengers (Including Driver) 4 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

PASSENGER 1

**JEWEL** Name Male Gender

PASSENGER 2

ISLAM MOHAMMAD SAFIQUL Name Male Gender

PASSENGER 3

AKHIDUL ISLAM Name Male Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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 SHA8751M

Vehicle Manufacturer -

Vehicle Model -

Vehicle Variant Vehicle Colour -

Vehicle Category Tax

Name of Driver Contact Number -

Address -

Address complement -

Postcode -

Insurance Company Name Nature Of Damage -

Nature Of Damage Details of property damaged in accident -

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SBP2280L

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)

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJS464B

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 HOSSAIN MD ALI

Address Complement -

Post Code -

Approximate Age Years Old Injuries Sustained SLIGHT

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

GBG2564R

Yes

No

INJURED 2

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
SLIGHT
Injured person in which vehicle?
GBG2564

Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

INJURED 3

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

ISLAM MOHAMMAD SAFIQUL
SLIGHT
GBG2564R

No

Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

No

INJURED 4

Name of injured person AKHIDUL ISLAM
Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLIGHT

Injuries Sustained SLIGHT
Injured person in which vehicle? GBG2564R
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

## MPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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)

Lunderstand, 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;

Co. Rag. No

- (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, w hich 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 &

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

Witnessed by Reporting Centre Personnel

10/06/21

-555464R

Sketch Plan

AMK AUE 3 TWAS CIE

	was travelling along AMK Ave 3 towards CTE.
	2 2
The_	front car of me SJS 464B made on emergency brake, I
Manged	to stop in time without any contact with the front car
OF Me.	Suddenly I felt an huge impact from the year and
anzed w	ly lurry to hit arts the front car. I went down
ff my	lorry and found out that there were total 4 cars
Nuolved i	n the accident.

### 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

Date of Accident	: 10/06/2021 Accident Time: 7.50am (24-HR-FORMAT)
	: AMK Ave 3 towards CTTE
Accident Place	
Vehicle Reg. No (Car plate No.)	:GBG 2564R Vehicle Make/Model: Nissan Cabstar
Insurance Company	: India Policy No.
Name of Registered Owner	: Company / Individual DESIGNAY DTE LTD
ID of Registered Owner	: Co Reg No: 201315489M Owner's NRIC No:
	: Co Contact No: 91855355 Owner's Contact No:
DRIVER'S Name	: HOSSAIN MD ALZ DRIVER'S NRIC No: GS921764N
DRIVER'S Date of Birth	: 01/03/1988 DRIVER'S License Pass Date 17/08/2017
Relationship bet. Owner & Driver	: Spouse \ Parents \ Children\ Sibling \ Employee \ Others:
DRIVER'S Address	: 152 Yo Chu Kang Rd S(545603)
DRIVER'S Contact No./ Alt No.	:1) 82789514 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Alihossain 19 @ gmail. Com
Weather & Road Surface	: CLEAR & DRY) RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only   Claim Other Party   Claim Own Insurance
Number of Passengers (including I Was the accident reported to the po Was there any video Captured by o Exact purpose for which vehicle w Any injuries, if yes(name of the	ear camera: YES \NO AKHIDUL ISLAM (M)  as being used at the time of accident: Private use \ Work purpose
Othe	er Party Driver's Particulars (if any)
Vehicle Reg No: SHA8751 M	(B) Vehicle Reg No: SJS 464B (D)
Vehicle Make\Model:	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

SBP 2280L (C)



# INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. MZ-00728106-X 64 | Ceci Street | #04 | #05 | #06-02 | 10ft Hullding | Singapore 049711 Office (65) 63476100 Email Insure@ili.com.ag

[65] 62244174

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim. COVER: Comprehensive

# CERTIFICATE NO.: D20MCV0003955

1. Index Mark and Registration Number of Vehicle

: GBG2564R

Chassis No

: JN1SC2F24Z0859776

2. Name of Policyholder

DESIGNAU PTE LTD

3 Effective date of Insurance

11 Jul 2020

4. Expiry date of Insurance

: 10 Jul 2021

5. Persons or Classes of Persons entitled to drive\*

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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.

6. 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.

The Policy does not cover

a) Use for hire or reward,

b) Use for racing, pace-making, reliability trial or speed-testing.

c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: SGD 600.00 Excess Sect I

Windscreen Excess: SGD 100.00

Hire Purchase Company : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : A000077/HM PTE LTD Date of Issue : 01/07/2020 15:40:35

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory