

## 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 ..... 09/06/2021 13:08 (SGT)  
Date of Accident ..... 08/06/2021 14:40 (SGT)  
Exact Location of Accident ..... Jln Toa Payoh & MacPherson Rd, Singapore  
Additional Location Information ..... Junction  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF9435P

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KBE Air-Conditioning & Engineering Pte Ltd  
Company Reg No ..... 2XXXXX683C  
Email Address ..... joseph.ong@kbe.com.sg  
Mobile Phone No ..... (Phone) +65-65067335  
Alternative Phone No ..... (Office) +65-65067335

#### 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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2021-V0111500-VCV-R001  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Khayer MD Abul  
Passport No/FIN ..... GXXXX759W

Date Of Birth .....	15/12/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	28/10/2013
Driving experience .....	7 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97541816
Alt. Phone Number .....	-
Email Address .....	joseph.ong@kbe.com.sg
Address .....	C/O 6 Lorong 8 Geylang #08-02 Goodview
Address complement .....	-
Postcode .....	399077
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? .....	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 .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to 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 .....	GBC2246E
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 .....	Khayer MD Abul
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBF9435P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

**CONDITIONING & ENGINEERING SPECIALIST**  
200600683C

Policyholder's Signature / Date & Time \_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_  
Witnessed by Reporting Centre Personnel \_\_\_\_\_

Sketch Plan (A) GBF943XP (B) GBC2246E

Macpherson Road

Traffic light

Jalan Toa Payoh

Describe Circumstances of the Accident

Refer to Police Report  
Police Report No: T/20210608/2069

Please kindly send my GIFT Report to me & my  
Workshop Yee Auto Pte Ltd yeeautopte/td@gmail.com

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Accs.

9/6/21 11:00am

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

*Angie Soh*

Witnessed by Reporting Centre Personnel

Angie Soh

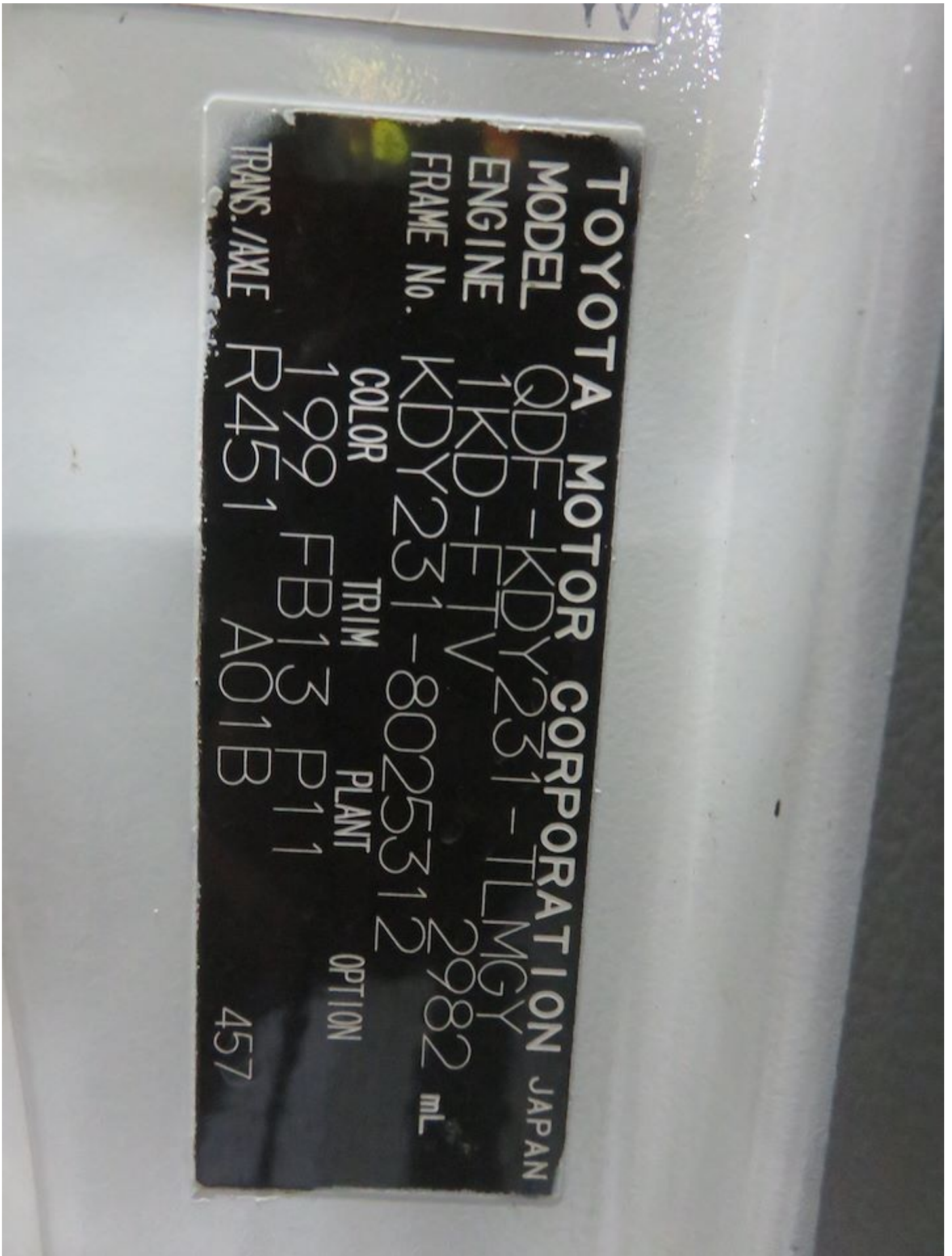














**SINGAPORE  
POLICE FORCE**



T/20210608/2069

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3  
Report No. T/20210608/2069

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2021 18:32		Vide Report No.: E/20210608/0095		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: KHAYER MD ABUL			Address: 6 LORONG 8 GEYLANG #08-02 GOODVIEW SINGAPORE		
ID Type / ID No.: FIN NO / G8142759W			Contact No.: Home/Office: Mobile: 97541816		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 15/12/1984	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2021 14:40	Type of Location: X-Junction
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2246E	Lorry					1
GBF9435P	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210608/2069

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20210608/2069

**CONTINUATION OF REPORT**

Driver			
Name	KHAYER MD ABUL	ID No.	G8142759W
Related Vehicle	GBF9435P (Lorry)	Contact No.	97541816
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 08/06/2021 at 1440hrs, I was traveling along Jalan Toa Payoh towards PIE (Changi)/Kallang Way at the junction of Macpherson Road. I was on the first lane. Suddenly, I felt an impact on my passenger's rear side. Immediately, I lost control of my vehicle. My vehicle move towards the a traffic light post and hit onto it. Subsequently, my vehicle toppled to left side. At the point of time, I was stuck in the vehicle.

After while, I saw two person opened the driver's side door and pull me out from the vehicle. Police and ambulance was activated. When I was outside of the vehicle and I realised that one vehicle (GBC2246E) which was on my left side had turn right and hit onto my vehicle's passenger rear side. At the point of time, I felt sight pain on my chest area. I was also shivering as I was shocked. Paramedics made a check on me and they advised me to seek medical attention if I continue to feel pain. Traffic police was also scene and provided me a case card.

I did exchange particulars with driver. My vehicle does not have any in-car camera.

After the accident, I continued to feel pain. As such, I went to see a doctor and gotten 5 days of medical certificate.

Particulars of the driver:  
Wong Shih Ming, S9222552F





**SINGAPORE  
POLICE FORCE**



T/20210608/2069

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No. T/20210608/2069

**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 LIM HWEE JIE, SAMUEL	Signature Of Informant:  Alur
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2021 18:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:  SN 070
Authentication Stamp NP168	



For Customs Service please visit

1 Pickering Street

#01-01 Great Eastern Centre

Tel: +65 6248 2888 Fax: +65 6327 3080



## Certificate of Insurance

ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation :  
 Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189 of the Revised Edition) (Singapore)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaysia)  
 Road Transport Act 1987 (of Malaysia)  
 Road Transport (Amendment) Act 2019 (of Malaysia)

FORM MZ300

Policy No. : 2021-V0111500-VCV-R001  
 Policy Type : Commercial Vehicle

Risk# : 0001  
 Cover : Comprehensive

**DESCRIPTION OF VEHICLES:**

Vehicle Registration : GBF9435P  
 Vehicle Make & Model : TOYOTA DYNA 3.0 MANUAL

Name of Insured : KBE AIR-CONDITIONING & ENGINEERING PTE LTD

Period of Insurance : 20-04-2021 (0000HRS ) to 19-04-2022

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \***

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

\* 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**LIMITATIONS AS TO USE**

- (1) Use in Connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - (3) Use for the carriage of passengers for hire or reward.

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 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

*[Handwritten Signature]*

Authorised Signature

GPSPGM1

03-03-2021

Great Eastern General Insurance Limited (Reg. No. 1920 00003W)  
 (A wholly-owned subsidiary of Great Eastern Holdings Limited)  
 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659  
 Tel +65 6248 2888 Fax +65 6532 2214 [greateasterngeneral.com](http://greateasterngeneral.com)