

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 15/06/2021 15:10 (SGT)
Date of Accident 15/06/2021 09:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TUAS AFTER PAYA LEBAR EXIT 2ND LANE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5493Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ETHOZ GROUP LTD
Company Reg No 198104531H
Email Address JONATHAN.LIM@ETHOZGROUP.COM
Mobile Phone No (Phone) +65-66547777
Alternative Phone No (Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr85aue4a
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 Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver KHAN KAMRUL
Passport No/FIN G8362043P

Date Of Birth	15/02/1985
Occupation	Outdoor
Date Of Driving Pass	03/09/2020
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81333452
Alt. Phone Number	-
Email Address	JONATHAN.LIM@ETHOZGROUP.COM
Address	BLK 215 BOON LAY PLACE #09-65
Address complement	-
Postcode	640215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	YQ2493L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	JUSTIN ZHI
Contact Number	(Phone) +65-83603601
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 2

Vehicle Registration Number	SJK7353J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH SIEW LIANG
Contact Number	(Phone) +65-97886993
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	SCK9689K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAMUEL GAN
NRIC No	S9013955Z
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 4

Vehicle Registration Number	GBC4348G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG LANG SEA
NRIC No	S0472906D
Contact Number	(Phone) +65-81111507
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 5

Vehicle Registration Number	SME7349T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97631145
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	SAMUEL GAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCK9689K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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:

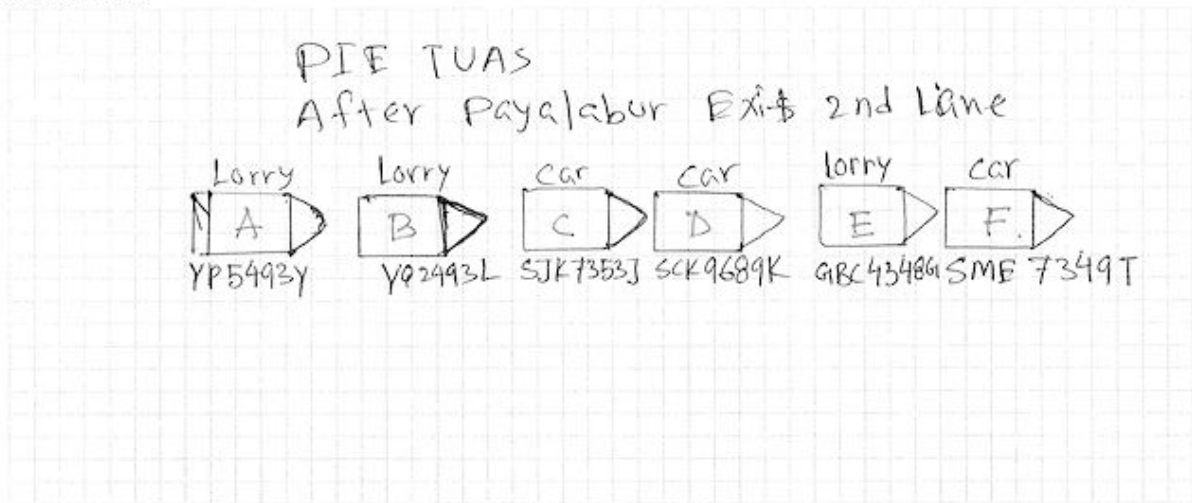
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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.
- (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

Please Refer to the Police Report T/20240615/2042

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input checked="" type="checkbox"/> Reporting Only
	<input type="checkbox"/> Claim OD
	<input type="checkbox"/> Claim TP
	<input type="checkbox"/> Claim OD / TP at other workshop

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:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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GIANC SketchPlan form V3

2













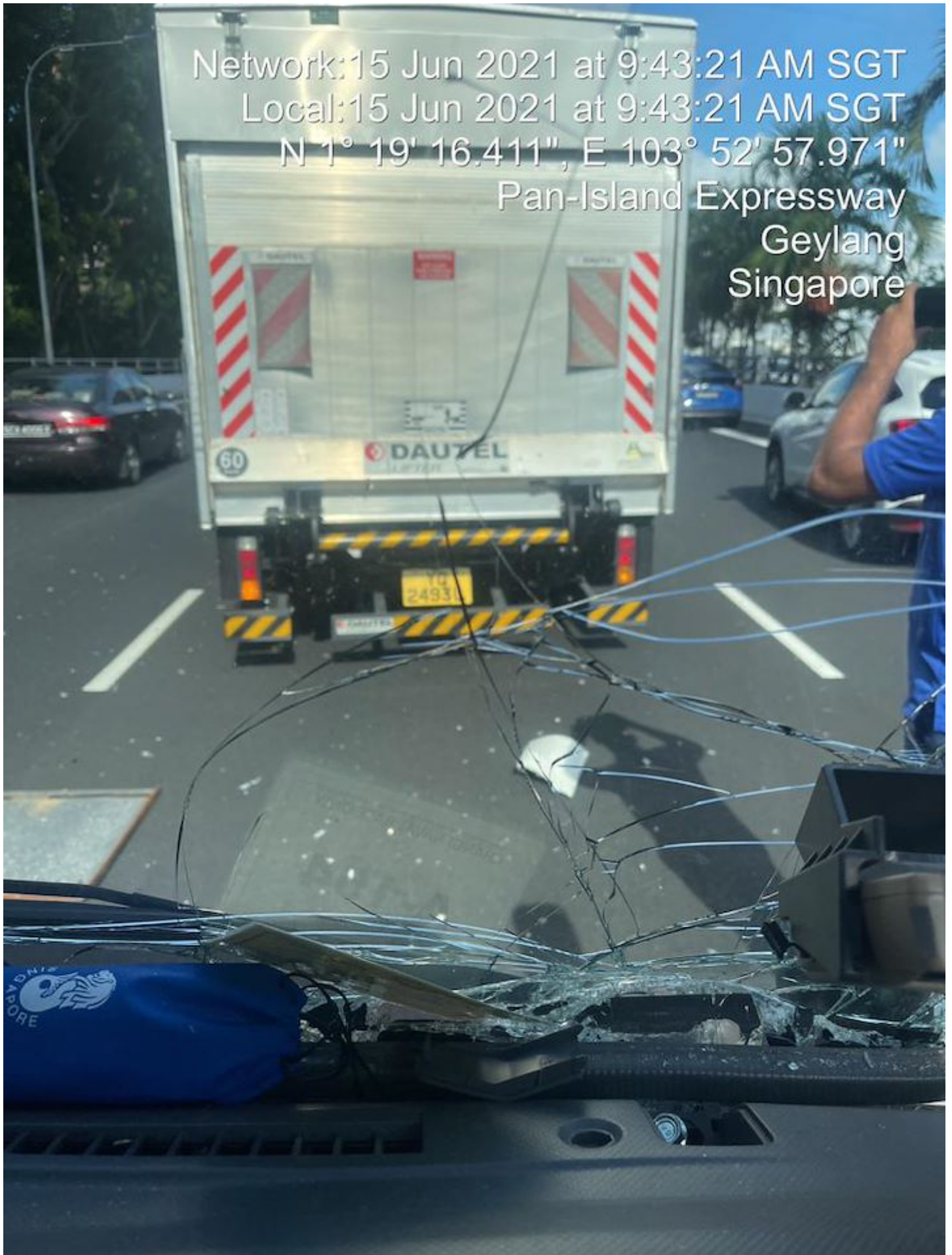




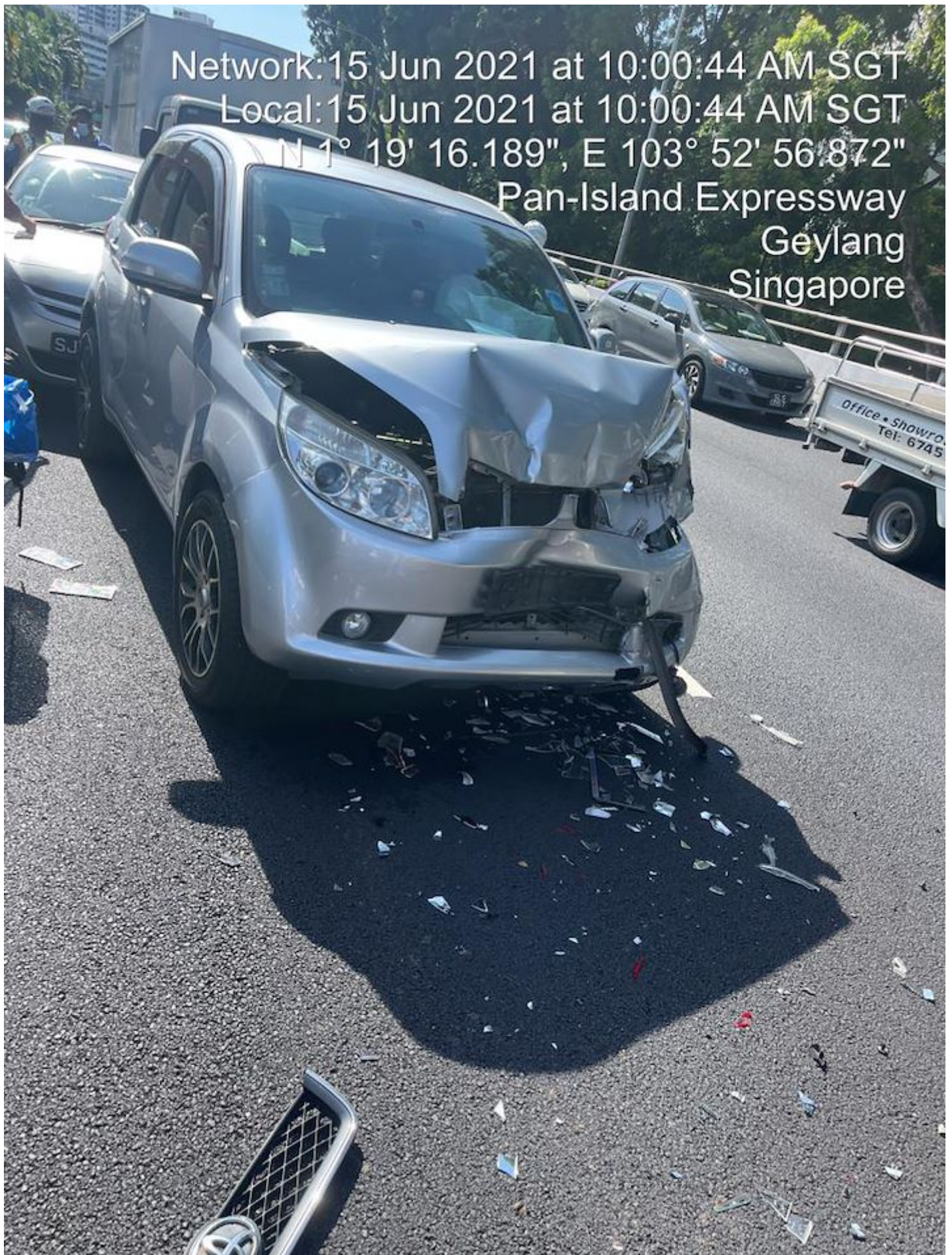
















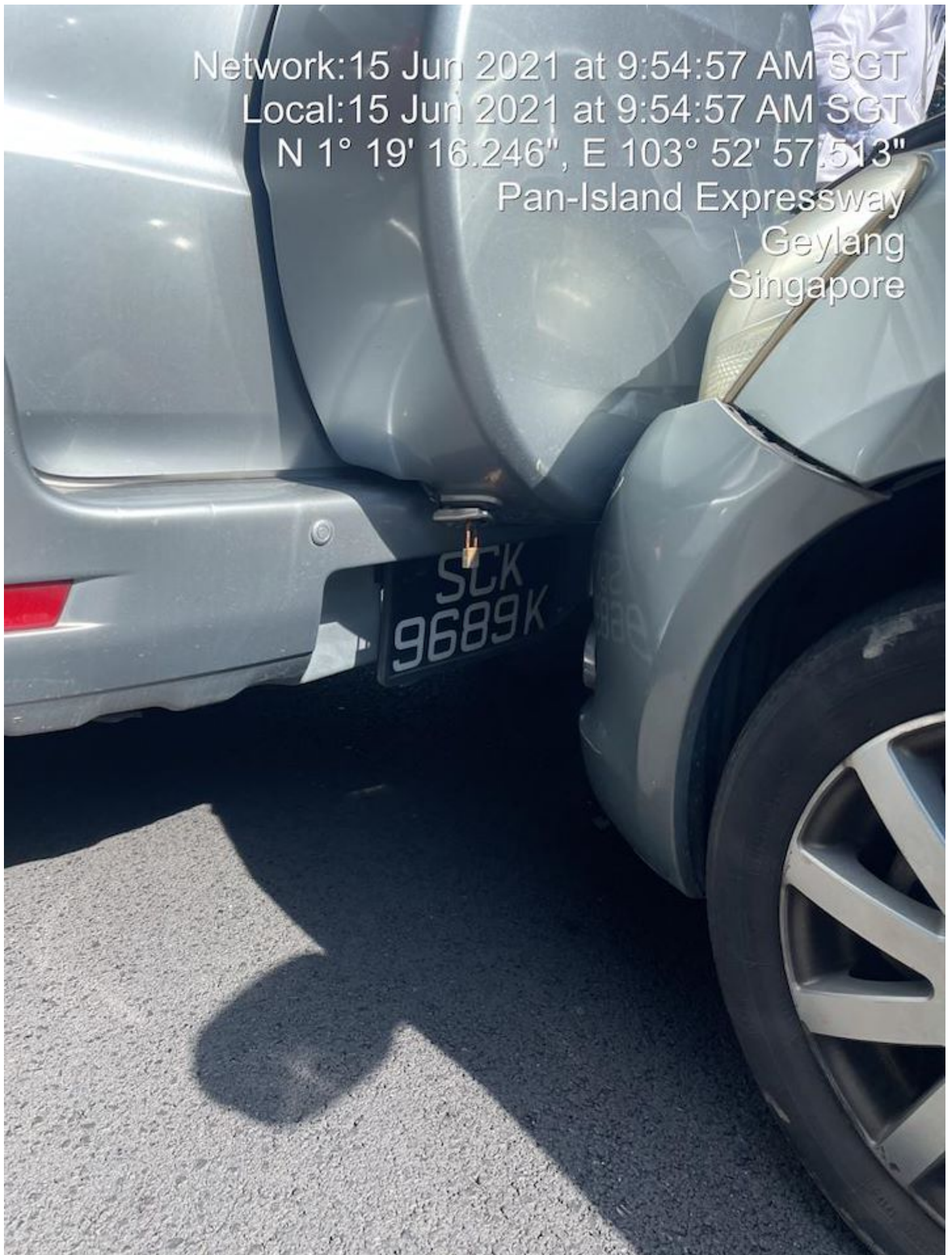






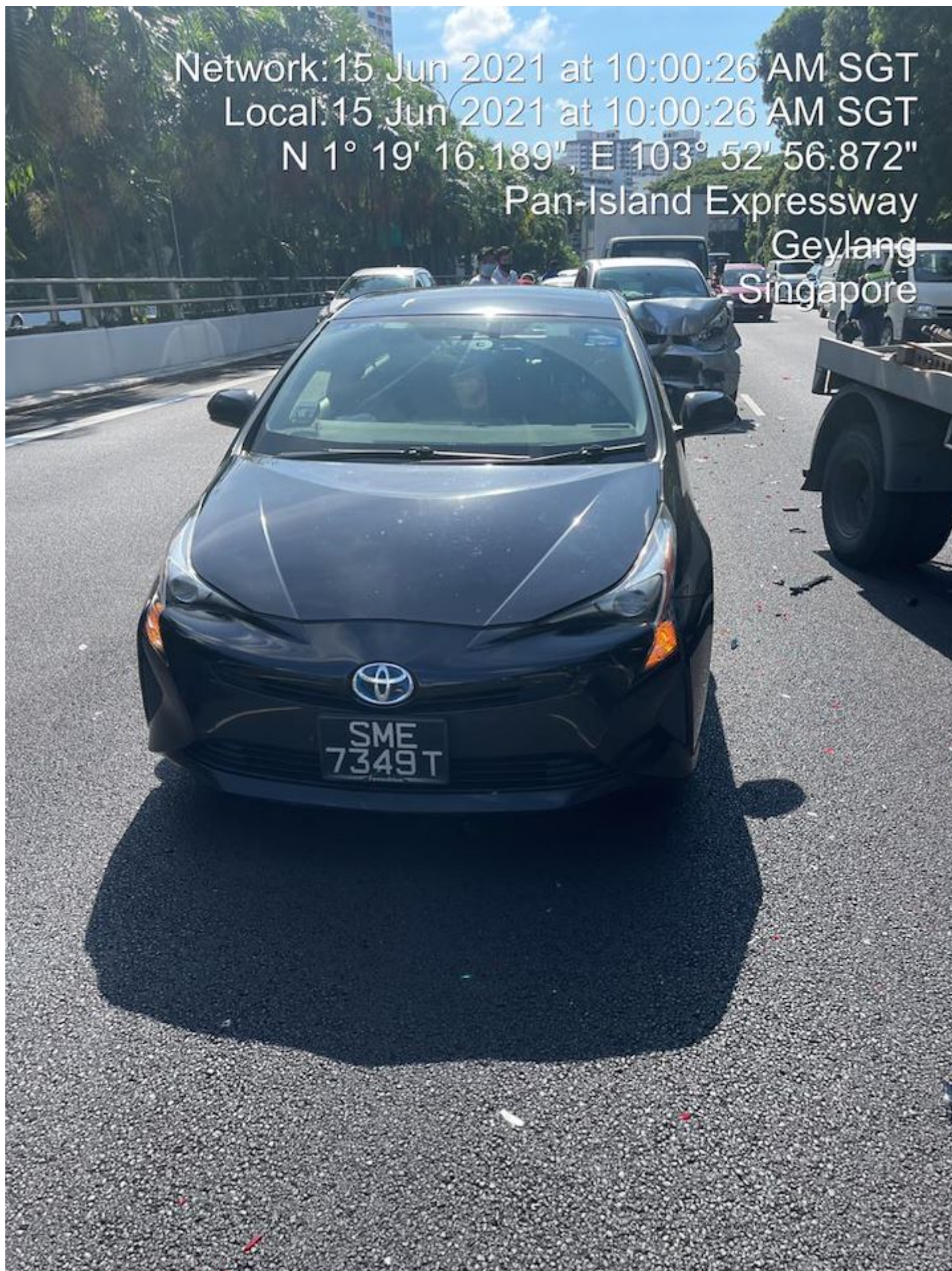


Network: 15 Jun 2021 at 9:57:27 AM SGT
Local: 15 Jun 2021 at 9:57:27 AM SGT
N 1° 19' 16.246", E 103° 52' 57.137"
Pan-Island Expressway
Geylang
Singapore





Network: 15 Jun 2021 at 9:56:40 AM SGT
Local: 15 Jun 2021 at 9:56:40 AM SGT
N 1° 19' 16.246", E 103° 52' 57.513"
Pan-Island Expressway
Geylang
Singapore



Network: 15 Jun 2021 at 10:00:26 AM SGT
Local: 15 Jun 2021 at 10:00:26 AM SGT
N 1° 19' 16.189", E 103° 52' 56.872"
Pan-Island Expressway
Geylang
Singapore





Network:15 Jun 2021 at 9:56:14 AM SGT
Local:15 Jun 2021 at 9:56:14 AM SGT
N 1° 19' 16.246", E 103° 52' 57.513"
Pan-Island Expressway
Geylang
Singapore



**SINGAPORE
POLICE FORCE**



T/20210615/2042

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 5

Report No. T/20210615/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2021 13:58	Vide Report No.: G/20210615/0066	Station Diary No.: 34
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Informant's Particulars

Name of Informant: KHAN KAMRUL			Address: APT BLK 215 BOON LAY PLACE #09-65 BOON LAY PLACE SINGAPORE 640215		
ID Type / ID No.: FIN NO / G8362043P			Contact No.: Home/Office: Mobile: 81333452		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 36	Date of Birth: 15/02/1985	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: Building and construction project manager			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: 15/06/2021 09:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4348G	Lorry				Slightly Damaged	0
SCK9689K	Car				Seriously Damaged	0
SJK7353J	Car				Slightly Damaged	0
SME7349T	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210615/2042

2 of 5

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210615/2042

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP5493Y	Lorry				Seriously Damaged	0
YQ2493L	Lorry				Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	NG LANG SEA		ID No.	S0472906D	
Related Vehicle	GBC4348G (Lorry)		Contact No.	81111507	
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	
Driver					
Name	SAMUEL GAN		ID No.	S9013955Z	
Related Vehicle	SCK9689K (Car)		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	Slight	
Driver					
Name	GOH SIEW LIANG		ID No.	NIL	
Related Vehicle	SJK7353J (Car)		Contact No.	97886993	
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	



SINGAPORE
POLICE FORCE



T/20210615/2042

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 5

Report No. T/20210615/2042

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	SME7349T (Car)	Contact No.	97631145
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
Driver			
Name	KHAN KAMRUL	ID No.	G8362043P
Related Vehicle	YP5493Y (Lorry)	Contact No.	81333452
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
Driver			
Name	JUSTIN ZHI	ID No.	NIL
Related Vehicle	YQ2493L (Lorry)	Contact No.	83603601
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.

On the above mentioned date, time and location. I was driving my company lorry on my way to my office along PIE. The lorry(YQ2493Y) in front of my lorry(YP5493Y) had suddenly jam braked and I did not have enough time to react and stop on time. As a result, I had collided with the lorry. Upon exiting my vehicle, I discovered that there was a chain of vehicles in front of me that was involved in the accident. A total amounting to 3 cars and 3 lorries was involved and my lorry was the last in the vehicle chain. I believe that the first lorry(GBC4348G), had abruptly changed lanes which caused the chain of accident. Within 5 minutes, traffic police and ambulance had arrived. The traffic police then spoke to everyone involved in the accident, it was then the vehicles slowly went off. The driver of SCK9689K was also conveyed to hospital by ambulance due to pain on the chest. Before any of them went off, all of the 6 vehicle drivers managed to exchange particulars and contact details within each other.



SINGAPORE
POLICE FORCE



T/20210615/2042

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4 of 5

Report No. T/20210615/2042

CONTINUATION OF REPORT

I would like to state that I am not injured, the traffic police had advised me to lodge a police report.



SINGAPORE
POLICE FORCE



T/20210615/2042

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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

5 of 5

Report No. T/20210615/2042

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 2 MUHAMMAD IZZ KHAIRIN BIN
MOHAMED HISHAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/06/2021 13:58

Officer In Charge Of Case:

TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE