# **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 witholding 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	24/06/2021 11:43 (SGT)
Date of Accident	23/06/2021 21:10 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS AVE 10
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number		PC5900P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NGAI CHIN CONSTRUCTION PTE LTD
Company Reg No	198601348W
Email Address	ANTHONY@NGAICHIN.COM.SG
Mobile Phone No	(Phone) +65-91911114
Alternative Phone No	+65-91911114

# VEHICLE PARTICULARS

Manufacturer

Model	Hiace
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	2982

## **INSURANCE COMPANY**

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MCV0001739 01
Cover Note Number	-

### DRIVER

Name of Driver	HOSSAIN MOHAMMAD DELOWAR
Passport No/FIN	G2240250T

Date Of Birth 20/02/1993 Occupation Outdoor Date Of Driving Pass 17/11/2014 Driving experience 6 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-93499808 Alt. Phone Number Email Address ANTHONY@NGAICHIN.COM.SG Address 59 SUNGEI KADUT LOOP Address complement Postcode 729490 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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 Collision - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JNB5121 Vehicle Category Private car PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name **UNKNOWN** Gender PASSENGER 3 Name **UNKNOWN** Gender PASSENGER 4 Name **UNKNOWN** Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Choa Chu Kang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007659999 Alt. Police Station Phone No (Fax) +65-67644104 Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286

No

Was notice of intended Prosecution given?

If yes, against whom?

# PLEASE REFER TO POLICE REPORT

# ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	JNB5121
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)	_

#### 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.
- 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.
- 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.
- 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 .
  - 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
- (r) 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:
  - 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.

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Policyholder's Signature

0

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

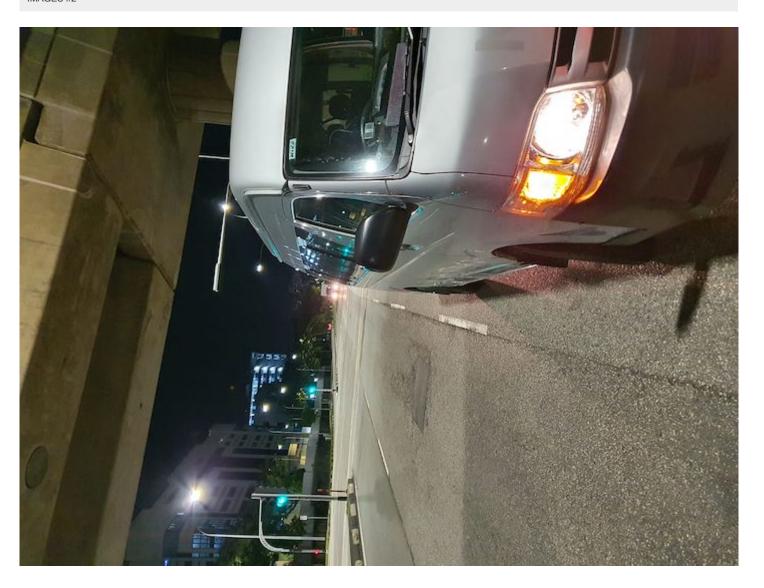
NRIC/FIN No..

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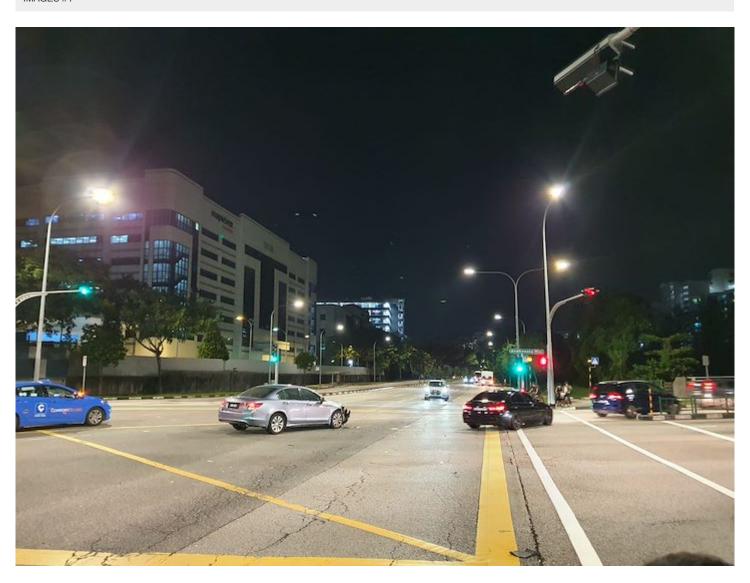
SKETCH PLAN	A-PC 5900P  B-JNB 5121
DESCRIBE CIRCUMSTANCES	
Plase	refer to Police report.
	Driver's Signature  Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)  Date & Time:  NRIC/FIN No.:

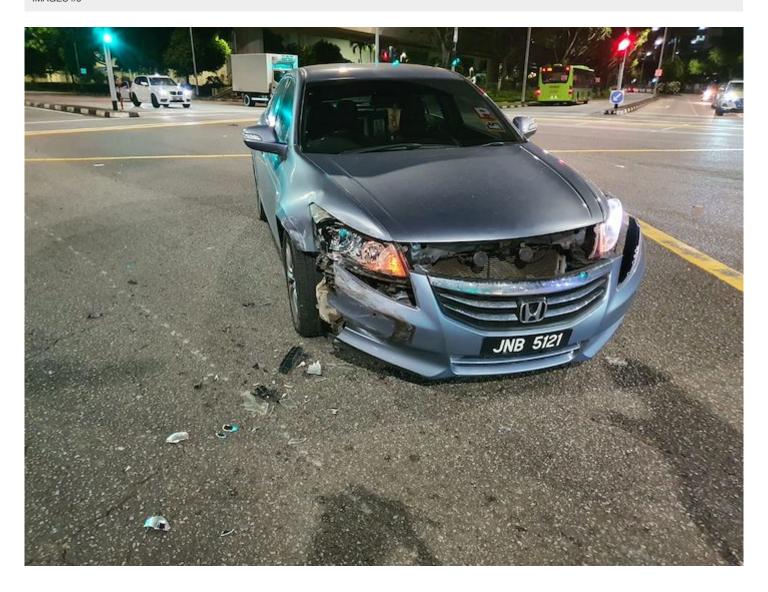
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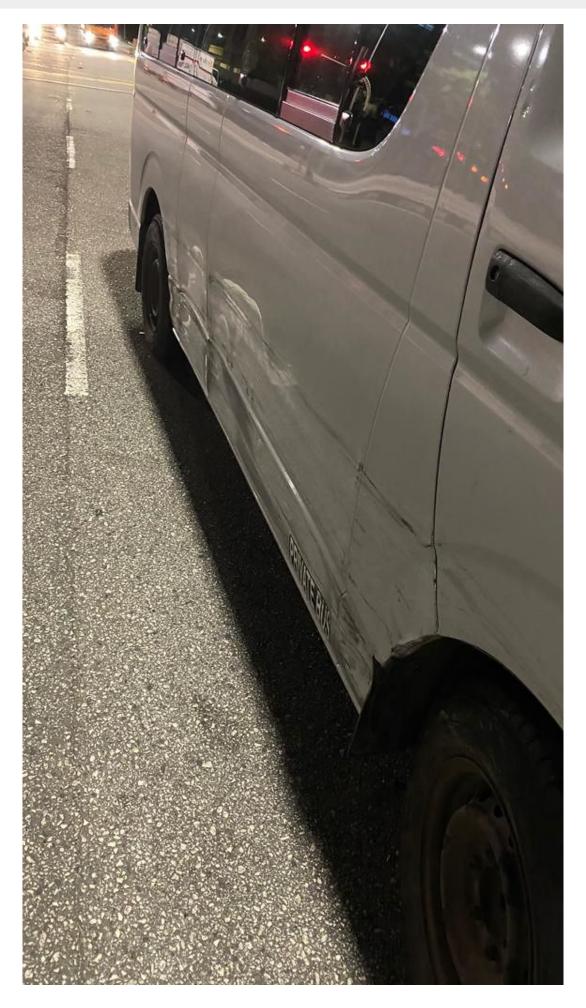










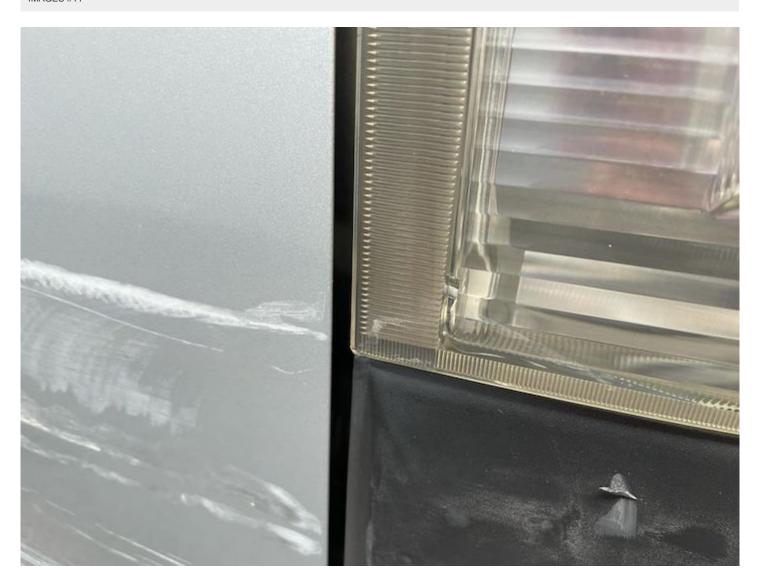


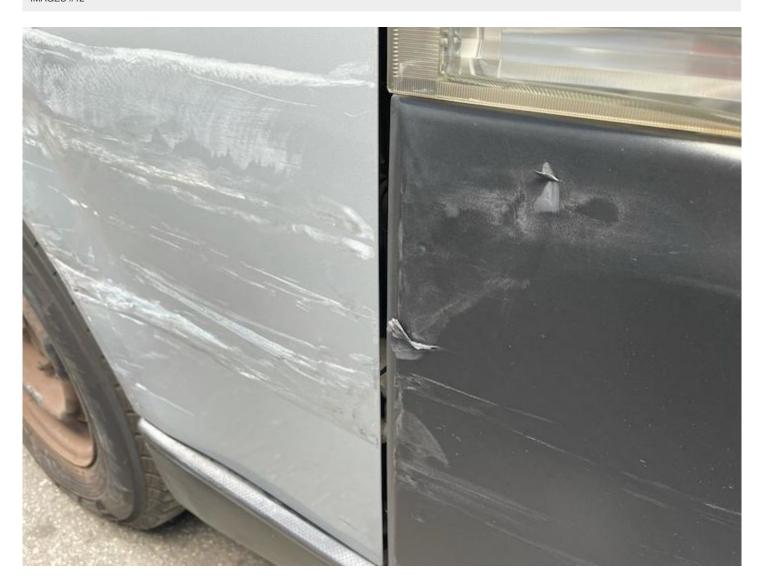


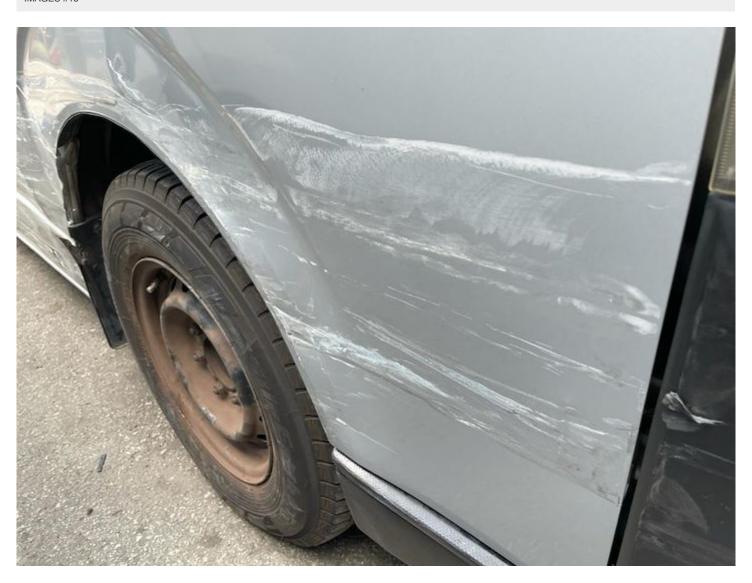




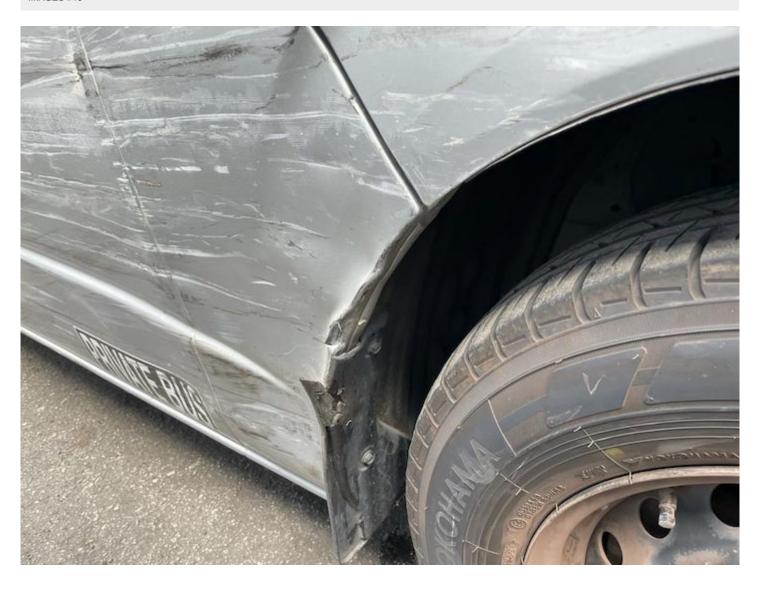


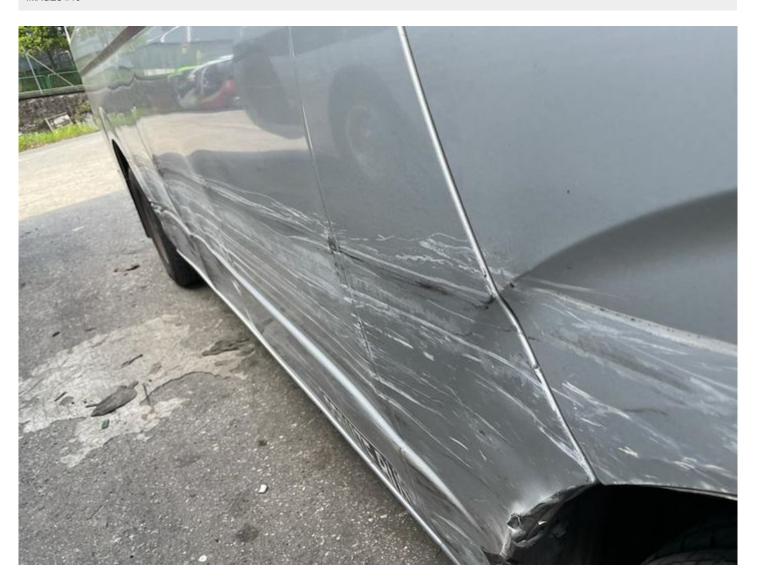






























Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 1 of 3 Report No. T/20210624/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 24/06/20	ne Report N 21 10:11	Made:	Vide Report No.:	Station Diary No.: 30	
Informa	nt's Partic	ulars		<b>新新兴的农业</b>	
Name of Informant: HOSSAIN MOHAMMAD DELOWAR			Address: C/O APT BLK 59 Sungei Kadut Loop SINGAPORE		
ID Type FIN NO	/ ID No.: / G2240250	)T	Contact No.: Home/Office:	Mobile: 93499808	
National BANGLA		-	Email: -		
Sex: Male	Age: 28	Date of Birth: 20/02/1993	Type of Informant: Driver		
Race: Others		Language: English	Institution / School Name:		
Occupation: CONSTRUCTION WORKER CUM DRIVER		Driving Licence Information Class: 3	ation: Date of Expiry:		

Type of Accident:  Non-Injury Foreign Vehicle		Drink Drive: No	Date/Time of Accident: 23/06/2021 21:10	Type of Location: Straight Road	
	S AVENUE 10	I Para Conference		. Road Speed Limit:	
Weather: Clear		Road Surface: Dry		Road Speed Lillit.	
Hallic How.		Traffic Control: Traffic Light - Wo	ic Control: Traffic Volume ic Light - Working Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNB5121	Car				Slightly Damaged	0
PC5900P	Van				Slightly Damaged	4







Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 3 Report No. T/20210624/2013

CONTINUATION OF REPORT

## Brief Details.

On 23/06/2021 at about 2110hrs, I was driving my van along Woodlands Ave 10. As I was driving, there was a car(JNB5121) making a right turn at the junction of Sembawang Way. As the traffic light was green, I was going straight and she did not notice my van. She hit the right side of my van. No one was injured. My van sustained some scratches on the right side. I went to report to my company and was advised me to lodge a police report.







Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. T/20210624/2013

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 Rec J / Sgt 2 KAM YAN MIN, RE		Signature Of Informant:	
Signature Of Interpreter: Not applicable	112	Date/Time: 24/06/2021 10:11	
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:	
SSI TAY CHUN KEEN Contact No.: 65476436	SINGAPORE POLICE FORCE		
Authentication Stamp NP168	Roy		
	SIGNAT	URE	

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#### INDIA INTERNATIONAL INSURANCE PTE LTD

Go, Fry No. 1987-0379; a [GST Peg No. M2 0070506-X od [Seed Street] 1981 [1986 | 1986 02 [198] Boliding [Sengagore 04071]

Office (65) 633 6100 Email trans-philipping Fax (65) 622 (4174 Website processor except

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THERD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 199)
MOTOR VEHICLES (THERD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1997 (MALAYSIA)
MOTOR VEHICLES (THERD PARTY RISKS) RULES, 1999 (MALAYSIA)

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

## CERTIFICATE NO.: D19MCV0001739\_02

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle

: PC5900P

Chassis No

: JTFST22P200016052

2. Name of Policyholder

: NGAI CHIN CONSTRUCTION PTE LTD

3 Effective date of Insurance

: 17 Apr 2021

4. Expiry date of Insurance

: 16 Apr 2022

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

Any person provided he is in the Policyholder's employ and is driving on their 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.

6. Limitations as to use\*

Use only for the carriage of passengers or goods in connection with the Policyholder's business.

The Policy does not cover

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

b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

 \*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 1891and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess Sect I & II (Separately): SGD1,500,00

Windscreen Excess: SGD200.00

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company

United Overseas Bank Limited

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 & II (SEPARATELY) 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 : A000061/SK SOLUTIONS PTE LTD

Date of Issue 18.03/2021 14:59:03 M.Z. 600C - OMNIBUS (ORGANIZATION) For India International Insurance Pte Ltd

Authorised Signatory

. . keefeng/18/03/2021

Page I of I

18/03/2021 15:00:15

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