

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 15/09/2021 17:07 (SGT)
Date of Accident 14/09/2021 21:15 (SGT)
Exact Location of Accident Yio Chu Kang Flyover, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH518H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SCH Engineering Pte Ltd
Company Reg No 2XXXXX247M
Email Address sch_engrg@yahoo.com
Mobile Phone No (Phone) +65-96630016
Alternative Phone No (Office) +65-64811525

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V16727/VCV/R00
Cover Note Number -

DRIVER

Name of Driver Subash
Passport No/FIN FXXXX349K

Date Of Birth	15/04/1972
Occupation	Outdoor
Date Of Driving Pass	14/04/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97919696
Alt. Phone Number	-
Email Address	sch_engrg@yahoo.com
Address	C/O 4 Boon Keng Road
Address complement	-
Postcode	330004
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Jasim Mohammad
Gender	Male

PASSENGER 2

Name	Melon Mohammad
Gender	Male

PASSENGER 3

Name	Mia Md Shahlam
Gender	Male

PASSENGER 4

Name	Hossain Anwar
Gender	Male

PASSENGER 5

Name	Md Hasan
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan.

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 SJQ3889A
 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 Subash
 Gender Male
 Phone No (Phone) +65-97919696
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBH518H
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person Hossain Anwar
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? GBH518H
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person MD Hasan
 Gender Male
 Phone No -
 Address -
 Address Complement -

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH518H
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.



Policyholder's Signature / Date & Time

Sketch Plan 15 SEP 2021

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

Witnessed by Reporting Centre Personnel

Angie Soh



Describe Circumstances of the Accident

I AM DRIVING ALONG CTE TOWARD TPE (PIECHANGI) KPE
 LANE 4 - MY LORI NO GBH 518H. SUDDENLY LANE 3 CAR PLATE
 SJQ 3889 A TRUCK LEFT HIT MY LORI FRONT - RIGHT SIDE
 DAMAGE - MY LORI BACK 5 PASSENGER. INFRNT 4-

Vehicle NO: GBH 518H

Date of Accident: 14.9.2021 Time: 2115 hrs

Accident Location: Yio Chu Kang Flyover

3rd party: SJQ 3889A - Toh Soon Hin (M) S06806577

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

15 SEP 2021

97919696

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

Witnessed by Reporting Centre
Personnel

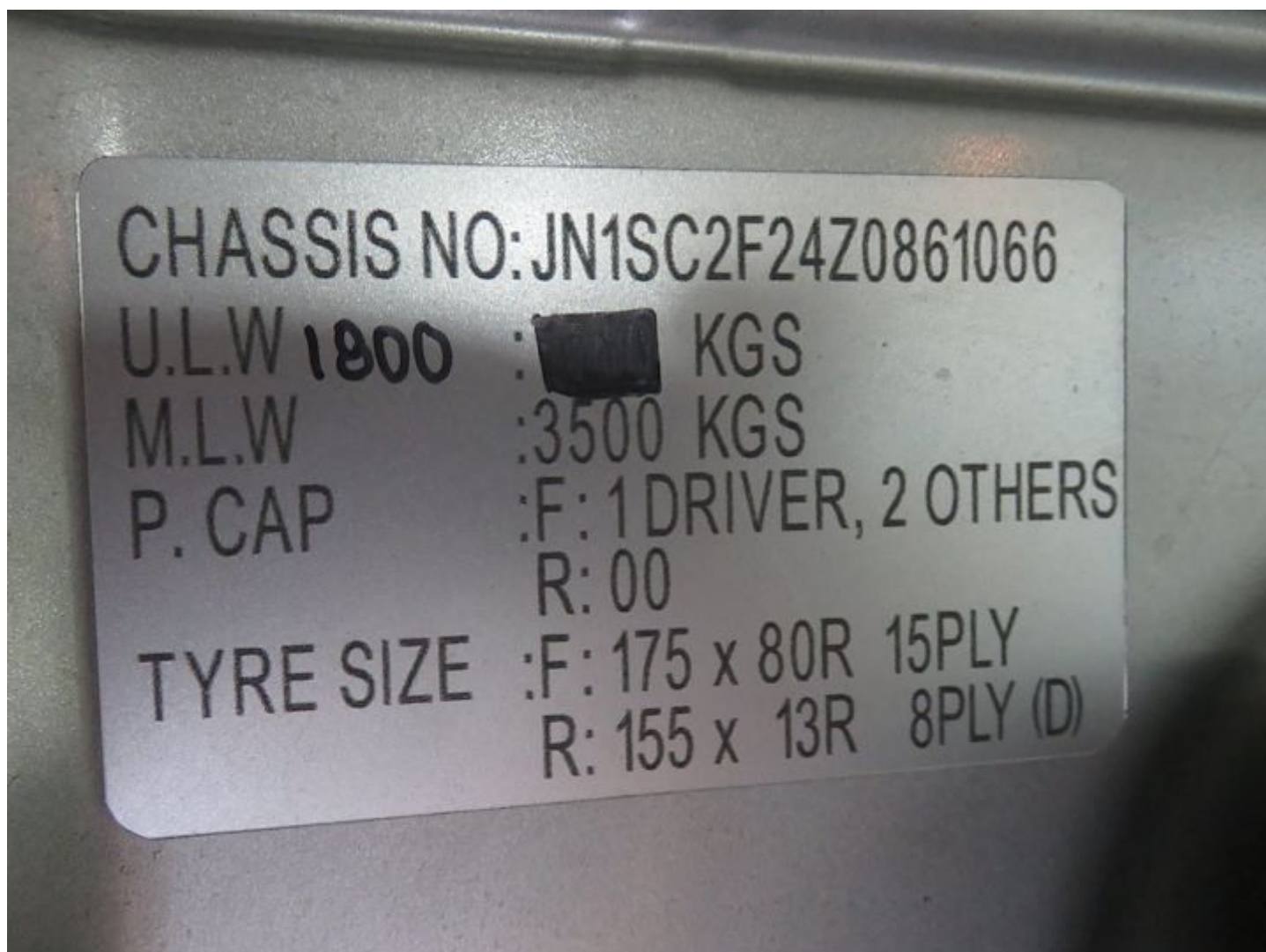
Angie Soh













**SINGAPORE
POLICE FORCE**



T/20210916/2036

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20210916/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2021 12:47	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: SUBASH		Address: APT BLK 4 BOON KENG ROAD #02-106 SINGAPORE 330004	
ID Type / ID No.: FIN NO / F7769349K		Contact No.: Home/Office: Mobile: 97919696	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 49	Date of Birth: 15/04/1972	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2021 21:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH518H	Lorry				Slightly Damaged	5
SJQ3889A	Car				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/20210916/2036

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210916/2036

CONTINUATION OF REPORT

Passenger			
Name	HOSSAIN ANWAR	ID No.	F8008658W
Related Vehicle	GBH518H (Lorry)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SUBASH	ID No.	F7769349K
Related Vehicle	GBH518H (Lorry)	Contact No.	97919696
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MD HASAN	ID No.	G6845757U
Related Vehicle	GBH518H (Lorry)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TOH SOON HIN	ID No.	S0680657J
Related Vehicle	SJQ3889A (Car)	Contact No.	97848359
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/20210916/2036

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210916/2036

CONTINUATION OF REPORT**Brief Details.**

On 14/09/2021 at 2115hrs, I was driving my lorry GHB518H along lane 4 at the Yio Chu Kang Flyover of CTE towards TPE. Suddenly, one car SJQ3889A from lane 3 collided into my truck and I braked immediately. There are damages on my lorry front right side. There are damages on the car left rear side. I had 4 passengers at the rear and 1 at the front. I felt some neck ache after the accident. One of my rear passenger hurt his leg and one hurt his arm. Both of us stopped and came down to exchange details. Subsequently, traffic police and ambulance came. Ambulance checked on us and no one was conveyed.

On 15/09/2021 at 1700hrs, my neck was still aching so I went to Mount Alvernia Hospital to see doctor. I was given 3 days of MC from 15/09/2021 to 17/09/2021. MC No. M21000070996. I reported the accident to the insurance company and they told me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20210916/2036

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210916/2036

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
F /
Sgt 2 Nicholes Wong Wen En

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2021 12:47

Officer In Charge Of Case:
TP / GIT /
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN
Contact No.: 65476090

Classification Of Case:

Authentication Stamp
NP168



SN 75

SIGNATURE

Officer- In -Charge	Name: Subash
Investigation Section	NRIC No: F7769349K
Traffic Police Department	Add: Apt Blk 4 Boon Keng Road
10 Ubi Avenue 3	#02-106 Singapore 330004
Singapore 408865	Hp: 97919696

Dear Sir/Mdm,

Report of an accident involving GBH518H and SJQ3889A along CTE on 14/09/2021 at 2115hrs

On 16/09/2021 (date) at 1247hrs (time), I lodged a traffic accident report vide: T/20210916/2036.


I wish to amend in the brief details as follows:

- 1) I was driving lorry(GBH518H) and not as stated in the report.

Yours faithfully,



Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT(3) T170185 Khairul	Station Diary No. eSD 16 dated on 16/09/2021
Signature	
	

1. OFFICER IN CHARGE
2. OFFICER IN CHARGE
3. OFFICER IN CHARGE
4. OFFICER IN CHARGE
5. OFFICER IN CHARGE
6. OFFICER IN CHARGE
7. OFFICER IN CHARGE
8. OFFICER IN CHARGE
9. OFFICER IN CHARGE
10. OFFICER IN CHARGE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL03219F0004 Vehicle Registration No: GBH 518H
 Name (as shown in NRIC): SCB ENGINEERING PTE LTD NRIC/FIN/Passport No: 200006247M
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 64811525 Mobile No.: 96630016
 Email Address: _____
 Date of Accident: 14/09/2021 Time of Accident: 21:15
 Place of Accident: YIO CHU KANG FLYOVER
 Insurance Company: LIBERTY INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Police report uploaded.
There are injuries to the driver and passengers
in own vehicle.



Signature

Policyholder / Driver's Signature
 Date: 16/9/21

Signature

Reporting Centre Personnel's Signature
 Name: Angie Soh
 NRIC/FIN No.:
 Date: 16 SEP 2021



Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street
#03-00 Liberty House
Singapore 069428
Tel. (65) 6221 8611

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
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD20V16727 /VCV /R00
Form	MZ300A
Date Of Issue	23-DEC-2020
1. Index Mark and Registration No. of Vehicle	GBH518H
2. Chassis number of Vehicle	JN1SC2F24Z0861066
3. Name of Policyholder	SCH ENGINEERING PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act	29-DEC-2020 00:00 AM
5. Date of Expiry of Insurance	28-DEC-2021 23:59 PM
6. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission.
7. Limitations as to use*	<p>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</p> <p>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.</p> <p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p> <p>8. The Policy does not cover</p> <p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>
<p>*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 are not to be included under these headings.</p>	
<p>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.</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
<p> Authorized Signatory</p>	
For information only:	
COVERAGE	Comprehensive Unlimited Windscreen
SUM INSURED	MARKET VALUE AT THE TIME OF LOSS
EXCESS	Section I: \$5000 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$53000 Windscreen Excess: \$5100
FINANCE COMPANY	
PRODUCER NAME	MAXURANCE VENTURE

SCDH 20210722

Ver.1.260705