

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 19/11/2021 13:01 (SGT)
Date of Accident 18/11/2021 14:05 (SGT)
Exact Location of Accident Woodlands Rd, Singapore
Additional Location Information LAMP POST 249
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP2573U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHENG KEONG CONSTRUCTION PTE LTD
Company Reg No 2XXXXX281Z
Email Address keithchoo@live.com.sg
Mobile Phone No (Phone) +65-83117031
Alternative Phone No +65-83117031

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 2977

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/111104
Cover Note Number -

DRIVER

Name of Driver RAHMAN MAHABUBUR
Passport No/FIN GXXXX150X

Date Of Birth	05/01/1994
Occupation	Outdoor
Date Of Driving Pass	19/04/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83117031
Alt. Phone Number	-
Email Address	keithchoo@live.com.sg
Address	BLK 47 CHANGI NORTH CRESCENT #01-17
Address complement	-
Postcode	499623
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ISLAM AKIDUL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211118/2054

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	XD3493K
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	RAHMAN MAHABUBUR
Gender	Male
Phone No	(Phone) +65-83117031
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP2573U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ISLAM AKIDUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP2573U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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;
 (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' 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 & Time

Sketch Plan

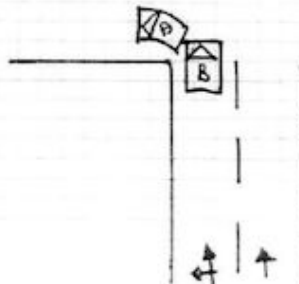
veh A: YP 2573U
veh B: XD 3493K

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

WOODWARDS ROAD

Witnessed by Reporting Centre Personnel

19/11/2021
CLP 249



Describe Circumstances of the Accident

Reported to police 1/2021/118/2054

Declaration

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

























**SINGAPORE
POLICE FORCE**



T/20211118/2054

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20211118/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2021 16:24	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars				
Name of Informant: RAHMAN MAHABUBUR		Address: APT BLK 47 Changi North Crescent #01-17 SINGAPORE		
ID Type / ID No.: FIN NO / G2845150X		Contact No.: Home/Office: Mobile: 83117031		
Nationality: BANGLADESHI		Email:		
Sex: Male	Age: 27	Date of Birth: 05/01/1994	Type of Informant: Driver	
Race: Bangladeshi		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: 18/11/2021 14:05	Type of Location: Bend
Location: WOODLANDS ROAD				
Lamp Post Number: 249				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD3493K	Lorry	SCANIA		White		0
YP2573U	Lorry	MITSUBISHI		White	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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730027
Tel No 1800-3689999

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Report No. T/20211118/2054

CONTINUATION OF REPORT

Passenger			
Name	ISLAM AKIDUL	ID No.	G2282617X
Related Vehicle	YP2573U (Lorry)	Contact No.	90541405
Hospital/Clinic	LIAN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2021	Date Discharge	18/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RAHMAN MAHABUBUR	ID No.	G2845150X
Related Vehicle	YP2573U (Lorry)	Contact No.	83117031
Hospital/Clinic	LIAN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2021	Date Discharge	18/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	R RAJAGOPAL RAMASAMY	ID No.	S2757558G
Related Vehicle	NIL	Contact No.	84529777
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 18/11/2021 at 1405hrs along Woodlands Road towards Mandai Road, while turning my lorry into a construction site on the left side when suddenly my lorry was hit from the rear. I alighted from my lorry and I saw a rubbish lorry had collided onto my lorry's rear side. The other lorry driver alighted and apologized to me in English and mentioned that accident happened. When I alight from my lorry, there is another accident on the right lane which happened at the same time but my lorry and the rubbish lorry did not hit the car. The car was hit with another lorry which does not involved in our accident. Traffic police and ambulance attended to us. My lorry sustained serious damages to its rear right side. My boss contacted his in-house workshop to assist on the accident. Immediately after the traffic police has done with us at the place, I and my passenger went to a Clinic and both of us were given 3 days MC. My lorry has in-vehicle camera. The other car driver namely; Raj, HP: 88948612, Vehicle: SJS7342Z who is involved in the other accident told my company that he saw that the rubbish lorry driver was driving very



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POLICE FORCE



T/20211118/2054

Police Station Of Origin:
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Report No: T/20211118/2054

CONTINUATION OF REPORT

fast and did not had the time to brake. My passenger talked to Raj and he mentioned that his accident does not involved our vehicles.



SINGAPORE POLICE FORCE



T/20211118/2054

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730027
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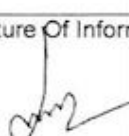
Report No: T/20211118/2054

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 L/ Sgt 2 MUHAMMAD SHAFUDIN SHAH BIN EFFENDI Signature : 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2021 16:24
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168	