

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 13/12/2021 12:14 (SGT)
Date of Accident 04/12/2021 19:35 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information TOWARDS PIE BEFORE BRICKLAND ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP6621M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHANG FENG CONSTRUCTION PTE LTD
Company Reg No 2XXXXX678M
Email Address xdetox32@gmail.com
Mobile Phone No (Phone) +65-84325787
Alternative Phone No (Office) +65-62512913

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 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00056212100
Cover Note Number -

DRIVER

Name of Driver ISLAM MANIRUL
Passport No/FIN GXXXX319L

Date Of Birth	20/12/1992
Occupation	Outdoor
Date Of Driving Pass	02/03/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84325787
Alt. Phone Number	-
Email Address	xdetox32@gmail.com
Address	502 OLD CHOA CHU KANG ROAD #04-28
Address complement	-
Postcode	698924
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	15
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TALUKDAN IMRAN
Gender	Male

PASSENGER 2

Name	HOSSEN MD SOLYAMAN
Gender	Male

PASSENGER 3

Name	KHOKAN MD SOHAG HOSSEN
Gender	Male

PASSENGER 4

Name	HE YINGHAI
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

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
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211204/2127

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	YM704M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VELLAISAMY RENGANATHAN
Passport No/FIN	FXXXX720L
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	TALUKDAN IMRAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6621M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	HOSSEN MD SOLYAMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	YP6621M

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person KHOKAN MD SOHAG HOSSEN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? YP6621M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person HE YINGHAI
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? YP6621M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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.

X



X

Mmm

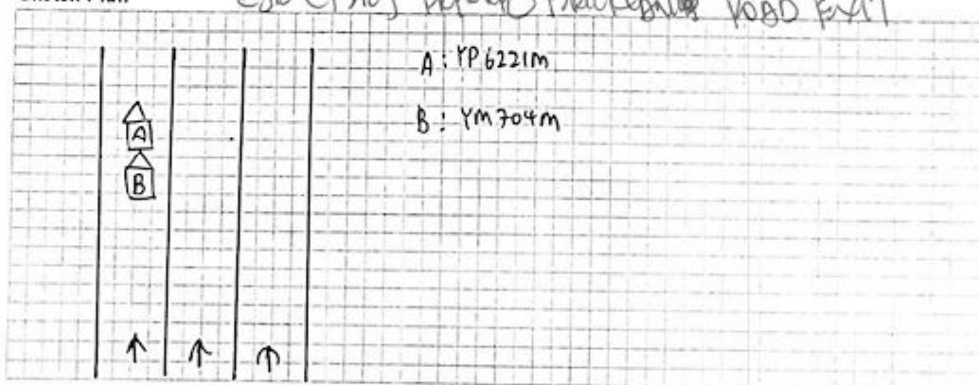
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

ESE (PHE) Before Backyard ROAD EXIT



Scanned with CamScanner

Describe Circumstances of the Accident

Refer to attached police report. 7/2021/204/2127

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X

Mumil

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

13/12/2021

Witnessed by Reporting Centre Personnel

Scanned with CamScanner





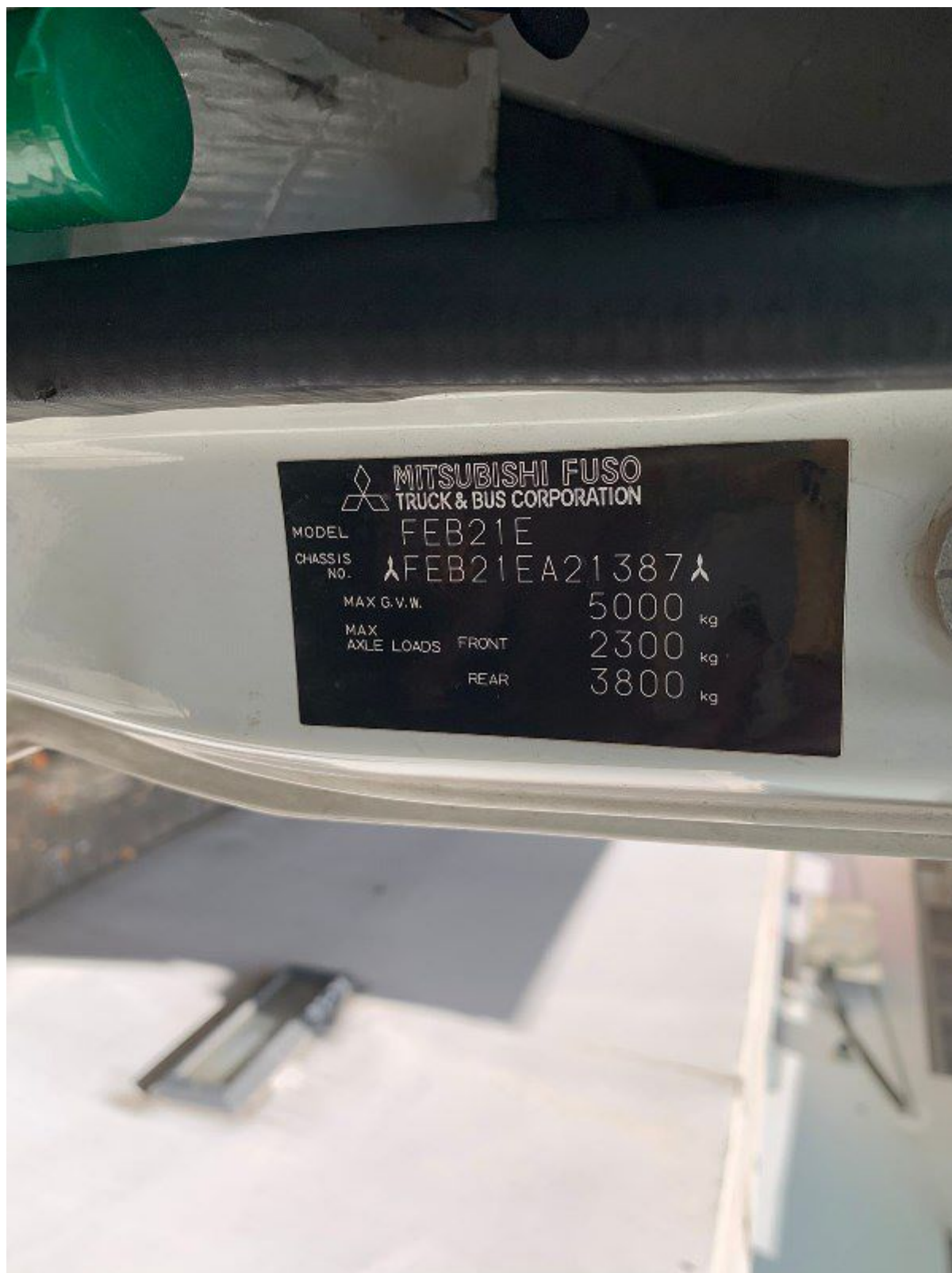













**SINGAPORE
POLICE FORCE**


T/20211204/2127

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 4

Report No. T/20211204/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 22:57	Vide Report No.: J/20211204/0155	Station Diary No.: 130
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Informant's Particulars

Name of Informant: ISLAM MONIRUL			Address: APT BLK 502 OLD CHOA CHU KANG ROAD #04-28 SINGAPORE 698924	
ID Type / ID No.: FIN NO / G2307319L			Contact No.: Home/Office: Mobile: 84325787	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 28	Date of Birth: 20/12/1992	Type of Informant: Driver	
Race: Bangladeshi			Language:	Institution / School Name:
Occupation: Lorry driver			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: 04/12/2021 19:35	Type of Location: EXPRESSWAY
Location: KRANJI EXPRESSWAY				
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: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM704M	Lorry				Slightly Damaged	4
YP6621M	Lorry				Slightly Damaged	14

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20211204/2127

2 of 4

Report No. T/20211204/2127

CONTINUATION OF REPORT

Driver			
Name	VELLAISAMY RENGANATHAN		ID No. F8255720L
Related Vehicle	YM704M (Lorry)		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	NIL
Passenger			
Name	SOHAG HOSSEN		ID No. 064806742
Related Vehicle	YP6621M (Lorry)		Contact No. NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ISLAM MONIRUL		ID No. G2307319L
Related Vehicle	YP6621M (Lorry)		Contact No. 84325787
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
Passenger			
Name	HE YINGHAI		ID No. 072372263
Related Vehicle	YP6621M (Lorry)		Contact No. NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight


**SINGAPORE
POLICE FORCE**


T/20211204/2127

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 4

Report No. T/20211204/2127

CONTINUATION OF REPORT

Passenger			
Name	TALUKDAN IMRAN	ID No.	063557285
Related Vehicle	YP6621M (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SOLYAMAN	ID No.	06355815
Related Vehicle	YP6621M (Lorry)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2021	Date Discharge	04/12/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 04/12/2021 at around 1935hrs, I was driving lorry bearing YP6621M along KJE. As I was exiting the expressway, there was a car slowing down and hence I slowed down as well. The Lorry that was behind me, YM704M was unable to slow down in time and hence collided into my lorry. Both lorry move to a safer location and stop the vehicle.

I then called for the Police and Ambulance as workers was complaining of pain. The rear of my lorry was dented and the lorry YM704M also have slight dent on the front part of its lorry.

Ambulance conveyed Four workers to Ng Teng Fong General Hospital. No other workers were injured.

TP IO: IO ISA , 65476214



SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20211204/2127

4 of 4


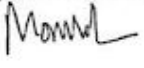
Report No. T/20211204/2127

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 J / Sgt 1 NUR FADILAH BINTE ABDULLAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable SIGNATURE	Date/Time: 04/12/2021 22:57
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case: