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

- 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 10/01/2022 13:04 (SGT) Date of Accident 08/01/2022 09:45 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information **BKE TOWARDS PIA AFTER DAIRYFARM** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GBB5962G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LOGISTICS CONSTRUCTION PTE LTD Company Reg No 1XXXXX131G **Email Address** LOGISTIC@SINGNET.COM.SG Mobile Phone No (Phone) +65-93763312 Alternative Phone No (Home) +65-93763312

VEHICLE PARTICULARS

Manufacturer

Model Cabstar Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number SD21V04285/VCH/R00 Cover Note Number

DRIVER

Name of Driver **RAZIB MOHAMMAD** Passport No/FIN GXXXX418N

Date Of Birth 08/08/1990 Occupation Outdoor Date Of Driving Pass 07/09/2019 Driving experience 2 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-87756390 Alt. Phone Number Email Address LOGISTIC@SINGNET.COM.SG Address APT BLK 61 SENOKO DRIVE #03-07 Address complement Postcode 758238 Is the driver the policyholder? Nο 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name MOLLAH YEASIN Gender Male PASSENGER 2 Name MUTHU KARUPPAN PERUMAL Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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	GBK9255R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL5593K
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- -
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- -

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or will holding of material facts may allow insurance companies to repudiate policy liability.
- 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 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)

lunderstand, acknowledge, agree and consent that :

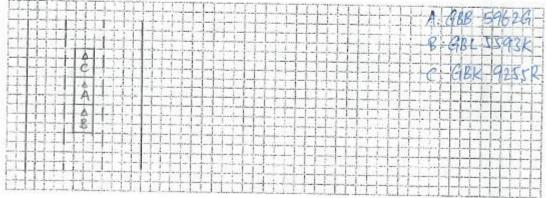
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



On 08/01/2		19
BKE fowards P	E (After dainy farm). I was travelling straight.	7
	9 0	-
Vehicle C slow	77	fron
my rear. I	vas involved in a 3 vehicles Chain-collision.	
		Cape V
ALL PROPERTY CANADA		- O.C.
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deciale the foregoing partic	ulars are true in every respect.	
	1	
97818NO	mag mag	
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre	10









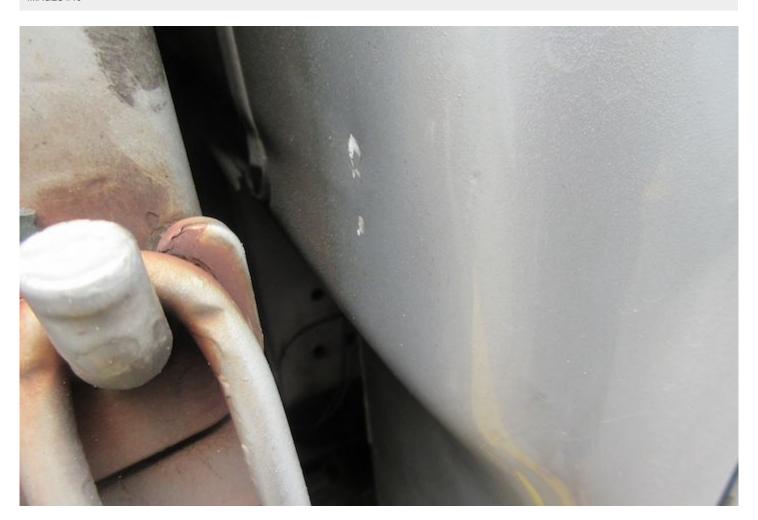


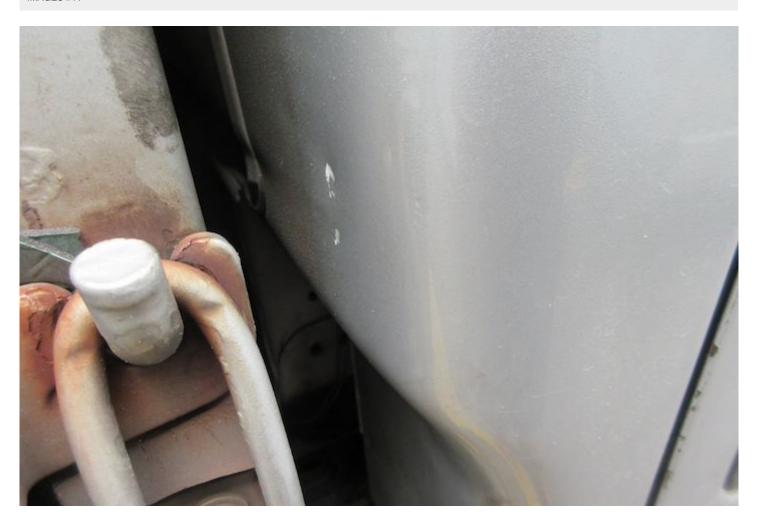
































T/20220108/2053

2 of 4 Report No. T/20220108/2053

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

CONTINUATION OF REPORT

Name	MUTHU KARUPPAN PERUM	AL	ID No.		G8311141R
Related Vehicle	GBB5962G (Lorry)			ict No.	84202417
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	08/01/2022	Date Disc		1	/2022
No. of Days gran	nted Medical Leave 03 Degree of				
Driver		A STATE OF THE PARTY OF THE PAR		2000	
Name	RAZIB MOHAMMAD				G6982418N
Related Vehicle	GBB5962G (Lorry)			ct No.	87756390
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/01/2022	Date Disc	harge	08/01	/2022
No. of Days gran	ted Medical Leave 03	Degree of			
		NO. OF THE REAL PROPERTY.		1000	
Name	MOLLAH YEASIN		ID No.		G2395476T
Related Vehicle	GBB5962G (Lorry)		Contact No.		98074172
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	Injury	NIL	
Driver				- CANIEL IN	
Name	LING WANG CHANG		ID No.		S9082666B
Related Vehicle	GBK9255R (Van)		Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ed Medical Leave NIL		Injury	NIL	





Police Station Of Origin; Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 4 Report No. T/20220108/2053

CONTINUATION OF REPORT

Brief Details.

On the 08/01/2021, I was driving to Changi Village from BKE on my company lorry GBB5962G. My two other colleagues were on the ride, Mollah Yeasin was seated at the front passenger seat while Muthu was seated at the back of the 10-feet lorry. On BKE after dairy farm at the center lane, before PIE changi, the vehicle before me GBK9255R slowed down thus I also slowed down. Just as both our vehicles were about to come to a stop, suddenly there was a great impact from the rear of my vehicle and the impact pushed my vehicle forward and as a result, the front of my vehicle collided onto the rear of GBK9255R. We made a check and discovered that GBL5593K had collided onto the rear of my vehicle.

My colleague(Muthu) who was seating at the back of the lorry informed that his right elbow and his right back is in pain. Mollah informed that he has a bit of lower back pain and I also feel pain at my lower back.

Muthu and I had seen the doctor and were both given 3 days MC.

There is no in car camera in my lorry.

There is damage to the rear of my vehicle.

No police or ambulance attended to us at scene.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 4 of 4 Report No. T/20220108/2053

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 3 CHIN XUE NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2022 13:57
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	APCRE CE FORCE





1 of 4 Report No. T/20220108/2053

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

REPORT	OF A TRAFFI	CACCIDENT			
Date/Time Report Made: 08/01/2022 13:57		flade:	Vide Report No.:	Station Diary No.: 41	
Informa	nt's Partic	ulars	SALES OF THE PARTY		
	f Informant: MOHAMMA		Address: APT BLK 61 Senoko Drive #0	03-07 SINGAPORE 758238	
ID Type / ID No.: FIN NO / G6982418N			Contact No.: Home/Office:	Mobile: 87756390	
Nationality: BANGLADESHI			Email: rajibislam570@gmail.com		
Sex: Age: Date of Birth: Male 31 08/08/1990			Type of Informant: Driver		
Race: Bangladeshi			Language:	Institution / School Name:	
Occupat LORRY	tion: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2022 09:45	Type of Location Straight Road
Location: BUKIT TIMAH Weather: Clear	HEXPRESSWAY	Road Surface: Dry	F	Road Speed Limit:
Clear		The second secon		
Traffic Flow: One Way		Traffic Control: Not Controlled		Fraffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBB5962G	Lorry				Seriously Damaged	2
GBK9255R	Van					0
GBL5593K	Van					0

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