

# 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 ..... 18/02/2022 12:37 (SGT)  
Date of Accident ..... 16/02/2022 18:50 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... SLIP ROAD FROM PIE TOWARDS PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA7056P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HYDRO-POOL ENGINEERING  
Company Reg No ..... 4XXXX400E  
Email Address ..... reporting@mycar.sg  
Mobile Phone No ..... (Phone) +65-86564080  
Alternative Phone No ..... +65-86564080

### VEHICLE PARTICULARS

Manufacturer ..... Suzuki  
Model ..... EVERY 660A  
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 ..... Auto  
CC ..... 658

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... Z21VC05008550  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KABIR HUMAYUN  
Passport No/FIN ..... GXXXX516M

Date Of Birth .....	01/02/1993
Occupation .....	Outdoor
Date Of Driving Pass .....	02/09/2016
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86564080
Alt. Phone Number .....	-
Email Address .....	reporting@mycar.sg
Address .....	454B GEYLANG ROAD #03-01
Address complement .....	-
Postcode .....	389413
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220217/2085

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMD585D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	ONG SAY LING
NRIC No .....	SXXXX985B
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 .....	KABIR HUMAYUN
Gender .....	Male
Phone No .....	(Phone) +65-86564080
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	GBA7056P
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

S21P ROAD FROM PIEZ TOWARDS PAYA LABAR ROAD

A - GBA7056P

B - SHD5850



Describe Circumstances of the Accident

Please refer to Police Report 7/20220217/2085

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













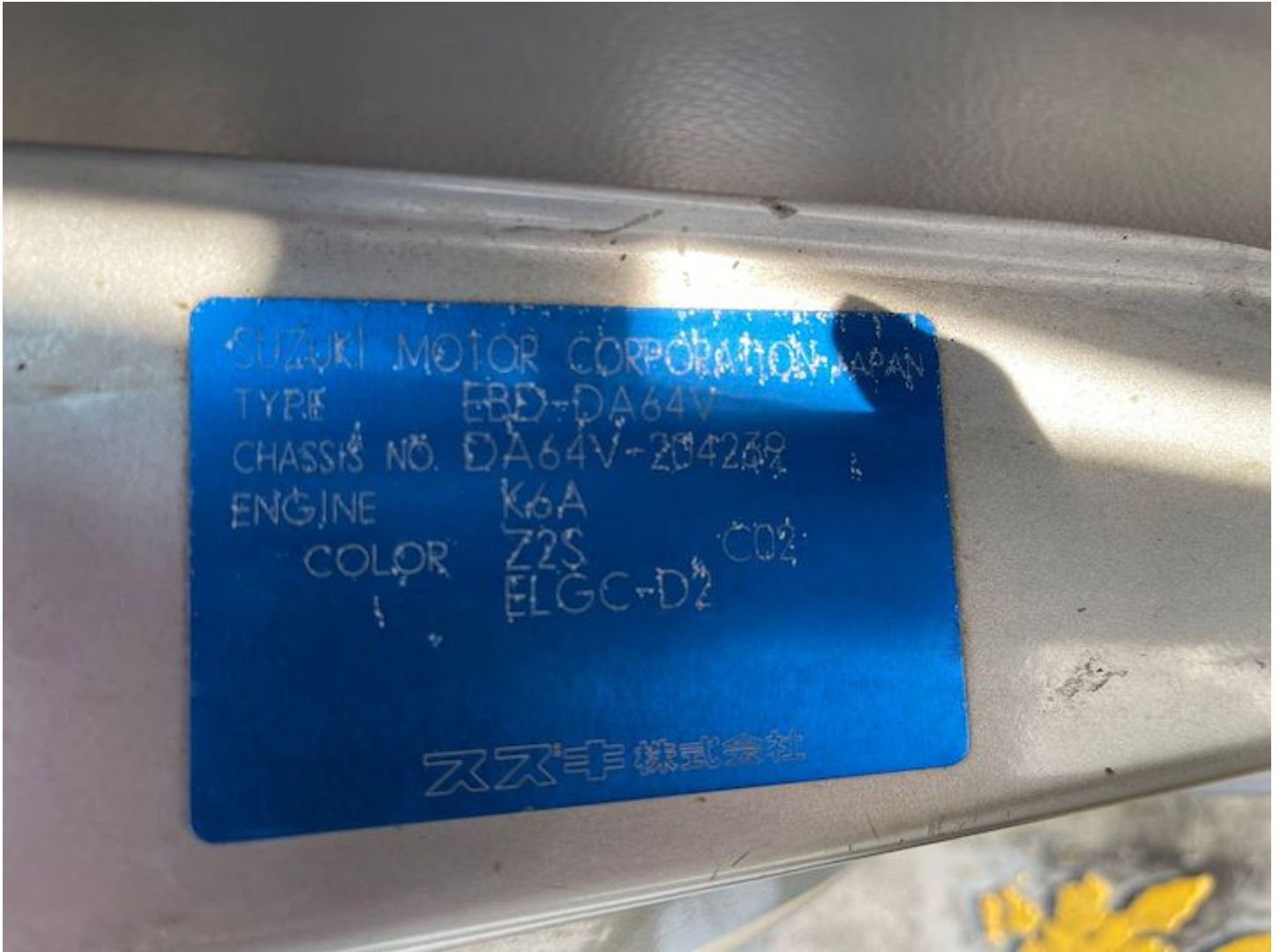




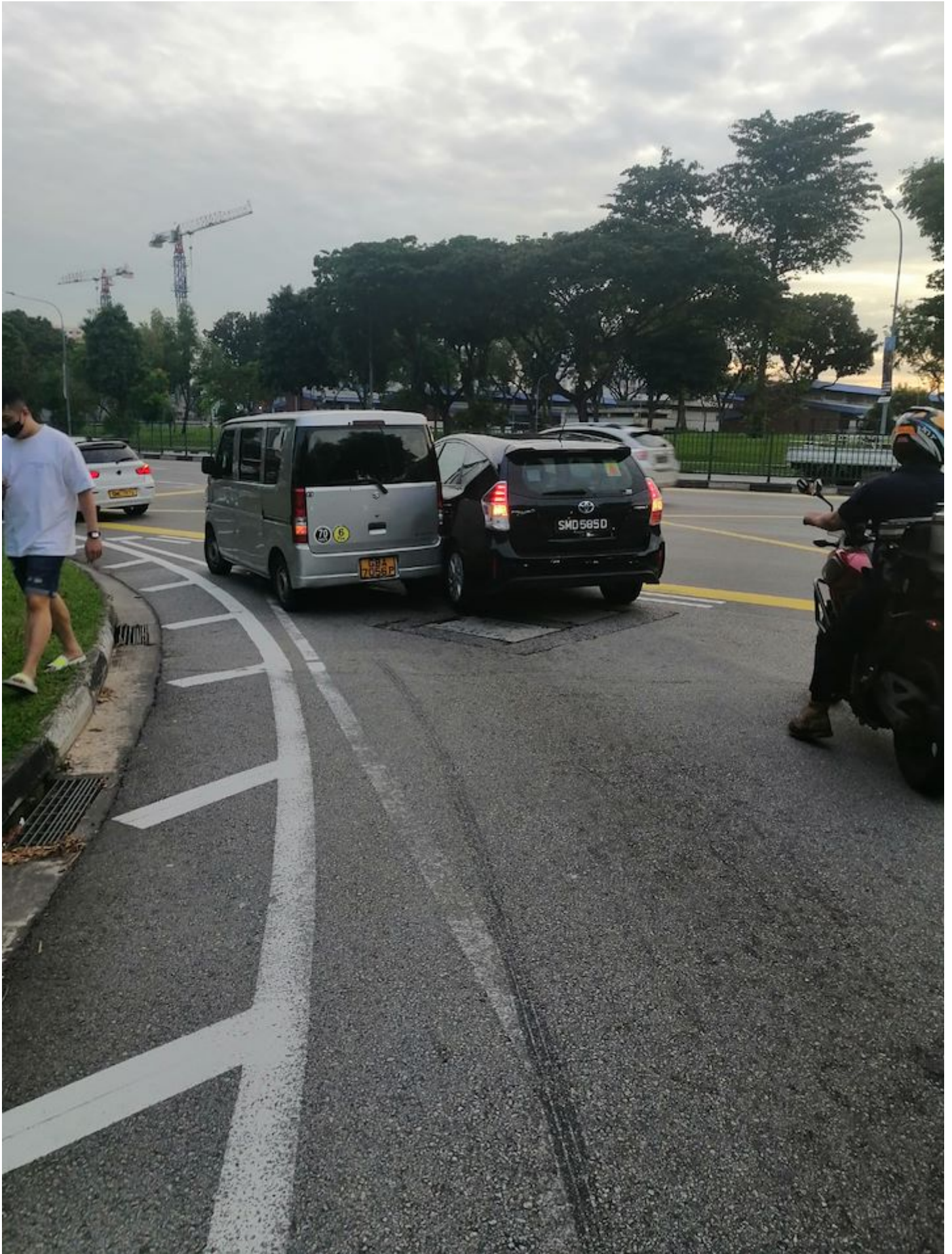


















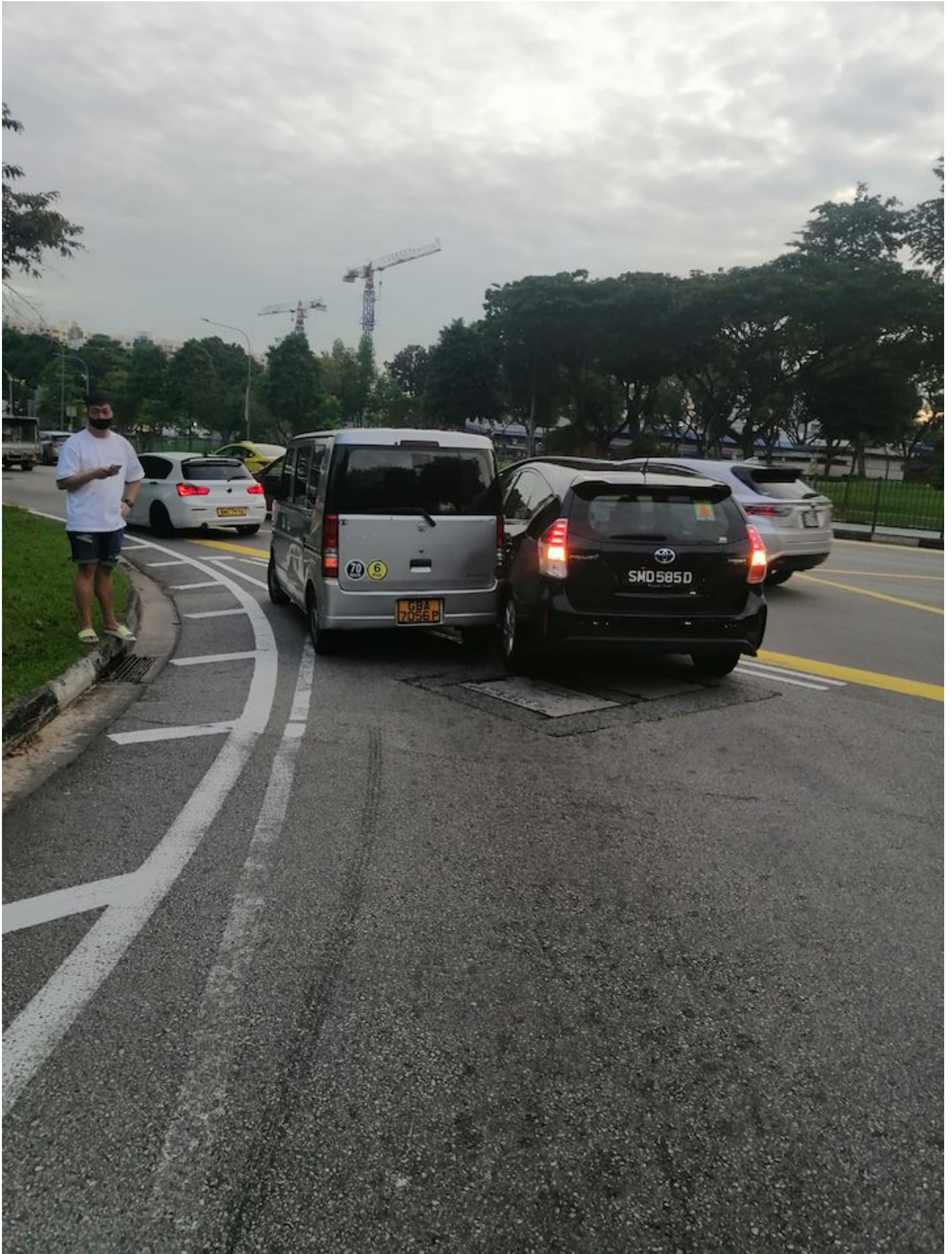
















# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999



1/20220217/2085

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Report No. T/20220217/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2022 20:53	Vide Report No.:	Station Diary No.: 48
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### Informant's Particulars

Name of Informant: KABIR HUMAYUN			Address: 454B GEYLANG ROAD #03-01 SINGAPORE 389413	
ID Type / ID No.: FIN NO / G2324516M			Contact No.:	Mobile: 86564080
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 29	Date of Birth: 01/02/1993	Type of Informant: Driver	
Race: Bangladeshi			Language: English	Institution / School Name:
Occupation: Building construction engineer			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2022 18:50	Type of Location: Bend
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBA7056P	Van	SUZUKI	EVERY 660 A	Silver	Slightly Damaged	0
SMD585D	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBA7056P	LONPAC INSURANCE BHD.	Z21VC05008550		



**SINGAPORE  
POLICE FORCE**



T/20220217/2085

Police Station Of Origin:  
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Tel No: 1800-4529999

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Report No: T/20220217/2085

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KABIR HUMAYUN	ID No.	G2324516M
Related Vehicle	GBA7056P (Van)	Contact No.	86564080
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ONG SAY LING	ID No.	S1586985B
Related Vehicle	SMD585D (Car)	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

**Brief Details.**

On 16/02/2022 at about 1850hrs, I was driving my company vehicle (Hydropool Engineering) along PIE making an exit towards Paya Lebar Road after the zebra crossing. I then waited for the traffic to clear to filter into Paya Lebar road. Suddenly, I felt an impact from the right side of my vehicle. I then realized that the vehicle beside me that was also filtering into Paya Lebar Road had sideswiped my vehicle. We then managed to exchange particulars after the accident and left the area. I then felt pain around my back area and proceeded to see a doctor on 17/02/2022 at Mount Alvernia Hospital. I was given 3 days MC.

I wish to state that no TP or ambulance attended to the scene and I have an in-car camera that captured the incident.



**SINGAPORE  
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570025  
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T/20220217/2085

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Report No. T/20220217/2085

**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: E / SGT 1 KOH YONG MENG, ALVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2022 20:53
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	SN 070
SIGNATURE	