

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 30/03/2022 10:58 (SGT)
Date of Accident 25/03/2022 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS TUAS (NEAR EXIT 9)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE2649R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DRC ENGINEERING PTE LTD
Company Reg No 2XXXXX006K
Email Address KOAY.XINWANG@GMAIL.COM
Mobile Phone No (Phone) +65-84186169
Alternative Phone No +65-84186169

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 3.0 M
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 2982

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2022-V0119929-VCV
Cover Note Number -

DRIVER

Name of Driver SOHAIB
Passport No/FIN GXXXX334T

Date Of Birth	09/02/1985
Occupation	Outdoor
Date Of Driving Pass	17/12/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90533165
Alt. Phone Number	-
Email Address	KOAY.XINWANG@GMAIL.COM
Address	BLK 23 KAKI BUKIT ROAD 3
Address complement	10-02
Postcode	415812
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	AFTER RAIN
Road Surface	Wet

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)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	PASSENGER
Gender	Male

PASSENGER 7

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	SKW3129S
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED ALI SAFIR AHAMED
NRIC No	SXXXX430F
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	SOHAIB
Gender	Male
Phone No	(Phone) +65-90533165
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE2649R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE2649R

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person PASSENGER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE2649R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person PASSENGER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE2649R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 5

Name of injured person PASSENGER
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE2649R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person PASSENGER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE2649R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 7

Name of injured person PASSENGER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE2649R
Were seat belts worn? -

Was this injured conveyed to hospital by ambulance? No

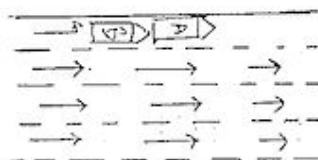
INJURED 8

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE2649R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

[illegible]

4:52 PM
28-03-2022

Sketch Plan



Vehicle A : GBE2649R
Vehicle B : SKW3129S

Describe Circumstances of the Accident

Ref to Police Report

Declaration

I/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

Witness Personnel

4:52 PM

28-03-2022

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080

Certificate of Insurance



The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following
Legislation:
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189 of the Revised Statutes (Singapore))
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 (Chapter 189 of the Revised Statutes (Singapore))
Motor Vehicles (Third-Party Risks) Rules, 1979 (of Federation of Malaysia)
Road Transport Act 1967 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

SM0M223U

Policy No. : 2022-V0119529-VCV
Policy Type : Commercial Vehicle

Risk# : 0001
Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : GSE2645R
Vehicle Make & Model : TOYOTA / DYNA 3.0 X

Name of Insured : DRC ENGINEERING PTE. LTD.

Period of Insurance : 13-01-2022 (0000HRS) to 12-01-2023

Great Eastern Insurance Agency Pte Ltd
30 Tan Guan Road East
#03-57 Express Hub
Singapore 605051
Tel: 6545 3775 Fax: 6545 6121

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE:

Any person who is driving on the Policyholder's order or with their permission.

* 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.

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.

LIMITATIONS AS TO USE

- (1) Use in Connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - (3) Use for the carriage of passengers for hire or reward.

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, 1967 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorized Signature

SPG2C4L

13-01-2022

Great Eastern General Insurance Limited (Reg. No. 1520 (000000))
(A wholly owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659
Tel: +65 6248 2888 Fax: +65 6327 3080 greateasterngeneral.com

















**SINGAPORE
POLICE FORCE**



T/20220328/2068

1 of 3

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20220328/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 16:35	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: SOHAIB	Address: APT BLK 23 KAKI BUKIT ROAD 3 #10-02 THE LEO SINGAPORE 415812		
ID Type / ID No.: FIN NO / G8427334T	Contact No.:	Mobile: 90533165	
Nationality: BANGLADESHI	Home/Office:	Email:	
Sex: Male	Age: 37	Date of Birth: 09/02/1985	Type of Informant: Driver
Race: Bangladeshi	Language: English	Institution / School Name:	
Occupation: CONSTRUCTION	Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/03/2022 19:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage 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
G8E2649R	Lorry	TOYOTA	DYNA 3.0 M	Blue	Slightly Damaged	7
SKW3129S	Car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	0
SLD4145B	Car	MERCEDES BENZ	A180 FL STYLE (R17 HLG)	Silver	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20220328/2068

2 of 3

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20220328/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOHAIB	ID No.	G8427334T
Related Vehicle	GBE2649R (Lorry)	Contact No.	90533165
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	05	Degree of Injury	Slight
Driver			
Name	MOHAMED ALI SAFIR AHAMED	ID No.	S7561430F
Related Vehicle	SKW3129S (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 25 March 2022 at about 1910hrs, I was driving along PIE towards Tuas direction. Right before exit 9 towards Jalan Eunos, a Honda Vezel(SKW3129S) collided onto the rear of my vehicle. We alighted our vehicle and inspected the damages. We exchanged particulars however he did not provide his contact number. My vehicle sustained damages on the rear and rear bottom rim.

Subsequently, there was another vehicle that stopped by and they tried to persuade us to go to their workshop. They were a little aggressive in nature, however I do not know if they are related to the vehicle that collided onto mine. The Traffic Police came down and took our particulars and we left thereafter. I sustained back pain and was given 5 days MC. One of my passenger was given 3 days MC and the other 6 passengers were given 2 days MC. I do not have any in-car camera footage. I am lodging this report for record purposes.



SINGAPORE
POLICE FORCE



T/20220328/2068

1 of 3

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20220328/2068

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 2 LEE SZE HIANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
28/03/2022 16:35

Classification Of Case:

NP168



SIGNATURE