

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 04/04/2022 18:09 (SGT)
Date of Accident 01/04/2022 10:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information SUNGEI KADUT 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE2260C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOCK UNITED ENGINEERING PTE LTD
Company Reg No 2XXXXX132D
Email Address admin@hue.com.sg
Mobile Phone No (Phone) +65-63632313
Alternative Phone No (Office) +65-63632313

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA DYNA 150 MANUAL
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 Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MS010885-R02
Cover Note Number 2/10/21-1/10/22

DRIVER

Name of Driver HOSSAIN MOHAMMED JAKIR
Passport No/FIN GXXXX298R

Date Of Birth	17/07/1993
Occupation	Indoor
Date Of Driving Pass	09/09/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89060473
Alt. Phone Number	-
Email Address	rama.saei@gmail.com
Address	BLK 48 SUNGEI KADUT ST 1
Address complement	-
Postcode	729377
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT :T/20220402/2040

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1527E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	MR TAN
Contact Number	(Phone) +65-92972182
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	HOSSAIN MOHAMMED JAKIR
Gender	Male
Phone No	(Phone) +65-89060473
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE2260C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

1. VEHICLE NO.: GBE 2260C
2. INSURER CO: TDK10
3. ACCIDENT DATE & TIME: 1/4/22
1016 hrs

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature] 2/10/22
(YS)

Sketch Plan

PLEASE TURN OVER



**SINGAPORE
POLICE FORCE**



T/20220402/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220402/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2022 11:19		Vide Report No.: L/20220401/0054		Station Diary No.:	
Informant's Particulars					
Name of Informant: HOSSAIN MOHAMMED JAKIR			Address: BLK 48 SUNGEI KADUT STREET 1 SINGAPORE 729377		
ID Type / ID No.: FIN NO / G2386298R			Contact No.: Home/Office: Mobile: 89060473		
Nationality:			Email:		
Sex: Male	Age: 28	Date of Birth: 17/07/1993	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 08/09/2025		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2022 10:10	Type of Location: Straight Road
Location: SUNGEI KADUT STREET 1 Lamp Post Number: 23				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2260C	Lorry	TOYOTA		Silver	Slightly Damaged	0
GBG1527E	Lorry	TOYOTA		Silver	Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220402/2040

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220402/2040

CONTINUATION OF REPORT

Driver			
Name	HOSSAIN MOHAMMED JAKIR	ID No.	G2386298R
Related Vehicle	GBE2260C (Lorry)	Contact No.	89060473
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 08/09/2025
Date Treatment	01/04/2022	Date Discharge	01/04/2022
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	Mr Tan	ID No.	NIL
Related Vehicle	GBG1527E (Lorry)	Contact No.	92972182
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 01/04/2022 at around 1010hrs, I am the lorry driver driving GBE2260C (V1). I was driving V1 at the most left lane along Sungei Kadut St 1. I proceed to stop at the most left lane as there was a loud sound near the engine. I got on my hazard light. About 3 minutes later, GBG1527E (V2) collided onto V1's rear. I was still in V1 when V2 knocked onto V1 and I felt back pain. V2's driver did not sustained any injured. Both V1 and V2 are not carrying any passengers. V1 sustained slight damage on the right back corner. V2 sustained serious damage on the left front side, window and left door as well. V2 sustained I then called the police as V2's driver does not want to give any particulars and want to quickly towed V2. Police came and collected both memory cards V1 and V2 camera. My Operation Manager went to contacted the ambulance to make a check. Ambulance proceed to take me to the hospital for further check-up. Police also instructed me to make a traffic police report once I am discharge from the hospital.



**SINGAPORE
POLICE FORCE**



T/20220402/2040

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

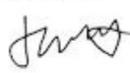
Report No. T/20220402/2040

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 / SCSG TING	
Signature Of Interpreter:	
Not applicable	SIGNATURE
Officer In Charge Of Case:	
TP / GIT / Other NG BEIFENG Contact No.: 65476845	

Signature Of Informant:

Date/Time:
02/04/2022 11:19
Classification Of Case:

NP168