

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 12/05/2022 14:44 (SGT)
Date of Accident 11/05/2022 17:30 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF5861T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CENTRE DESIGN ENGINEERING PTE. LTD.
Company Reg No 2XXXXX152D
Email Address centredesignengineering@gmail.com
Mobile Phone No (Phone) +65-87764337
Alternative Phone No +65-94692236

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI21V16452/VCV/R01
Cover Note Number -

DRIVER

Name of Driver ALAM JAHANGIR
Passport No/FIN GXXXX440X

| | |
|--------------------------------------------------------------------|-----------------------------------|
| Date Of Birth | 02/06/1983 |
| Occupation | Outdoor |
| Date Of Driving Pass | 02/04/2020 |
| Driving experience | 2 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-94692236 |
| Alt. Phone Number | - |
| Email Address | centredesignengineering@gmail.com |
| Address | 1085 EUNOS AVENUE 7A #01-04 |
| Address complement | EUNOS INDUSTRIAL ESTATE |
| Postcode | 409535 |
| 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? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|-------------------|
| Name | HOSSEN MD EMARATH |
| Gender | Male |

PASSENGER 2

| | |
|--------------|---------------|
| Name | SEK MD PALASH |
| Gender | Male |

PASSENGER 3

| | |
|--------------|--------------|
| Name | ISLAM SAIFUL |
| Gender | Male |

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

PLEASE REFER TO POLICE REPORT T/20220511/7052

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 | SMR1147E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | NTUC Income Insurance Co-operative Ltd |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|-----------------------------------------------------------|----------------------|
| Name of injured person | ALAM JAHANGIR |
| Gender | Male |
| Phone No | (Phone) +65-94692236 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBF5861T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|-----------------------------------------------------------|-------------------|
| Name of injured person | HOSSEN MD EMARATH |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBF5861T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|-----------------------------------------------------------|---------------|
| Name of injured person | SEK MD PALASH |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBF5861T |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 4

| | |
|-----------------------------------------------------------|---------------|
| Name of injured person | ISLAM SAIFUL |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBF5861T |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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' 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

Sketch Plan

AVE TOWARDS CHAN



A = GBF5861T
B = SMR1147E

Refer to the police report (T/20220511/7052)

We declare the foregoing particulars are true in every respect.



020210

12/05/2022

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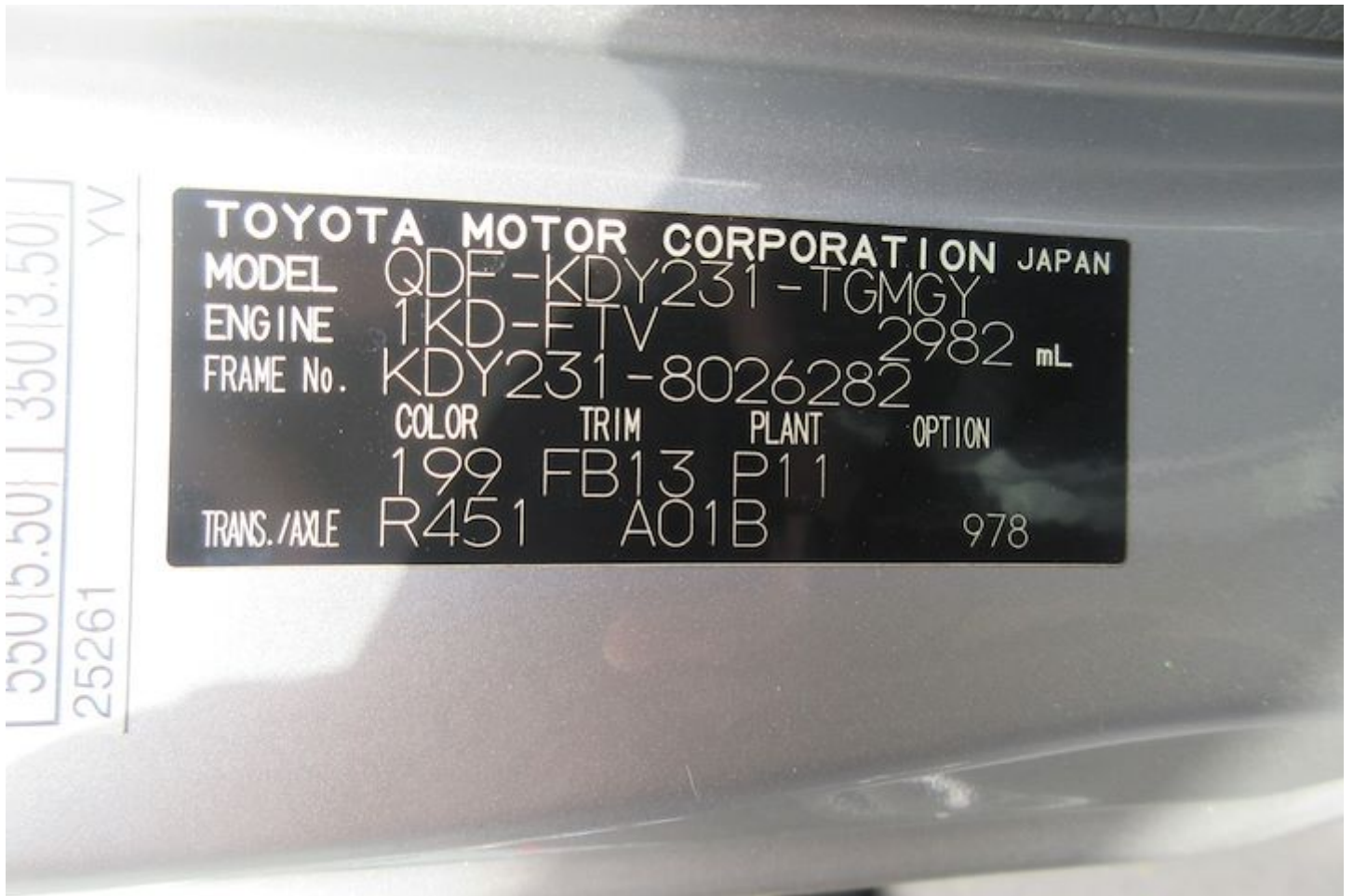














SINGAPORE POLICE FORCE



T/20220511/7052

1 of 4

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

Report No. T/20220511/7052

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--------------------------------------------|------------|------------------------------|-------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made: 11/05/2022 21:25 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LUM SI JIA FIONA | | | Address: 245 PASIR RIS STREET 21 #11-83 SINGAPORE 510245 | | |
| ID Type / ID No.: NRIC NO / S9841251D | | | Contact No.: Home/Office: Mobile: 87764337 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: FIOFIOJIAJIA@GMAIL.COM | | |
| Sex: Female | Age: 23 | Date of Birth: 08/12/1998 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--------------------------------------------------------------|------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/05/2022 17:30 | Type of Location: Straight Road |
| Location: AYER RAJAH EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
|-------------|-------|------|-------|-------|-------------------|-------|
| GBF5861T | Lorry | | | | Seriously Damaged | 3 |
| SMR1147E | Car | | | | Seriously Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20220511/7052

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

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Report No. T/20220511/7052

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------|-----------------------------------|----------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ALAM JAHANGIR | ID No. | 062374640 |
| Related Vehicle | GBF5861T (Lorry) | Contact No. | 94692236 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: 01/04/2025 |
| Date | 11/05/2022 | Date | 11/05/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Passenger | | | |
| Name | HOSSEN MD EMARATH | ID No. | 064827316 |
| Related Vehicle | GBF5861T (Lorry) | Contact No. | 91923379 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | Class of Driving Licence & Expiry | Class: ,3 Date of Expiry: NIL |
| Date | 11/05/2022 | Date | 11/05/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Passenger | | | |
| Name | SEK MD PALASH | ID No. | 063635553 |
| Related Vehicle | GBF5861T (Lorry) | Contact No. | 90827219 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | Class of Driving Licence & Expiry | Class: ,3 Date of Expiry: NIL |
| Date | 11/05/2022 | Date | 11/05/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |



**SINGAPORE
POLICE FORCE**



T/20220511/7052

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

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Report No. T/20220511/7052

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|-----------|------------------------------------------------------------------------|
| Passenger | | | |
| Name | ISLAM SAIFUL | | ID No. 063198528 |
| Related Vehicle | GBF5861T (Lorry) | | Contact No. 83797114 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | | Class of Driving Licence & Expiry Class: ,3 Date of Expiry: NIL |
| Date | 11/05/2022 | Date | 11/05/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Vehicle Owner | | | |
| Name | LUM SI JIA FIONA | | ID No. S9841251D |
| Related Vehicle | NIL | | Contact No. 87764337 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

My driver and workers were travelling along AYE towards Changi along Clementi Road.

The vehicle in front came to a stop, my driver followed suit.
Then my driver felt a big impact from the rear of my vehicle.
He got off and found out that he was involved in a traffic accident involving 2 vehicles.

My workers visited Alexandra Hospital after the accident.
All of them have gotten 3 days MC.

**SINGAPORE
POLICE FORCE**

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



T/20220511/7052

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Report No. T/20220511/7052

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/05/2022 21:25

Classification Of Case: