

# 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 ..... 09/06/2022 10:18 (SGT)  
Date of Accident ..... 02/06/2022 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOUGANG AVE 8 TWDS AVE 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC2848T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SYSTEM DECOR PTE LTD  
Company Reg No ..... 1XXXXX494N  
Email Address ..... arifislam60608@gmail.com  
Mobile Phone No ..... (Phone) +65-93423972  
Alternative Phone No ..... +65-93423972

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K2900 2.9L M/T 2WD 2DR TURBO  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2902

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00120592100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ISLAM MD ARIFUL  
Passport No/FIN ..... GXXXX179N

Date Of Birth .....	03/05/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	02/11/2017
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93423972
Alt. Phone Number .....	-
Email Address .....	arifislam60608@gmail.com
Address .....	7 WOODLANDS INDUSTRIAL PARK E1
Address complement .....	#03-7307
Postcode .....	757730
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	WORKER
Gender .....	Male

#### PASSENGER 2

Name .....	WORKER
Gender .....	Male

#### PASSENGER 3

Name .....	WORKER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220606/2137

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMK964G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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:

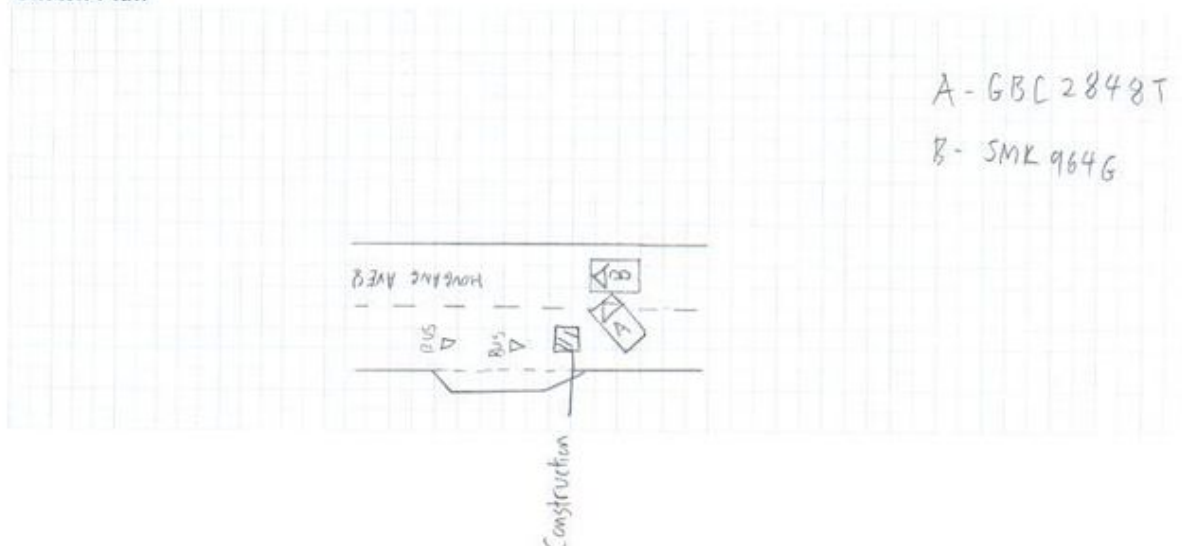
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

## Describe Circumstances of the Accident

Refer to police report: T/20220606/2137

## 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

Shy 09/06/22

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20220606/2137

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20220606/2137

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ISLAM MD ARIFUL		ID No. G6840179N
Related Vehicle	NIL		Contact No. 93423972
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NORHIDAYANA BINTE JABAR		ID No. S8135918J
Related Vehicle	NIL		Contact No. 92762073
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 02/06/2022 at about 1400hrs, I was driving bearing GBC2848T along Hougang Avenue 8 towards Hougang Avenue 7 on the left lane on a 2 lanes road. After the traffic junction, I noticed a road work was conducting on the left lane. As such I signaled right wanting to turn to the lane on the right. When I was turning right, a car bearing SMKS964G suddenly accelerated and I collided into the vehicle on the left. There were passengers in both vehicles however no one was injured. My van was not damaged. We did not call for police or immediate medical attention. After the accident, we stopped our vehicle by the side and exchanged particulars before leaving the vicinity.

























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T/20220606/2137

Police Station Of Origin:  
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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20220606/2137

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2022 22:33	Vide Report No.:	Station Diary No.: 151
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**Informant's Particulars**

Name of Informant: ISLAM MD ARIFUL	Address: 7 WOODLANDS INDUSTRIAL PARK E1 #03-7307 SINGAPORE 757730		
ID Type / ID No.: FIN NO / G6840179N	Contact No.: Home/Office: Mobile: 93423972		
Nationality: BANGLADESHI	Email:		
Sex: Male	Age: 35	Date of Birth: 03/05/1987	Type of Informant: Driver
Race: Bangladeshi	Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2022 14:00	Type of Location: Straight Road
Location:  HOUGANG AVENUE 8				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2848T	Van				No Damage	3
SMK964G	Car				Slightly Damaged	3

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE



T/20220606/2137

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20220606/2137

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ISLAM MD ARIFUL		ID No. G6840179N
Related Vehicle	NIL		Contact No. 93423972
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NORHIDAYANA BINTE JABAR		ID No. S8135918J
Related Vehicle	NIL		Contact No. 92762073
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
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# SINGAPORE POLICE FORCE



T/20220606/2137

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Report No. T/20220606/2137

Police Station Of Origin:  
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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

## 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:  
L /  
SGT 2 DEREK CHEE JUAN WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/06/2022 22:33

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168