

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 Actual 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 31/08/2022 15:17 (SGT)
Reported by Driver
Date of Accident 20/04/2021 06:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE NEAR L/P 1842
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE7733L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EVERGREEN WASTE MANAGEMENT PTE LTD
Company Reg No 2XXXXX941H
Email Address elin.cqw@gmail.com
Mobile Phone No (Phone) +65-81038386
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 11967

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00059902000

DRIVER

Name of Driver NIJAMUDDIN MOHAMED
Passport No/FIN GXXXX480T
Date Of Birth 20/06/1994
Occupation Outdoor

Date Of Driving Pass	21/01/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81038386
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	BLK 28 TUAS AVE 10
Address complement	#02-00
Postcode	639148
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)	16
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Jurong West Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002689999
 Alt. Police Station Phone No (Fax) +65-62672438
 Police Station Address 700 Corporation Road Singapore 649818
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP6143B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) 16

INJURED PERSONS DETAILS

INJURED 1

Name of injured person WORKER
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS
 Injured person in which vehicle? YP6143B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person WORKER
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS

Injured person in which vehicle? YP6143B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person WORKER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? YP6143B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person WORKER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? YP6143B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 5

Name of injured person WORKER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? YP6143B
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

INJURED 6

Name of injured person WORKER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? YP6143B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 7

Name of injured person WORKER
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? YP6143B

Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

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

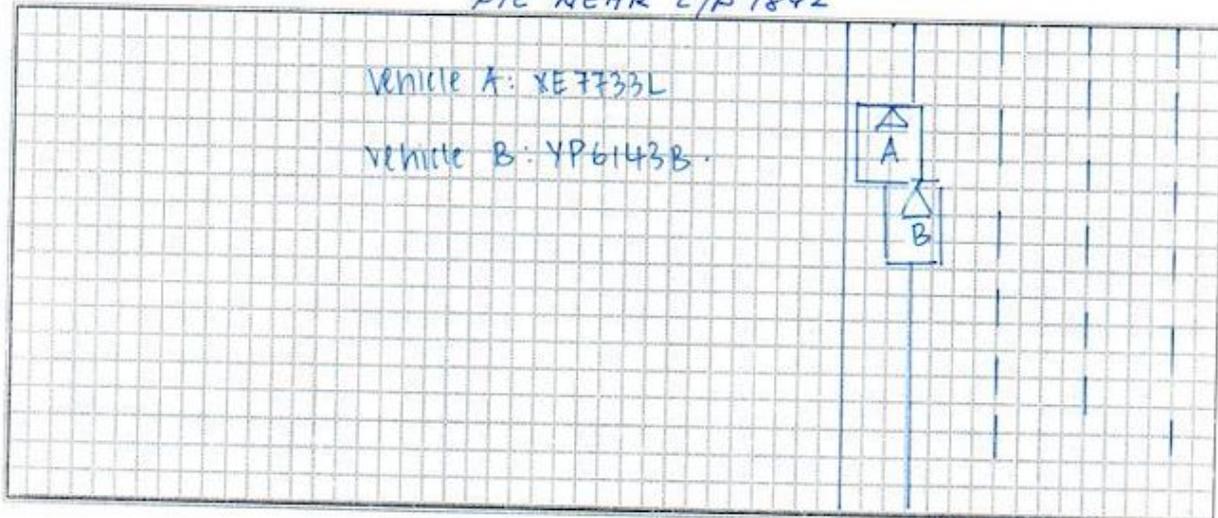
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

NIJAM

Shyam 31/08/22

Sketch Plan

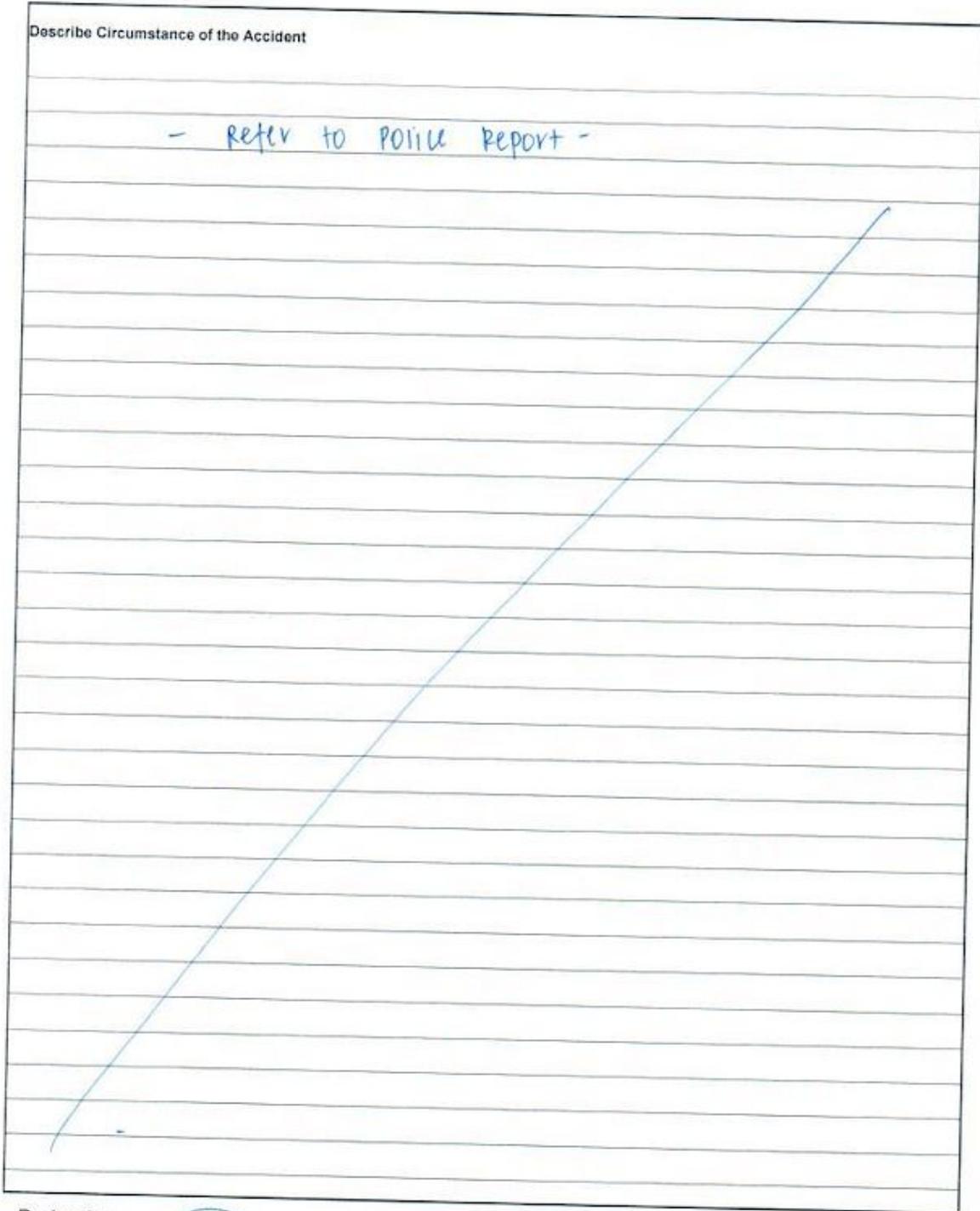
PIE NEAR L/P 1842



(PIE)

Describe Circumstance of the Accident

- refer to police report -



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Nizam

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

Slym 31/08/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999



T/20210420/2103

2 of 2

Report No. T/20210420/21

CONTINUATION OF REPORT

Driver			
Name	NIJAMUDDIN MOHAMMAD		
Related Vehicle	XE7733L (Lorry)	ID No.	G2230480T
Hospital/Clinic	NIL	Contact No.	81038386
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
Name			
	Unknown		
Related Vehicle	YP6143B (Lorry)	ID No.	NIL
Hospital/Clinic	NIL	Contact No.	NIL
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 20/04/2021 at about 0600hrs, while I was driving my vehicle XE7733L along PIE towards Changi before Jalan Bahar exit, suddenly I heard a loud noise and I suspect my tyre was punctured. I immediately signal left, and move my vehicle slowly to the road shoulder. Subsequently, I stopped and alighted from my vehicle to make a check. I made a check on my front and rear right tyre and it was perfectly fine. I moved on to make a check on my left side rear tyre and discovered the inner tyre was punctured. Suddenly, while I was still checking on the tyre, there was vehicle YP6143B collided onto the rear portion of my vehicle. There was passenger on the rear lorry and I assisted them to alight from the vehicle. After which, Traffic Police and Ambulance arrived at scene. I was given a case card from the Traffic Police and was advised to lodge a police report.



























SINGAPORE POLICE FORCE

T202104202103
1 of 3
Report No. T202104202103

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2669999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2021 17:00		Vide Report No.: J/20210420/0032	Station Diary No.: 193
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Informant's Particulars

Name of Informant: NIJAMUDDIN MOHAMMAD		Address: APT BLK 2B TUAS AVENUE 10 #02-00 SINGAPORE 639148	
ID Type / ID No.: FIN NO / G2230480T		Contact No.: Home/Office: Mobile: 81036386	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 26	Date of Birth: 20/06/1994	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident: Fatal	Fatal Conveyed By Ambulance: No	Drink Drive: No	Date/Time of Accident: 20/04/2021 06:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1842				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
XE7733L	Lorry	MITSUBISHI	FUSO FV51SKMZD EA	White	Slightly Damaged	0
YP6143B	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Seriously Damaged	15

Details of Person Involved

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



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2689999



T/20210420/2103

2 of 2

Report No. T/20210420/21

CONTINUATION OF REPORT

Driver			
Name	NIJAMUDDIN MOHAMMAD		
Related Vehicle	XE7733L (Lorry)	ID No.	G2230480T
Hospital/Clinic	NIL	Contact No.	81038386
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
Name			
	Unknown		
Related Vehicle	YP6143B (Lorry)	ID No.	NIL
Hospital/Clinic	NIL	Contact No.	NIL
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

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 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No. 1800-2889999

T/20210420/2103
3 of 3
Report No. T/20210420/2103

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 65474585 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / SC2 SATHYANARAYANAN SAISUDHARSAN SGT LIM FANG TIE	Signature Of Informant: NIJAM
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2021 17:00
Officer In Charge Of Case: TP / FAIT / Sr Staff Sgt KAMALIAH BINTE KAMIS Contact No.: 65476435	Classification Of Case:

Authentication Stamp
Signature:
Singapore Police Force

SN 126