

## 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 ..... 26/08/2022 16:57 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/08/2022 07:45 (SGT)  
Exact Location of Accident ..... Alexandra Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ3442C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JORDANS ELEVATOR (S) PTE LTD  
Company Reg No ..... 201117978G  
Email Address ..... JORDANS.HEHUITING@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83897520  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Policy Number / Cover Note Number ..... DMCPHQ22-000484

#### DRIVER

Name of Driver ..... ISLAM MOHAMMAD TARIKUL  
Passport No/FIN ..... G2338802U  
Date Of Birth ..... 01/01/1995  
Occupation ..... Indoor

Date Of Driving Pass .....	24/07/2018
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-86541351
Alt. Phone Number .....	-
Email Address .....	JORDANS.HEHUITING@GMAIL.COM
Address .....	BLK 508 OLD CHOA CHU KANG ROAD #07-78
Address complement .....	-
Postcode .....	698903
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 .....	Raining
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	11
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 .....	PALIM
Gender .....	Male

#### PASSENGER 2

Name .....	ESKANDER
Gender .....	Male

#### PASSENGER 3

Name .....	SUNNY
Gender .....	Male

#### PASSENGER 4

Name .....	BULBOL
Gender .....	Male

#### PASSENGER 5

Name .....	ALI
Gender .....	Male

#### PASSENGER 6

Name .....	RAKIB
Gender .....	Male

#### PASSENGER 7

Name .....	HANIF
Gender .....	Male

## PASSENGER 8

Name ..... JAKIR  
 Gender ..... Male

## PASSENGER 9

Name ..... SHOJIB  
 Gender ..... Male

## PASSENGER 10

Name ..... HRIDOY  
 Gender ..... Male

## DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Bedok North Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18002449999  
 Alt. Police Station Phone No ..... (Fax) +65-62447258  
 Police Station Address ..... 30 Bedok North Road Singapore 469676  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220826/2039.

## 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 ..... SNG1604Z  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... (Phone) +65-98002270  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... VEHICLE B  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... DRIVER  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SNG1604Z



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

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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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 &amp; Time



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

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

(1)	(2)
	A) YQ3442 C.
	B) SNG1604Z

SME

1

Describe Circumstance of the Accident

Refer police report

10 PAX PASSENGERS NAME OF VAN - A

1. Palim
2. Eskander
3. Sunny
4. bulbol
5. Ali
6. Rakib
7. Hanif
8. Jakir
9. Shojib
10. Hridoy

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

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



























**SINGAPORE  
POLICE FORCE**



T/20220826/2039

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 4  
Report No. T/20220826/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2022 12:39		Vide Report No.: D/20220826/0030		Station Diary No.: 41	
<b>Informant's Particulars</b>					
Name of Informant: ISLAM MOHAMMAD TARIKUL			Address: BLK 508 OLD CHOA CHU KANG ROAD #07-78 SUNGEI TENGAH LODGE SINGAPORE 698903		
ID Type / ID No.: FIN NO / G2338802U			Contact No.: Home/Office: Mobile: 86541351		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 27	Date of Birth: 01/01/1995	Type of Informant: Driver		
Race: Bangala			Language: English		Institution / School Name:
Occupation: DRIVER/LIFT INSTALLER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/08/2022 07:45	Type of Location: FILTER LANE
Location:  ALEXANDRA ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SNG1604Z	Car	HYUNDAI		Grey	Slightly Damaged	1
YQ3442C	Lorry	MITSUBISHI	CANTER	White	Slightly Damaged	10

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220826/2039

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20220826/2039

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SNG1604Z (Car)	Contact No.	98002270
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
<b>Driver</b>			
Name	ISLAM MOHAMMAD TARIKUL	ID No.	G2338802U
Related Vehicle	YQ3442C (Lorry)	Contact No.	86541351
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

**Brief Details.**

On 26th August 2022 at about 0745hrs, I was driving my lorry bearing registration plate number YQ3442C together with 10 passengers along Ayer Rajah Expressway ( Central Expressway ). The traffic was moderate and it was raining heavily.

Subsequently, I was at Alexandra Road. While at the filter lane, there was a vehicle (V1) in front of me bearing registration plate number SNG1604Z. Both of us were waiting for oncoming traffic to clear before turning into Alexandra road. When the oncoming traffic was clear, V1 moved his vehicle forward. When he was close to passing through the give way line, I took another glance to check for oncoming traffic. Suddenly, V1 jam brake causing my lorry to hit the rear portion of his vehicle.

We alighted, exchanged contact numbers and took some footages of the accident scene. Traffic police and ambulance came to scene reference police report number D/20220826/0030. The driver of V1 was conveyed via ambulance. No one else was injured. I had a recording In Vehicle Camera inside my lorry and the SD card was already taken by the traffic police officer who attended to the accident.

Due to the accident, my lorry had the following damages:

- 1) Front bumper badly dented
- 2) Both headlight cracked
- 3) Vehicle wipers malfunctioned
- 4) Auto braking sensor at the front portion of lorry damaged

That's all.



**SINGAPORE  
POLICE FORCE**



T/20220826/2039

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Report No. T/20220826/2039

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20220826/2039

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Report No. T/20220826/2039

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 3 AHMAD BIN HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2022 12:39

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT JOFILIANO BIN MOHAMMED

ALI

Contact No.: 65476960

Classification Of Case:

NP168



## EQ Insurance Company Limited

5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



### COMMERCIAL VEHICLE PRIVATE (SCH I ) SCHEDULE

Page 1 of 7

Agency	A000451	Class of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I )	Policy Number	DMCPHQ22-000484
Account	A000451	Issued on	04/02/2022 in Singapore		
Client	0196511	Acceptance Date	03/02/2022		

Period of Insurance from 26/02/2022 to 25/02/2023 , both dates inclusive

Insured's Name JORDANS ELEVATOR (S) PTE LTD  
Address BLK/HOUSE NO. 10 #04-65  
UBI CRESCENT  
SINGAPORE 408564

Business/Occupn Non-construction/Non-logistic

Premium	Basic Annual Premium	SGD1,505.03		
	Premium after NCD	SGD1,505.03	Premium Due	SGD1,505.03
			Premium GST	SGD105.35
			Total Due	SGD1,610.38

Risk No. 001	COMMERCIAL VEHICLE PRIVATE (SCH I )				
1. Registration	YQ3442C	Make/Model	MITSUBISHI		
Type of Cover	Comprehensive	No. of seats	2	Body Type	LORRY WITH HOOD
Engine No.	4P10E55387	Capacity cc	0	Yr of Manuf/Regn	2021/2021
Chassis No.	FEB21EA35323			NCB%	10.00
		Tonnage	2.46	Certificate Ref.	LCVP1
Sum Insured: Market Value at the time of loss			SGD0.00		
Section 1			SGD750.00		
YEID-All Claims	Additional		SGD3,000.00		

#### COMMERCIAL VEHICLE COMPREHENSIVE (Classic Plan) Ver.10

For information on Motor Claims Framework (MCF), please visit GIA websites  
([www.gia.org.sg/pdfs/Industry/Motor/MCF2010\\_Brochure.pdf](http://www.gia.org.sg/pdfs/Industry/Motor/MCF2010_Brochure.pdf))

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,  
Exclusions as printed herein and/or attached hereto:-

#### EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the  
Certificate of Insurance. You will have to pay the Excess for every claim made  
against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have  
to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2



MCV2005-Ver3.0