

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	03/10/2022 16:39 (SGT)
Reported by	Driver
Date of Accident	02/10/2022 07:20 (SGT)
Exact Location of Accident	Tuas West Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9563T
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KYC ENGINEERING SERVICES PTE LTD
Company Reg No	1XXXXX666K
Email Address	operations@kycscaffolding.com
Mobile Phone No	(Phone) +65-89370026
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	2999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00101152203

DRIVER

Name of Driver	SARKER SHOHAGH CHANDRA
Passport No/FIN	GXXXX836L
Date Of Birth	24/09/1999
Occupation	Outdoor

Date Of Driving Pass	02/03/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89370026
Alt. Phone Number	-
Email Address	operations@kycscaffolding.com
Address	5C JALAN PAPAN
Address complement	-
Postcode	619420
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)	1
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	-

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

PLEASE REFER TO POLICE REPORT T/2022103/2025

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	FBT7115C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBT7115C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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.

ii. 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.



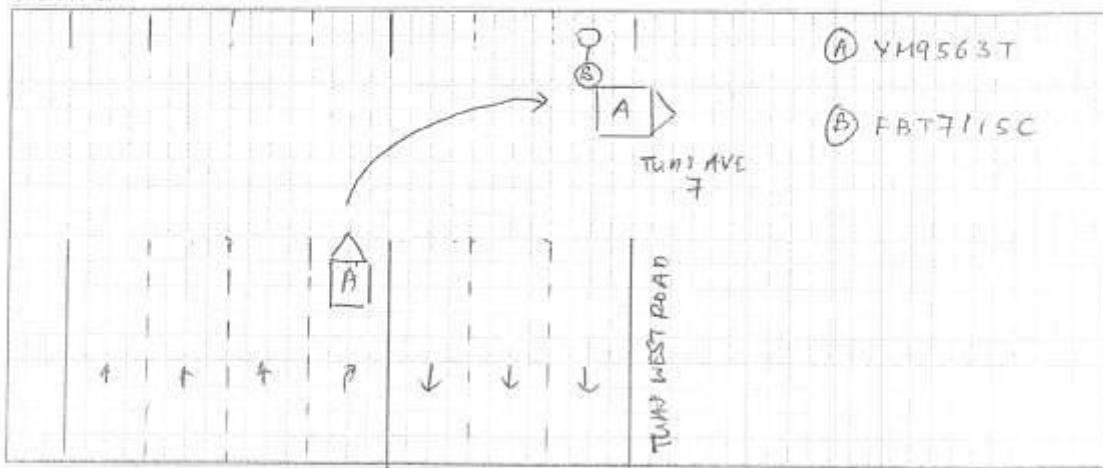
Policyholder's Signature, Date & Time



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

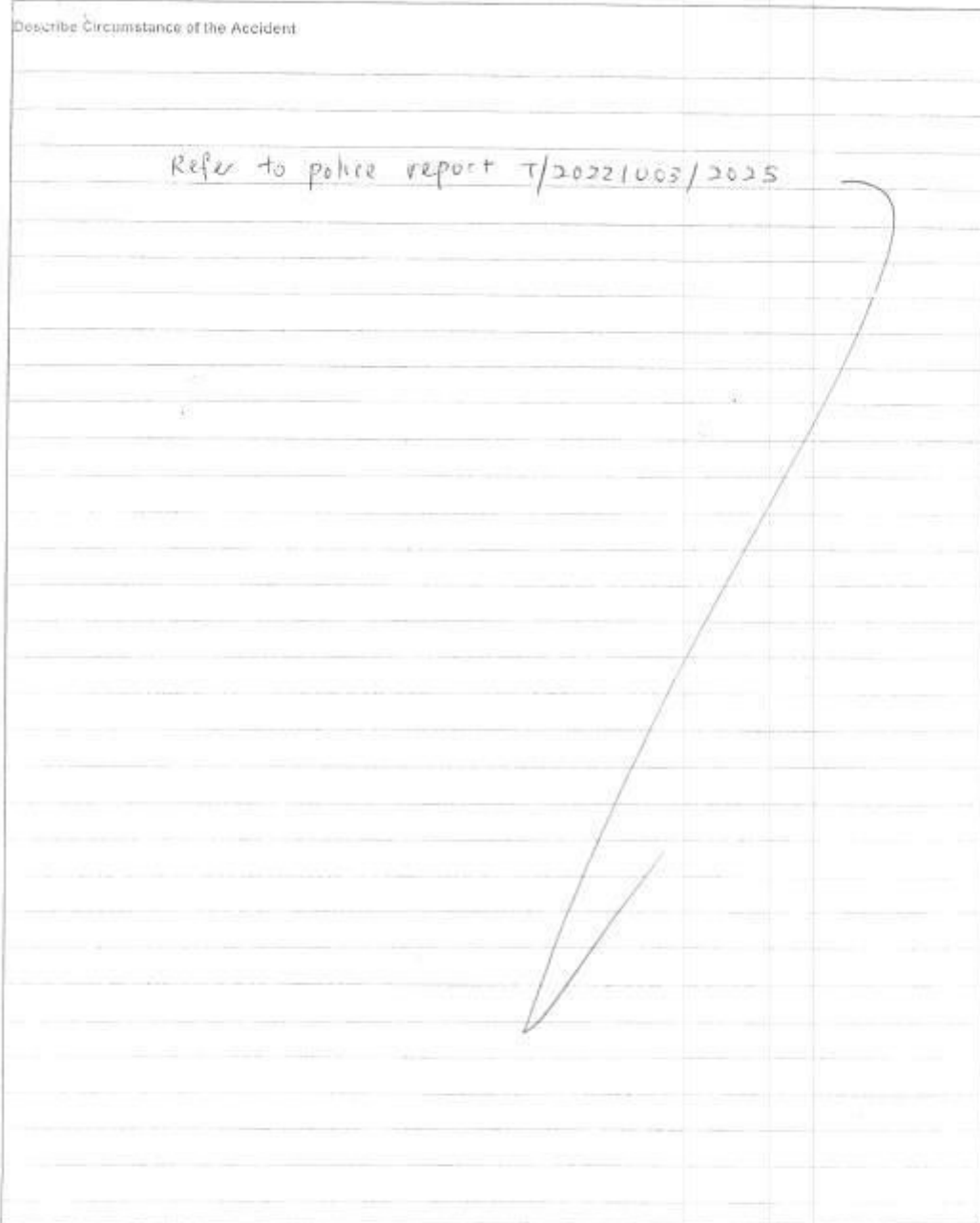
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
08/10/2022

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20221003/2025



Declaration

(We declare the foregoing particulars are true in every respect.)



Public Officer's Signature / Date & Time

SN

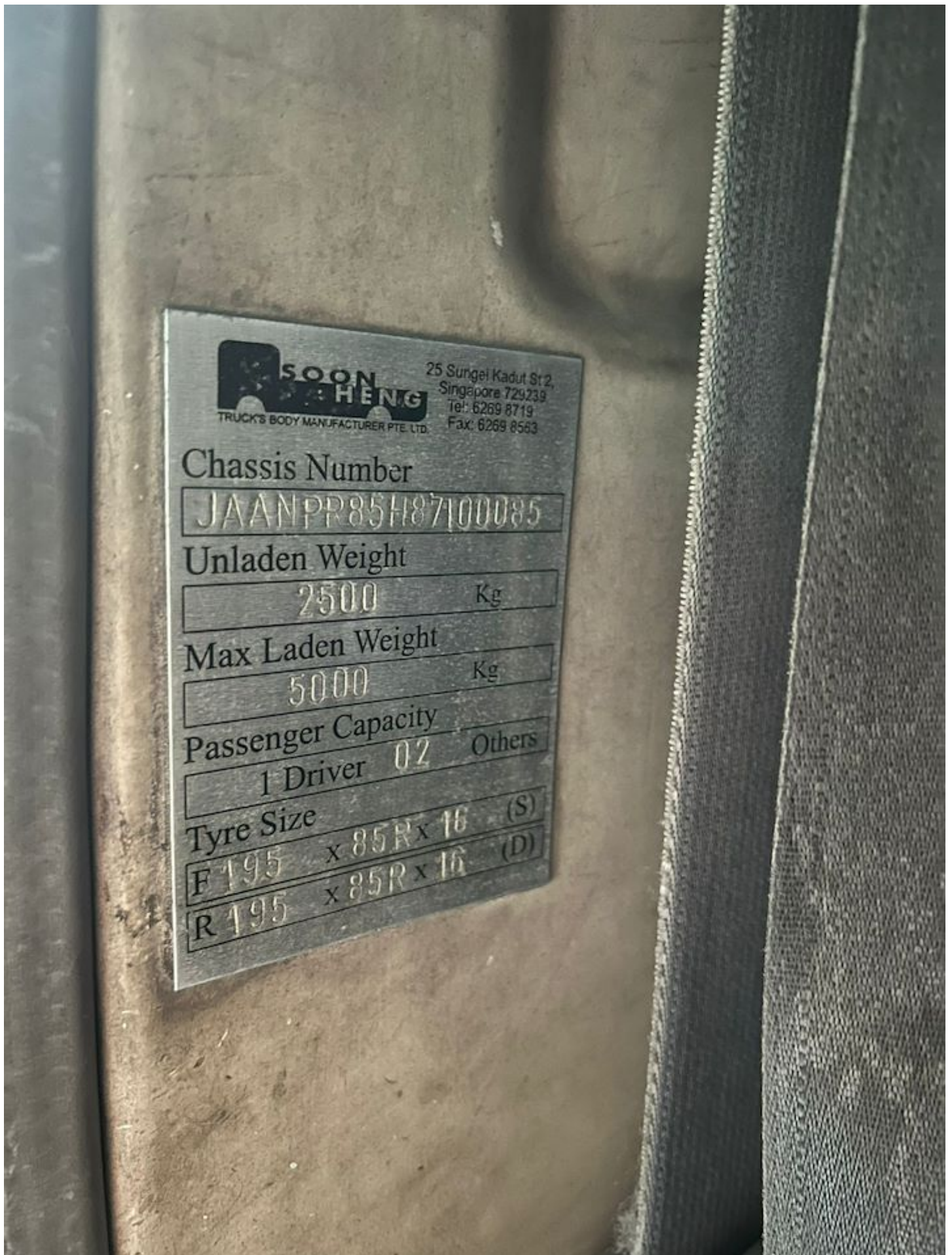
Driver's Signature (if driver is not the policyholder) / Date & Time

03/10/2022

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























**SINGAPORE
POLICE FORCE**



T/20221003/2025

1 of 3

Report No. T/20221003/2025

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2022 11:02		Vide Report No.: T/20221002/2020		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: SARKER SHOHAGH CHANDRA			Address:		
ID Type / ID No.: FIN NO / G8638836L			Contact No.: Home/Office: Mobile: 89370026		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 23	Date of Birth: 24/09/1999	Type of Informant: Driver		
Race: Bengali			Language:		Institution / School Name:
Occupation: SCAFFOLDING			Driving Licence Information: Class: 3 Date of Expiry: 01/03/2027		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/10/2022 07:30	Type of Location: X-Junction
Location: TUAS WEST ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
FBT7115C	Motorcycle	YAMAHA	AEROX155 ABS CVT	Black	Slightly Damaged	0
YM9563T	Lorry	ISUZU	NPR85UH5A	White	Totally Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20221003/2025

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

2 of 3

Report No, T/20221003/2025

CONTINUATION OF REPORT

Driver			
Name	SARKER SHOHAGH CHANDRA	ID No.	G8636836L
Related Vehicle	YM9563T (Lorry)	Contact No.	89370026
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 01/03/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/10/2022 at about 0730hrs, I was driving my vehicle (YM9563T) wanting to make a right turn from Tuas West Road to Tuas Avenue 7. When the green arrow is in my favor, I proceed to make a right turn. Suddenly, I felt something hit onto my vehicle. I stop at the side and make a check and realize there was a motorcycle (FBT7115C) hit onto the left rear of my vehicle. I made a check on the rider and called for ambulance. Shortly after, ambulance and traffic police came to scene. The rider of FBT7115C was conveyed to the hospital. My vehicle is not equipped with in-car camera, and I do not have the footage of the accident. I wish to state that I do not need medical attention. I was given a case card reference J/20221002/0078. Traffic police informed me to make a police report.

This report is vide to T/20221002/2020, T/20221002/2014 and J/20221002/0078.

**SINGAPORE
POLICE FORCE**

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



T/20221003/2025

3 of 3

Report No: T/20221003/2025

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 /
SGT 2 ALDON CHUA JUN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/10/2022 11:02

Officer In Charge Of Case:

TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

NP168