

Date Of Birth .....	12/05/1987
Occupation .....	Outdoor
Date Of Driving Pass .....	11/05/2018
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81704837
Alt. Phone Number .....	-
Email Address .....	TEDDYTNG@GMAIL.COM
Address .....	119 WOODLANDS INDUSTRIAL PARK E5 #02-03
Address complement .....	-
Postcode .....	757496
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 .....	AFTER RAIN
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HOSSAIN MD KAJOL
Gender .....	Male

#### PASSENGER 2

Name .....	HAQUE AYNAL
Gender .....	Male

#### PASSENGER 3

Name .....	ELIAS SOYEB MOHAMMAD
Gender .....	Male

#### PASSENGER 4

Name .....	MIAH SABUJ
Gender .....	Male

#### PASSENGER 5

Name .....	UDDIN MOHAMMED ASRAF
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
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 THE STATEMENT &amp; POLICE REPORT

## 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 ..... SLV2021T  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... 3  
 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) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... MIAH LIAKAT  
 Gender ..... Male  
 Phone No ..... (Phone) +65-81704837  
 Address ..... 119 WOODLANDS INDUSTRIAL PARK E5 #02-03  
 Address Complement ..... -  
 Post Code ..... 757496  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBB1037D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... HOSSAIN MD KAJOL  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBB1037D  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... HAQUE AYNAL  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB1037D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4

Name of injured person .....	ELIAS SOYEB MOHAMMAD
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB1037D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	MAIAH SABUJ
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB1037D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 6


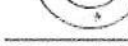

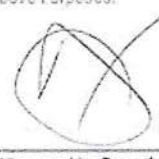
Name of injured person .....	UDDIN MOHAMMED ASRAF
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB1037D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



## SKETCH PLAN

## IMPORTANT NOTICE

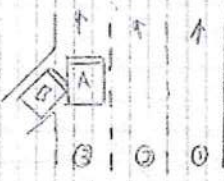
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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' 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

SEMBAWANG RD TUNDS  
 YISHUN AVE 5



VEHICLE (A) GBB 1037 D  
 (B) SLV 2021 T

## Describe Circumstances of the Accident

On the stated time and date, I driving my vehicle (A) G8B0370 was travelling along Sembawang road toward Kishan Ave 5 on lane 3. Suddenly a vehicle (B) SLV2021T was turn out from slip road and hit onto the left side front to back of my vehicle.

VEHICLE (A) GRR 1037 D.

(b) SLV 2021 T

### Declaration

We declare the foregoing particulars are true in every respect.

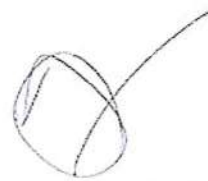


Policyholder's Signature / Date &  
Time

2

24th Sep

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



Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



G/20220407/7090

1 of 3

**POLICE REPORT (NP299)**

Report No, G/20220407/7090

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 07/04/2022 22:12	Vide Report No.	Station Diary No.
Name Of Informant MAH LIKAT	Address 119 WOODLANDS INDUSTRIAL PARK E5 #02-03 WOODLANDS E-TERRACE SINGAPORE 757496	
ID Type / ID No. FIN NO / G8477448R	Contact No. Home/Office:	Mobile: 81704837
Nationality BANGLADESHI	Email Address LIAKATMAH87@GMAIL.COM	
Occupation	Sex Male	Age 34
Site Supervisor	Date of Birth 12/05/1987	Race Bangladeshi
Institution/School Name	Language English	
Date/Time Of Incident 07/04/2022 07:50	Location Of Incident SEBRAWANG ROAD	

**Brief details.**

On the stated date and time, I was driving my company lorry GBB1037D along Sembawang Road.

I was ferrying 5 colleagues on the way to our job site at Punggol.

Particulars of my 5 colleagues are as follows:

Hossain Md Kajol

Elias Soyeb Mohamad

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2022 22:12
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Geylang Serai NPP Kiosk 1



**SINGAPORE  
POLICE FORCE**



G/20220407/7090

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220407/7090

Uddin Mohammed Asraf  
Haque Aynal  
Mish Sabuj

I was travelling straight along the extreme left lane of Sembawang Road towards Yishun Ave 7.

After the bus stop before Sunflower PreSchool @ Sembawang, I did not notice any vehicles coming out from Sembawang Road from my left.

Hence, I proceeded straight.

Just as I was crossing the junction of the 2 Sembawang Roads, SLV2021T dashed out from sembawang road on my left without stopping or slowing down.

I immediately jammed on my brakes but it was to no avail and I could not prevent SLV2021T from slamming into the left portion of my lorry.

The impact was huge when the vehicles collided.

Elias who was sitting at the front left passenger seat, knocked his lower back as a result of the impact.

My colleagues sitting at the rear of the lorry also knocked themselves.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
07/04/2022 22:12

Classification Of Case:

This report is lodged at Geylang Serai NPP Kiosk 1





**SINGAPORE  
POLICE FORCE**



G/20220407/7090

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220407/7090

After the accident, all 6 of us felt some pain over different areas of our bodies.

Hence, we proceeded to Pow Family Clinic for treatment the same evening.

I was given 3 days MC while the rest of my colleagues were given 2 days MC each for injuries caused by the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2022 22:12
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Geylang Serai NPP Kiosk 1