

# 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 witholding of material facts may allow insurance companies to repudiate 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 28/10/2022 16:08 (SGT) Reported by Driver Date of Accident 28/10/2022 07:50 (SGT) **Exact Location of Accident** Singapore Additional Location Information TPE TOWARDS PIE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD8213F

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FUTAR ENTERPRISES PTE LTD Company Reg No 197101311Z **Email Address** KARAN@FUTAR.COM.SG Mobile Phone No (Phone) +65-96792026 Alternative Phone No. (Office) +65-65433818

VEHICLE PARTICULARS

Manufacturer Nissan Model Cabstar Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 2953

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SI22V05422/VCV/R06

DRIVER

Name of Driver KARUPPIAH RAJARAM Passport No/FIN G3048772P Date Of Birth 20/02/1989 Occupation Indoor

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  | 11/07/2022 3 MONTHS Male (Phone) +65-81541996 - KAREN@FUTAR.COM.SG 19 CHANGI N WAY S.498786 - No Employee No - |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT  |  |
| Type of Accident Weather Conditions Road Surface OTHER INFORMATION   | Chain Collision<br>Clear<br>Dry  |
| Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement | No<br>5<br>Yes<br>Yes<br>7<br>No<br>-<br>-   |
| PASSENGER 1  |  |
| Name Gender  PASSENGER 2   | ALAM MOHD SAMSUL<br>Male   |
| Name Gender  PASSENGER 3   | SADDAM MOHD<br>Male  |
| Name<br>Gender   | MOHSIN MOHD<br>Male  |
| PASSENGER 4  |  |
| Name<br>Gender   | HOSSAIN MD BILLAL<br>Male  |
| PASSENGER 5  |  |
| Name<br>Gender   | RIDOY MD MEHADI HASAN<br>Male  |
| PASSENGER 6  |  |
| Name<br>Gender   | ISLAM MOHD ASHIFUL<br>Male   |

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

CIRCUMSTANCES OF ACCIDENT

# REFER ATTACHED RPORT AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes

Yes

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category 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)

SHD3988P

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SLX67P

Private car

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver

Contact Number Address

YQ2306U

Commercial vehicle

Accident report SK0U22AS000G

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| Address complement                      |   |
|---|---|
| Postcode                                |   |
| Insurance Company Name                  |   |
| Nature Of Damage                        |   |
| Details of property damaged in accident | 1 |
| No. Of Passenger (Including Driver)     | , |

# **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SMG7772T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?   | ALAM MOHD SAMSUL Male GBD8213E  |
| Was this injured conveyed to hospital by ambulance?   | Yes                             |
| INJURED 2   |                                 |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 3 | SADDAM MOHD Male GBD8213E - Yes |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?   | -<br>-<br>GBD8213E              |

Was this injured conveyed to hospital by ambulance? Yes INJURED 4 Name of injured person HOSSAIN MD BILLAL Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? GBD8213E Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes INJURED 5 Name of injured person RIDOY MD MEHADI HASAN Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? GBD8213E Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes INJURED 6 Name of injured person ISLAM MOHD ASHIFUL Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? GBD8213E Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

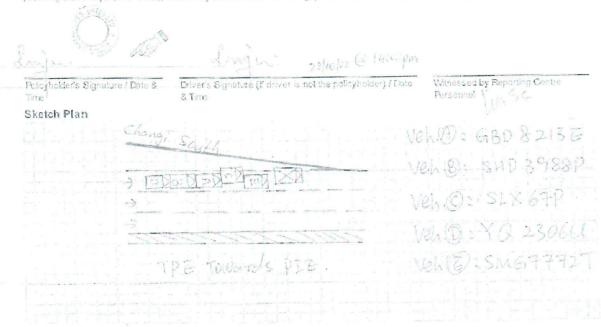
#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please separt correctly the details of the applicant to speed up the claims choices.
- 2. Tals Fore positive completed by the Policyholder and/or the Authorised Driver
- 3. Meanoter provided nust be as truthful and accurate as possible, Asy will distance to the other of with olding of extends force may above insurance companies to regudiate policy liability.
- 4. The issue and poseptance of this Form by insurance companies is not on advoscors of policy bebits, 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 estal, used by the General Insurance Asset inter-
- of Singapore (GIA) for archiving and that copies of this tenert will for a fee be muse available upon application by interested parties.
- A. By the ladgement of this report to the insurers, you hereby donsent to the archiving of this report at the centre and to copies of the report being made available afcresald
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to colect, use, disclass and/or process my personal data personal information set out in this (form) and any other personal information provided by the 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 (at 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 making of correspondence, statements, invoices, reports or notices to the, 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 lare permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information tray/san be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



| follows sequence:  1st Vehicle (SMG 7772T) ==E  2nd Vehicle (SEX 67P) == C  3rd Vehicle (SED 8213E) == A  4th Vehicle (SHD 3988P) == B  5th Vehicle (YQ 2305U) ==D  I and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by imbulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.  Idence, I hereto lodge this report to claim against vehicle B (SHD 3988P) is insurance for my accident damages.  Claration  Claration  Claration  Discrete foregoing parenties are true in every respect.  It is place with the stipulated timetrating from the day of continence. Kincly check with your instruct for more details.  Discrete Separative (Date 8)  Discrete Separative (Date 8) |  | & Time   | s policyholder) / Date V/Itnessed by Reporting Centr<br>Personnel  |  |
|---|--|--|--|--|
| Intry.  The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surped forward and collided onto rear portion of the vehicle C (SEX 57P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collis on arcident as follows sequence:  1st Vehicle (SMG 7772T) == E  2nd Vehicle (SMG 7772T) == B  5th Vehicle (SHD 3988P) == B  5th Vehicle (YQ 2305U) == D  Land my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by imbulsance to Changi Hospital. I visited my doctor after the accident and was given 3 days of vic. We will follow up on our medical treatment if necessary.  Lence, I hereto lodge this report to claim against vehicle B (SMD 3988P) is insurance for my coldent demages.   | Synchologies Signature / Date &  | Driver's Signature (Fighway a not in   | C PANADA LA IR   |  |
| Intervehicles ahead of my lorry were stopped, so Laise slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surped forward and collided onto rear portion of the vehicle C (SEX 57P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision arcident as follows sequence:  1st Vehicle (SMG 7772T) == E  2nd Vehicle (SMG 7772T) == B  3rd Vehicle (SHD 3988P) == B  5th Vehicle (SHD 3988P) == B  5th Vehicle (YQ 2306U) == D  Land my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by imbulsance to Changi Hospital. I visited my doctor after the accident and was given 3 days of vic. We will follow up on our medical treatment if necessary.  Lence, I hereto lodge this report to claim against vehicle B (SND 3988P) is insurance for my coldent demages.   |  |  | your assurer for more details.   |  |
| forty.  The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my forty been surged forward and collided onto rear portion of the vehicle C (SIX S7P). When I come out to inspect my company forty and I realized that I was involving S vehicles chain collision arcident as follows sequence:  1st Vehicle (SMG 7772T) == E  2nd Vehicle (SMG 7772T) == E  2nd Vehicle (SIX 67P) == C  3rd Vehicle (SHD 3988P) == B  5th Vehicle (SHD 3988P) == B  5th Vehicle (YQ 2306U) == D  1and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by imbulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of vict. We will follow up on our medical treatment if necessary.  Idence, I hereto lodge this report to claim against vehicle B (SHD 3088P) a insurance for my ceident damages.                   | of be made within the stipulated t   | policy, please be advised that your metrathe from the day of occurrence  | nsurer may have a fonteen (14) days clause whereby the<br>Kinch check with your series   | e claire   |
| forty.  The vehicles ahead of my forty were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my forty been susped forward and collided onto rear pertion of the vehicle C (SLX 67P). When I come out to inspect my company forty and I realized that I was involving 5 vehicles chain collision arcident as follows sequence:  1st Vehicle (SMG 7772T) ==E  2nd Vehicle (SLX 67P) == C  3rd Vehicle (SHD 3938P) == B  5th Vehicle (SHD 3938P) == B  5th Vehicle (YQ 2306U) ==D  I and my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by imbulance to Changi Hospital. Evisited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.  Jente, I hereto lodge this report to claim against vehicle B (SMD 3938P)'s insurance for my ecident damages.  | it twich to stain and my   |  |  |  |
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| The vehicles ahead of my learn were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SIX SVP). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence:  1st Vehicle (SMG 7772T) == E  2nd Vehicle (SIX 67P) == C  3rd Vehicle (SHD 3988P) == B  5th Vehicle (SHD 3988P) == B  5th Vehicle (YQ 2306U) == D  Land my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by ambulance to Changi Hospital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.  | claration  | And the second s |  | NAME OF THE OWNER, AND   |
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| In wehicles ahoad of my lorry were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company lorry and I realized that I was involving 5 vehicles chain collision accident as follows sequence:  1st Vehicle (SMG 7772T) == E  2nd Vehicle (SLX 67P) == C  3rd Vehicle (SHD 3988P) == B  5th Vehicle (YQ 2306U) == D   | Home Theres I  |  |  | (Templeman)  |
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| The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle C (\$1X 67P). When I come out to inspect my company lorry and I realized that I was impacting 5 or higher 5 or higher.  | follows sequence:  |  |  | **   |
| Inny.  The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.  All of sudden, I felt an impact from behind. Due to the huge impact, my lorry been surged forward and collided onto rear portion of the vehicle of isst screet when I cases and all of the surged.   | my combany ions, and is  | ealized that I was involving 5   | vehicles chain collision accident as   | 100.12   |
| lorry.  The vehicles ahead of my lorry were stopped, so I also slow down and almost stopped too.  | A MOUNT OF THE CONTINUESS OFF  | o ruar portion of the vehicle r  | 181 Y 6701 When Leaves and the con-  | ×200   |
| forry.  | All of sudden I felt an im   | most from bobies to  |  |  |
| forry.  |  |  | some stay of these stupped (city,  | ***  |
| which is entire that the safe after exiting from Changi South, with a passanger in dealer the   | The vehicles ahead of m  | y forry were stopped, so I also  | Slow down and almost stemps down   |  |
| which is entire that the safe after exiting from Changi South, with a passanger in dealer the   |  |  |  |  |
| which is entire that the safe after exiting from Changi South, with a passanger in dealer the   | forry.   |  | e management of the state of th |  |
| On 28-10-2022 at about 07:54 aut, I was driving my composed been from 63-551 at a second  | A residence of a second finite beat-10   | nost lane after exiting from C   | rangi South, with 6 passantors include   | SA   |
|   | On 28-10-2022 at about   | 07:54 am, I was driving my o   | ampany lines wants of the stand for  |  |





Police Station Of Origin\* Traffic Police 10 Ubi Avenue 3 SINGAPORE 408868 Tel No: 65470000

Report No. 7/2022/1028/2036

| REPORT                                  | OF A TRAFFI              | G AGGIDENT   |  | and the second s |  |
|---|--------------------------|--|--|--|--|
| Date/Time Report Made: 28/10/2022 14:25 |                          | Aado:  | Vide Repart No.  | Station Diary No.:   |  |
| Informa                                 | nt's Partic              | ulars  |  |  |  |
|   | f Informant<br>PIAH RAJA |  | Address:<br>25 DEFU LANE 6 DEFU INDUSTRIAL PARK A SINGAPORE<br>539378  |  |  |
| ID Type<br>FIN NO                       | / ID No.:<br>/ G304877   | 20   | Contact No.:<br>Home/Office: Mobile: 81541996  |  |  |
| Nationa<br>INDIAN                       | Nationality:             |  | Email:<br> karen@futar.com.sg  |  |  |
| Sex:<br>Male                            |                          |  | Type of Informant:<br>Driver   |  |  |
| Race:<br>Indian                         |                          | and heat sectorage of contract to the sector of the sector | Language:<br>English   | Institution / School Name:   |  |
| Occupation:<br>Production Coordinator   |                          | ator   | Driving Licence Information:<br>Class.   | Date of Expiry:  |  |
|   |                          |  | The second secon | AND AND SHOULD MEET AN ADDRESS OF THE AND ADDRESS OF THE ADDRESS O |  |

| General Inform                                   | mation of the Accident   | The second of th | and the second s |                                      |
|--|--|--|--|--------------------------------------|
| Type of<br>Accident:                             | Injury<br>Attended by Police   | Drink Date/Time  |  | Type of Location:<br>Straight Road   |
| Location:<br>ANCHORVAL                           | LE CRESCENT  |  |  |                                      |
| Weather:<br>Clear                                | Agencia and a second of the se | Road Surface:<br>Dry   | , mariant such controlled a confession of mariant mariant such as the confession of the controlled and confession of the controlled and contr | Road Speed Limit:                    |
| Traffic Flow: Traffic Control:                   |  |  |  | Traffic Volume:                      |
| Type of Collision:<br>5 Vehicles Chain Collision |  |  |  | Anyone conveyed by ambulance:<br>Yes |

| Vehicle No. | Type | Make   | Model   | Color  | Conditio   | CONTRACTOR OF SECURITY SALES |
|-------------|------|--------|---------|--|--|------------------------------|
| GBD8213E    |      | NISSAN | CABSTAR |  | Seriously<br>Damaged   | 6                            |
| SHD3988P    | Car  |        |         | enter en la proposició control y enterproporado personal de la control d | 100000000000000000000000000000000000000  | 0                            |
| SLX67P      | Car  |        |         | - COLUMN THE CAST AGENCY OF THE CAST   | edizione di sala della compania dell | 0                            |





Police Station Of Ongin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Pof E Report No. 1720221028 mas

CONTINUATION OF REPORT

| /ehicle No. | Type   | Make   | Mordel   | 1 years and | 10       | The state of the s |
|-------------|--------|--|--|-------------|----------|--|
| SMG7772T    | Car    | WATER TO SHARE THE TAX AND ADDRESS OF THE PARTY OF THE PA | The second of th | Color       | Conditio | No of  |
|             |        |  |  |             |          | 10   |
| /Q2306U     | 1 mars | The state of the s |  |             |          |  |

|                   | 1  |  |  |  |
|-------------------|--|--|--|--|
| Any Pedestrian    | Involved: No   |  | THE STATE OF THE S | A STATE OF THE PROPERTY OF THE PARTY OF THE  |
| Driver            | ans Injured: NIL   | Use of   | Pedestrian Cros  | ssion: NA  |
|                   | Train aftern   |  | The section of the se | The second secon |
| Name              | KARUPPIAH RAJARAM  | A STATE OF THE STA | ID No.   | G3048772P  |
| Related Vehicle   | GBD8213E (Lorry)   | Contact No   | 81541996   |  |
| Hospital/Clinic   | BOK FAMILY CLINIC PTE LTD  | THE THE SHEET AND THE SHEET AN | Class of<br>Driving<br>Licence &<br>Expiry   | Class: Nit.<br>Date of Expiry: MIL   |
| Date              | 28/10/2022   | Date   | INIL   | The second secon |
| No. of Days gran  | ited Medical Leave   03  | Degree   | of Serie   |  |
| Passenger         | The second secon | San Color  | VI FOUND   | SUS  |
| Name              | ALAM MOHAMMAD SAMSUL   | electronic and the second seco | ID No.   | G2242983W  |
| Related Vehicle   | GBD8213E (Lorry)   |  | Gontact No.  | 90824021   |
| -lospitat/Clinic  | CHANGI GENERAL HOSPITAL  | <b>W</b> 13/45 (P) 47  | Class of<br>Driving<br>Licence &<br>Expiry   | Class: NIL<br>Date of Expiry: NIL  |
| Pale              | 28/10/2022   | Date   | SELECTION OF THE PARTY OF THE P | THE RESIDENCE OF THE PERSON OF |
| lo, of Days grant | ed Medical Leave   04  | Degree   | NIL  |  |
| 'assenger         |  | Degree   | oi Serio   | 15   |
| lame              | SADDAM MOHAMMAD  | and the second second second   | ID No.   | G2300431   |
| elated Vehicle    | GBD8213E (Lorry)   |  | Contact No.  | 93436292   |
| ospital/Clinic    | CHANGI GENERAL HOSPITAL  |  |  | Class: NIL<br>Date of Expiry: NIL  |
|                   | 28/10/2022<br>d Medical Leave   03   | Date   | NIL  | A STATE OF THE PROPERTY OF THE |
|                   | d Medical Leave 103  | Degrae c   | THE CONTRACT OF STREET   | The second secon |



TX90221022 7636

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 466865 Tel No: 65470000 3 of 5 Report No. T/20221028:7036

CONTINUATION OF REPORT

| Passenger  | The second secon |  |  | A STATE OF THE PROPERTY OF T   |
|--|--|--|--|--|
| Name   | ISLAM MOHAMMAD ASHIFUL   | ID No.   | G2304867T  |  |
| Related Vehicle  | GBD8213E (Lorry)   | Contact No.  | 84235584   |  |
| Hospital/Clinic  | CHANGI GENERAL HOSPITAL  |  | Class of<br>Driving<br>Licence &<br>Expiry   | Class: NIL<br>Date of Expiry: NIL  |
| Date   | 28/10/2022   | Date   | NIL  |  |
| No. of Days gran   | led Medical Leave   03   | Serio  | US   |  |
| Passenger  | AN AND AND AN AND AND AND AND AND AND AN   | COLUMN TO SECURITION OF THE SE |  | data transference policie e contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata del la contrata de la contrata del la contrata de |
| Name   | HOSSAIN MD BILLAL  |  | ID No.   | G2486140L  |
| Related Vehicle  | GBD8213E (Lorry)   | y need to be a second of the s | Contact No.  | 93454865   |
| Hospital/Clinic  | CHANGI GENERAL HOSPITAL  |  | Class of<br>Driving<br>Licence &<br>Expiry   | Class: NiL<br>Date of Expiry: NiL  |
| Date   | 28/10/2022   | Date   | NIL  | The second secon |
| No. of Days gran   | led Medical Leave   03   | Degree of  | Serio  | US   |
| Passenger  | The second secon |  | The second secon | A CONTRACTOR OF THE PARTY OF TH |
| Name   | RIDOY MD MEHADI HASAN  |  | ID No.   | G8928765R  |
| Related Vehicle  | GBD8213E (Lorry)   | A CONTRACTOR OF THE PROPERTY O | Contact No.  | 86553740   |
| Hospital/Clinic  | CHANGI GENERAL HOSPITAL  |  | Class of<br>Enving<br>Licence &<br>Expiry  | Class: NIL<br>Date of Expiry: NIL  |
| Date   | 28/10/2022   | Date   | NIL  | Acceptance of the second of th |
| No. of Days gran   | ted Medical Leave   03   | Degree of  | Serio  | US   |
| Passenger  |  | 2200   |  |  |
| Name   | MOHSIN MOHAMMAD  |  | II) No.  | M3052713L  |
| Related Vehicle  | GBD8213E (Lorry)   |  | Contact No.  | 81760133   |
| Hospital/Clinic  | CHANGI GENERAL HOSPITAL  |  | Class of<br>Driving<br>Licence &<br>Expiry   | Class: NIL<br>Date of Expiry: NIL  |
| Date   | 28/10/2022   | Date   | NIL.   |  |
| and the second s | ted Medical Leave   03   | Degree of  | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I |  |



Police Station Of Origin: Traffic Police 10 Ubi Avenue a SINGAPORE 404866 Tel No: 65470000



CONTINUESTION OF REPORT

Brief Delais.

On 26-16-2022 at about 07:54 am. I was driving my company lony (GBD 8213E) along TPE towards PIE in the left-most lane after exiting from Changi South, with 6 passengers including large.

The volucies ahead of my long were stopped, so I also slow cown and almost stopped ico.

All of sudden. I felt an impact from behind. Due to the huge impact, my larry been surged forward and collided onto rear portion of the vehicle C (SLX 67P). When I come out to inspect my company forry and I realized that I was involving 5 vehicles chain collision accident as follows sequence :

1st Vehicle (SMG 7772T) 2nd Vehicle (SLX 67P) 3rd Vehicls (GBD 8213E 4th Vehicle (SHD 3988P) 5th Vehicle (YQ 2306U)

Land my 6 passengers sustained injuries in this incident, my 6 passengers were conveyed by ambulance to Changi Hespital. I visited my doctor after the accident and was given 3 days of MC. We will follow up on our medical treatment if necessary.

Hence, I herelo lodge this report to claim against vehicle B (SHD 3983P)'s insurance for my accident



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408866 Tel No: 65470000

Informant is not able to provide sketch

Sketch Plan



Report No. T/2022102c 7/04

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report:        | Signature C' Informant:   |
|---|---|
| Not applicable                                    | The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter;<br>Not applicable       | Date/Time: 28/10/2022 14:25   |
| Officer In Charge Of Case: TP / TPIB /            | Classification Of Case:   |
| MUHAMMAD AFIO BIN RAHMAT<br>Contact No.: 65476171 |   |