

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 Authorised 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 Report	22/01/2020 14:29
Date Of Accident	21/01/2020 08:30
Exact Location Of Accident	PIE TOWARDS TUAS (5.5KM) NEAR TO LAMPO POST 227
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6027Z
Insured/Policyholder	
Name Of Registered Owner	B-MECH ENGINEERING PTE LTD
Co Reg No	NA
Email Address	IQBAL@B-MECH.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62619605

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29022516 MKC
Cover Note Number	

Driver

Name of Driver	HOSSAIN MD IQBAL
Passport No/FIN	G7178405W
Date Of Birth	01/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2007

Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96236373
Fax Number	
Contact Number	OFFICE-62619605
EMail Address	IQBAL@B-MECH.COM.SG
Address	50 TUAS AVE 11 #02-01 TUAS LOT
Postcode	639107
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	Name: : BHUIYAN TARIQUL ISLAM Gender: : Male
Passenger 2	Name: : ANOWAR Gender: : Male

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Vehicle Registration Number	SMJ1993X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOO DIP CHEE
NRIC/Passport Number	S6905582F
Contact Number	96775269
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBM267E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHAN BO RUI
NRIC/Passport Number	S8911084Z
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLG4257X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW OI KHUAN PAMELA
NRIC/Passport Number	S7929018A
Contact Number	83224568
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN BO RUI
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBM267E
Were seat belts worn?	

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

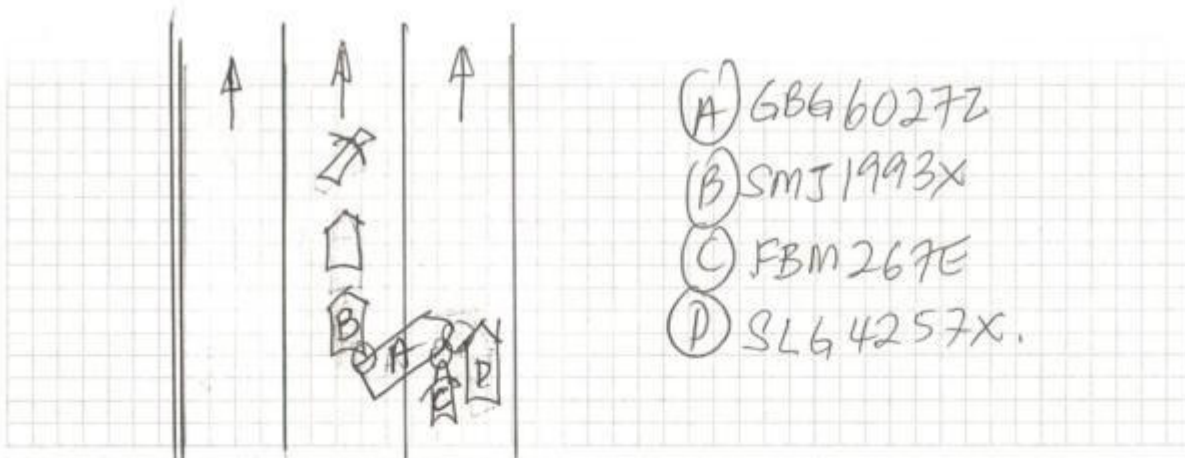


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/12/2020 at 10:00 AM

Refer Police Report

T/20200121/2064.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200121/2064

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20200121/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 13:06	Vide Report No.: G/20200121/0062	Station Diary No.: 23
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Informant's Particulars

Name of Informant: HOSSAIN MD IQBAL			Address: APT BLK 134B KANG CHING ROAD #06-111 SINGAPORE 619063		
ID Type / ID No.: FIN NO / G7178405W			Contact No.: Home/Office: Mobile: 96236373		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 40	Date of Birth: 01/01/1980	Type of Informant: Driver		
Race: Bengali			Language:		Institution / School Name:
Occupation: PROJECT ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2020 08:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (Tuas) 5.5KM Lamp Post Number: 227				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBM267E	Motorcycle				Slightly Damaged	0
GBG6027Z	Lorry				Slightly Damaged	2
SLG4257X	Car				Slightly Damaged	0
SMJ1993X	Car				Slightly Damaged	0

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200121/2064

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20200121/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN BO RUI	ID No.	S8911084Z
Related Vehicle	FBM267E (Motorcycle)	Contact No.	NIL
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	Slight
Driver			
Name	HOSSAIN MD IQBAL	ID No.	G7178405W
Related Vehicle	GBG6027Z (Lorry)	Contact No.	96236373
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
Driver			
Name	CHEW OI KHUAN, PAMELA	ID No.	S7929018A
Related Vehicle	SLG4257X (Car)	Contact No.	83224568
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

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200121/2064

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20200121/2064

CONTINUATION OF REPORT

Driver			
Name	LOO DIP CHEE	ID No.	S6905582F
Related Vehicle	SMJ1993X (Car)	Contact No.	96775269
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

Brief Details.

On the 21/01/2020 at about 0830hrs, I was driving with 02 of passengers, with my company lorry (V1, GBG6027Z) along PIE towards Tuas (5.5KM), near to lamppost: 227.

As I was driving along the 2nd lane of the said road, suddenly I noticed the front vehicle of mine, bearing the register number of SMJ1993X (V2) has applied his vehicle brake. I then applied my vehicle's brake however, my lorry was skidded to the right side of V2 due to the slippery road surface. The rear left side of my lorry was side swiped to the rear right passenger side of V2.

As my vehicle skidded to the right side of the road (1st lane), the front left side of my vehicle has collided onto the front right side of another vehicle, SLG4257X (V3). There was another motorcycle, FBM267E (V4), which collided in between my vehicle (V1) and SLG4257X (V4).

Traffic Police was at scene after the said accident. The rider of FBM267E (V4) was conveyed to the hospital by the ambulance after the accident. No in-car camera installed in my vehicle. I am not sure whether any CCTV around the vicinity.

A case card, G/20200121/0062 was issued to me by the Traffic Police. The case in charge is, TP IO Bei Feng, Tel: 65476413.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



B-MECH ENGINEERING PTE LTD
50 TUAS AVE 11 #02-01
TUAS LOT S'639107
CO REG NO : A199907733D PAX : 02

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

