

# 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 ..... 18/11/2022 17:17 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 30/10/2022 22:10 (SGT)  
Exact Location of Accident ..... Near 27 Lor 13 Geylang, Singapore 388670  
Additional Location Information ..... SIMS AVENUE, LOR 13 JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG7628H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABWIN LEASING PTE LTD  
Company Reg No ..... 2XXXXX082Z  
Email Address ..... CLAIMS@ABWINLEASING.SG  
Mobile Phone No ..... (Phone) +65-67499699  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
Variant ..... NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
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 ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5128192759-000025

### DRIVER

Name of Driver ..... MD AULAD HOSSAIN MD NOBI HOSSAIN  
Passport No/FIN ..... GXXXX083W  
Date Of Birth ..... 15/02/1988  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/02/2019
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82986182
Alt. Phone Number .....	-
Email Address .....	TLLlin2011@gmail.com
Address .....	APT BLK 901A EAST COAST ROAD
Address complement .....	#03-01
Postcode .....	459104
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	HIRER'S DRIVER
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 - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221114/2044.

#### 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 .....	GBB8061L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBD4028A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	MD AULAD HOSSAIN MD NOBI HOSSAIN
Gender .....	Male
Phone No .....	(Phone) +65-82986182
Address .....	APT BLK 901A EAST COAST ROAD
Address Complement .....	#03-01
Post Code .....	459104
Approximate Age Years Old .....	-
Injuries Sustained .....	Degree of Injury : Serious
Injured person in which vehicle? .....	GBG7628H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

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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.
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

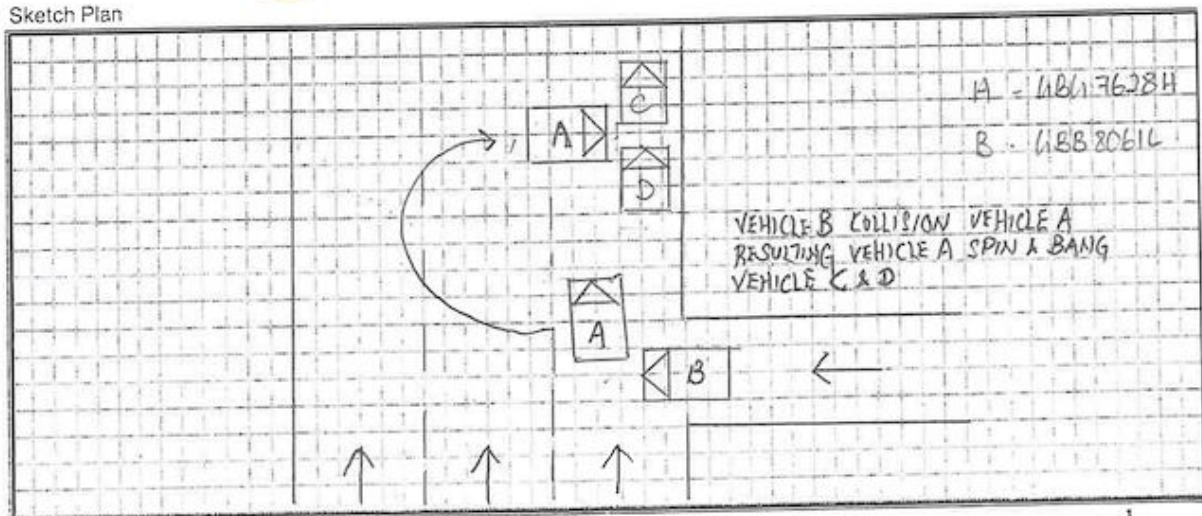


Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

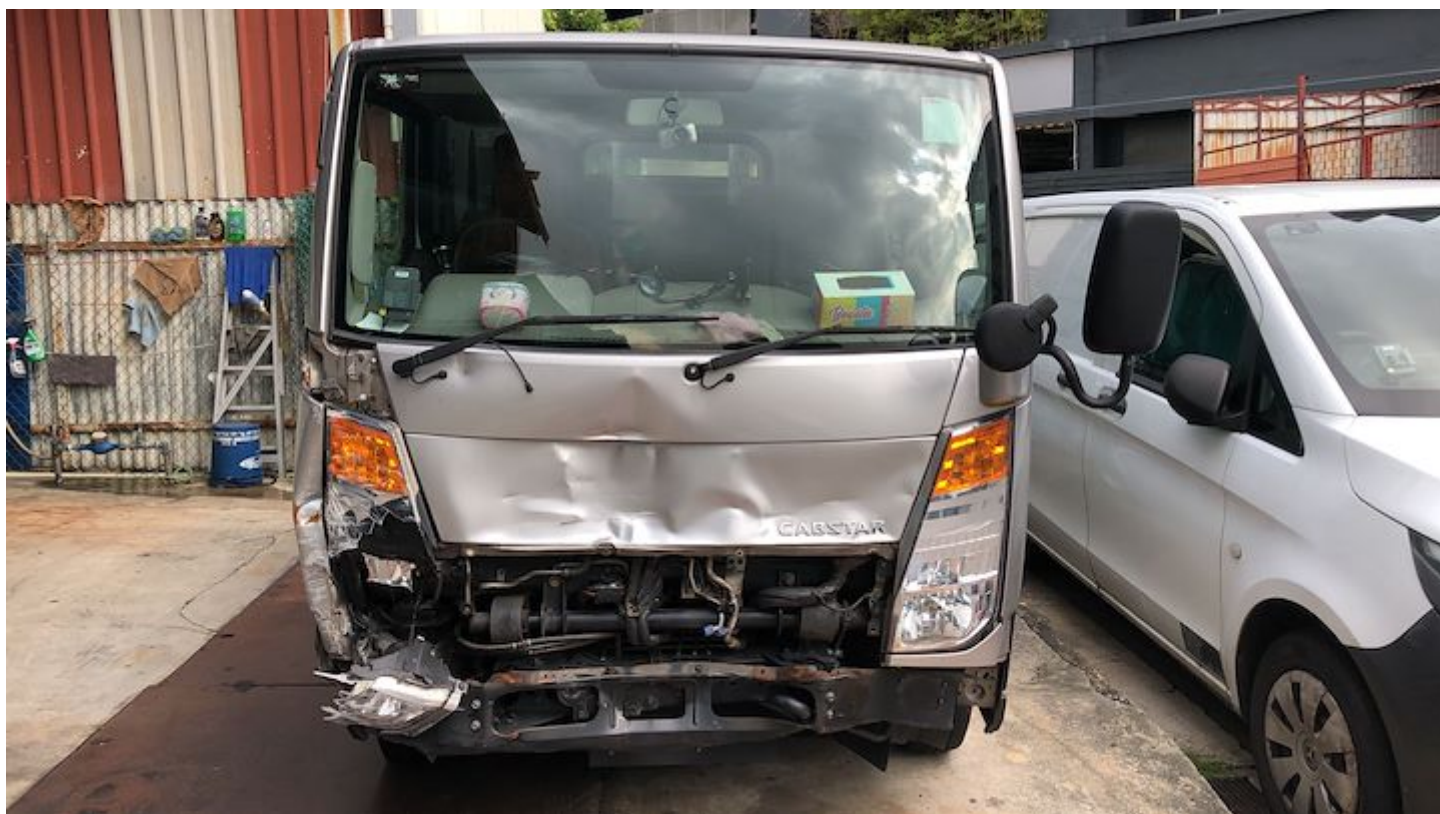
Yu Pei Xuan.

Sketch Plan



vJun2022

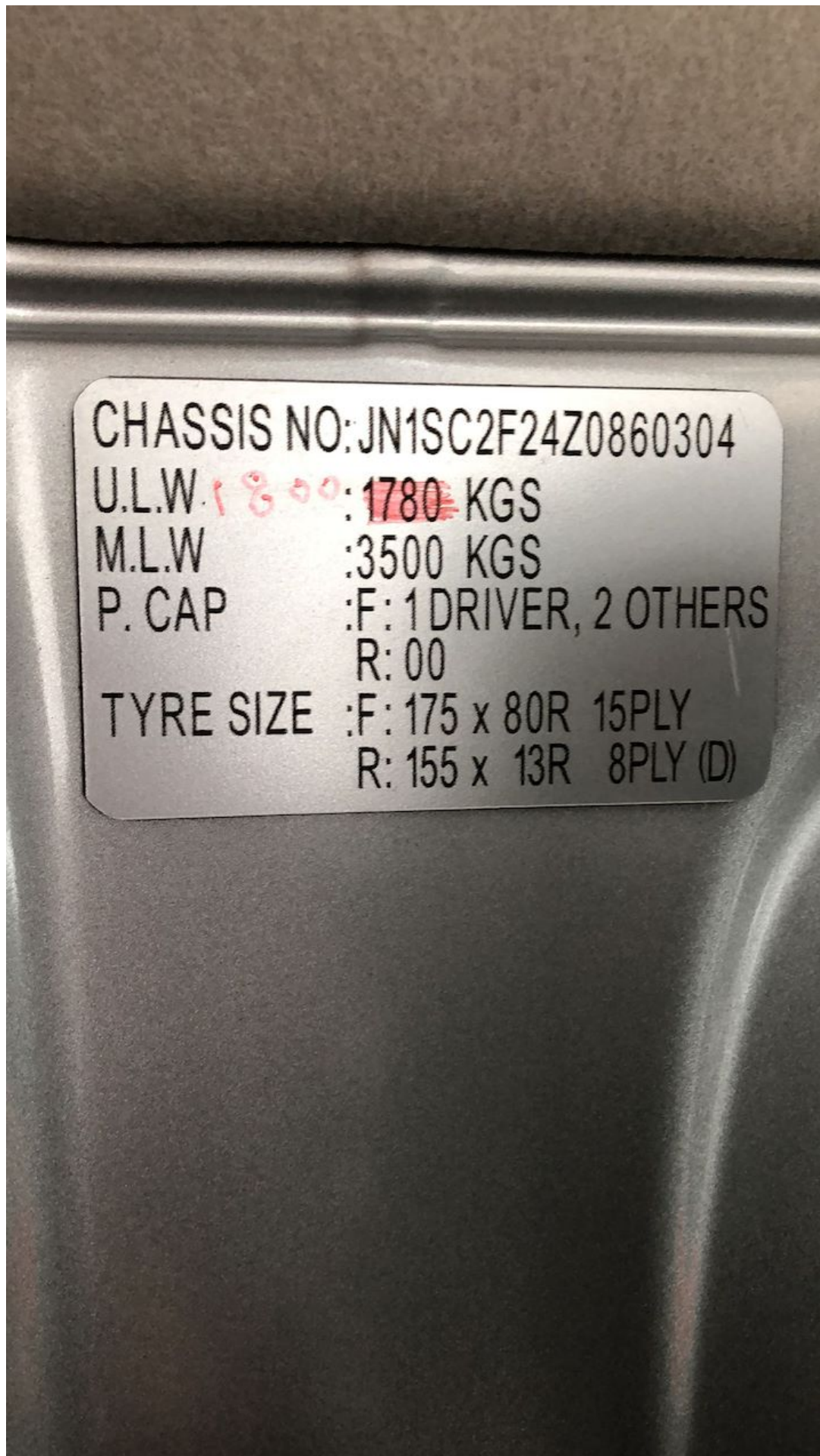












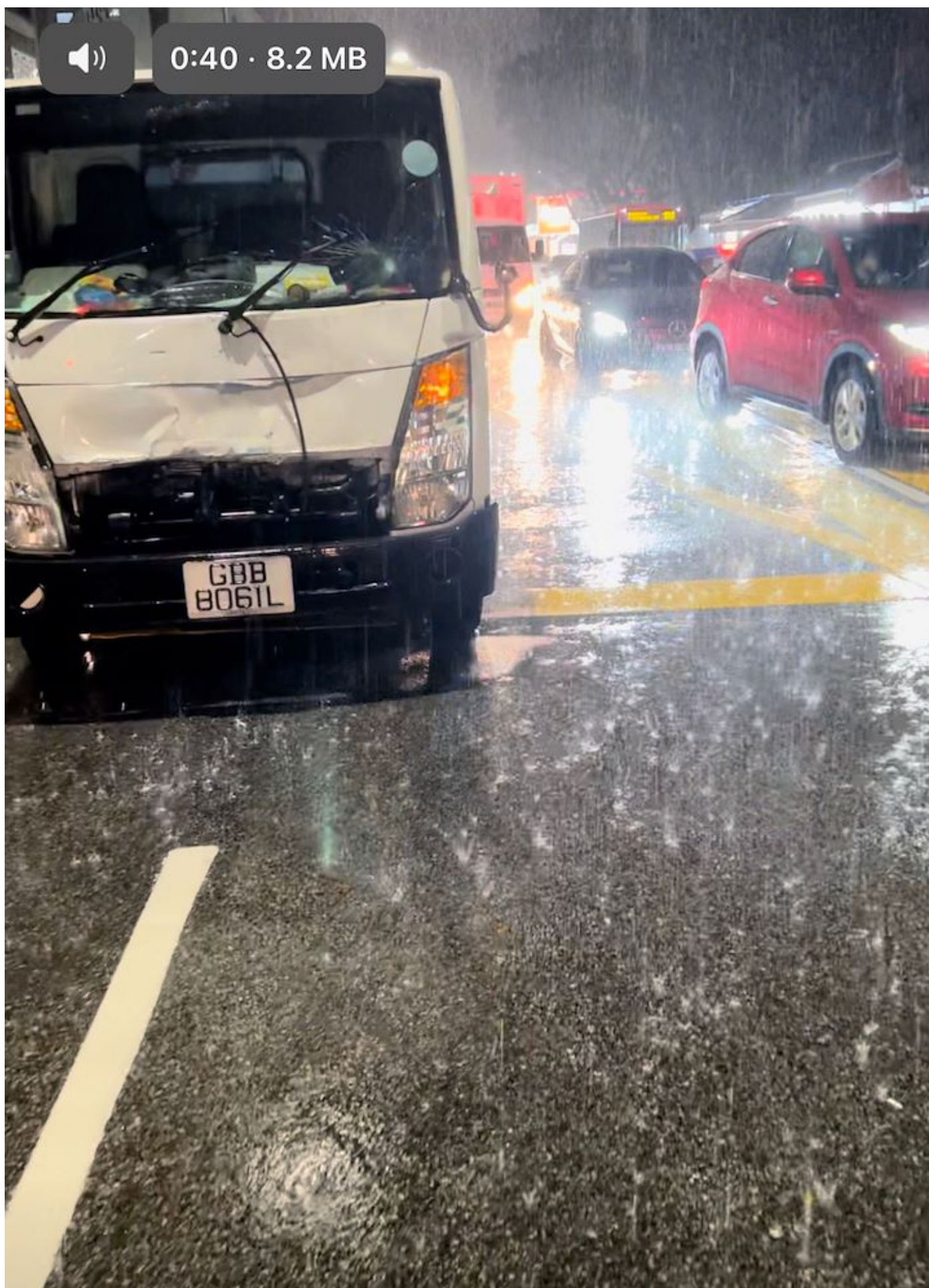














**SINGAPORE  
POLICE FORCE**



T/20221114/2044

1 of 3

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20221114/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/11/2022 14:05	Vide Report No.:	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: HOSSAIN MD AULAD			Address: APT BLK 901A EAST COAST ROAD #03-01 SINGAPORE 459104	
ID Type / ID No.: FIN NO / G8330083W			Contact No.: Home/Office: Mobile: 82986182	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 34	Date of Birth: 15/02/1988	Type of Informant: Driver	
Race: Bangladeshi			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 19/02/2024	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/10/2022 22:10	Type of Location: Straight Road
Location:  SIMS AVENUE				
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 Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8061L	Lorry	NISSAN		Silver	Slightly Damaged	1
GBG7628H	Lorry	NISSAN		Silver	Seriously Damaged	0

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**


T/20221114/2044

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Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20221114/2044

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HOSSAIN MD AULAD	ID No.	G8330083W
Related Vehicle	GBG7628H (Lorry)	Contact No.	82986182
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 19/02/2024
Date Treatment	31/10/2022	Date Discharge	08/11/2022
No. of Days granted Medical Leave	30	Degree of Injury	Serious

**Brief Details.**

On 30/10/2022 at around 2212hrs, I was driving my company's lorry (GBG7628H) along Sims Ave. Another silver lorry (GBB8061L) that was travelling along Lor 13 Geylang suddenly drove out onto the main road of Sims Ave and collided the front portion of his lorry onto the driver side of my lorry. The collision resulted my lorry to spin out of control and my lorry end up colliding onto another white in colour van that was parked along Sims Ave. I decided to step out from my vehicle as I was unsure of what to do. As I was conscious and in a state of shocked, I was unable to record down and recall the details of the other driver and vehicles involved. A passerby then assisted me to sit along the roadside and called for the police. The ambulance also arrived shortly, and I was conveyed to Tan Tock Seng Hospital from 31/10/22 to 08/11/22. I was also issued with medical certification from 31/10/22 to 30/11/22.

My lorry has a in-car camera and was recording during the time of incident. The memory card was handed over to the police that was at scene.

I wish to state that my friend that was staying nearby came down to scene and took a video of the damages due to the collision. I have informed my supervisor about this matter and was advised to lodge a police report. As I do not have a mobile phone, you may contact my supervisor (Mr Lim Teck Lee 82986182).

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20221114/2044

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Report No. T/20221114/2044

**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 2 Regina Lim

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/11/2022 14:05

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT TAN JUN YAN  
Contact No.: 65476311

Classification Of Case:

NP168