

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 15/12/2022 09:47 (SGT)
Reported by Driver
Date of Accident 09/12/2022 08:06 (SGT)
Exact Location of Accident Dunearn Rd, Singapore
Additional Location Information TOWARDS CITY AFTER JALAN ANAK BUKIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GT1234Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 21 CONSTRUCTION ENGINEERING PTE LTD
Company Reg No 2XXXXX450G
Email Address hossainsajib1922@gmail.com
Mobile Phone No (Phone) +65-96903337
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05010222

DRIVER

Name of Driver HOSSAIN SAJIB
Passport No/FIN GXXXX717W
Date Of Birth 02/02/1993
Occupation Outdoor

Date Of Driving Pass	11/06/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98070436
Alt. Phone Number	-
Email Address	hossainsajib1922@gmail.com
Address	25 BUKIT BATOK CRESCENT #08-04
Address complement	-
Postcode	658066
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	Clear
Road Surface	Dry

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)	5
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	-

PASSENGER 1

Name	HASAN MD MAHADY
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20221209/2033

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 YP4650S
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 HASAN MD MAHADY
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? GT1234Y
Were seat belts worn? No
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 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. 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		
		


Describe Circumstances of the Accident

Pls refer to Police Report. T/2022/1209/2033

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

 15/12/2022
Witnessed by Reporting Centre Personnel

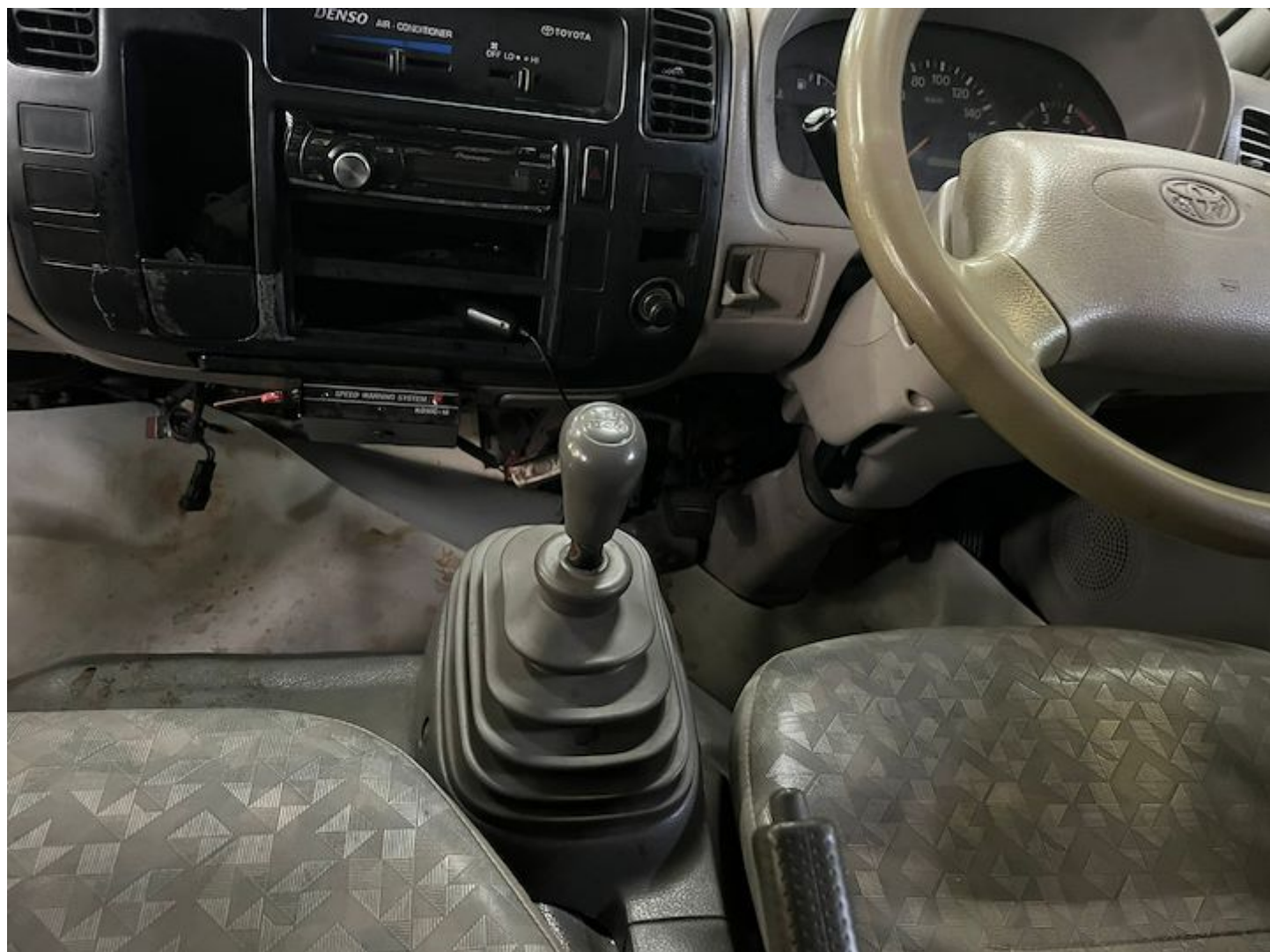




















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2445999



T/20221209/2033

1 of 3

Report No. T/20221209/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2022 11:52		Vide Report No.: J/20221209/0037		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: HOSSAIN SAJIB			Address: 24 TOH GUAN ROAD EAST #02-69 WESTLITE TOH GUAN DORMITORY SINGAPORE 608594		
ID Type / ID No.: FIN NO / G6981717W			Contact No.: Home/Office: Mobile: 98070436		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 29	Date of Birth: 02/02/1993	Type of Informant: Driver		
Race: Bangladeshi			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			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: 09/12/2022 08:05	Type of Location: Straight Road
Location: DUNEARN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GT1234Y	Lorry				Slightly Damaged	4
YP4650S	Lorry				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/20221209/2033

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

2 of 3

Report No: T/20221209/2033

CONTINUATION OF REPORT

Driver			
Name	HOSSAIN SAJIB		ID No. G6981717W
Related Vehicle	GT1234Y (Lorry)		Contact No. 98070438
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
Passenger			
Name	HASAN MD MAHADY		ID No. M3130138J
Related Vehicle	GT1234Y (Lorry)		Contact No. NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2022	Date Discharge	09/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 9/12/2022, at about 0806hrs, I was driving a silver Toyota lorry GT1234Y on the 2nd lane along Dunearn rd towards city after Binjai Park in front of Caltex petrol kiosk. While travelling straight within my lane, I observed the car in front of me applied E-brake and as such I followed through to avoid hitting the car in front. Subsequently, I felt an impact from my rear causing my vehicle to surge forward and hit the front car. The driver of the car in front of me continued to drive away and I was unable to attain any particulars from the driver. Due to the collision, my front and rear portion of the lorry were dented in. Out of the 4 passengers, 1 of my passengers sitting at the back of the lorry was thrown forward and he suffered bruises on the left forehead and left hand. The driver who hit my lorry from behind then called for ambulance and said passenger was conveyed to Ng Teng Fong general hospital. Upon making a check on my in-car camera, I was unable to retrieve any footages pertaining to this incident. So far, I do not have any witnesses and I do not have the license plate number of the vehicle in front.



SINGAPORE POLICE FORCE



T/20221209/2033

3 of 3

Report No. T/20221209/2033

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

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 1 YAP CHEN TENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2022 11:52

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168