

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	13/03/2023 15:39 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 11:30 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	TOWARDS PIONEER RD NORTH ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4181D
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DEXSION BUILDERS PTE. LTD
Company Reg No	201301527E
Email Address	EWEE@DEXSION.COM.SG
Mobile Phone No	(Phone) +65-91821516
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00124932202

DRIVER

Name of Driver	ALOM NURA
Passport No/FIN	G7844087U
Date Of Birth	12/10/1982
Occupation	Outdoor

Date Of Driving Pass	19/11/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86999375
Alt. Phone Number	-
Email Address	EWEE@DEXSION.COM.SG
Address	1, SOON LEE STREET, #03-44, PIONEER CENTRE
Address complement	-
Postcode	627605
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	3
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)	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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT T/20230311/2018

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	XE3469B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMAD FAZLEE BIN MOHAMAD EFFENDY
-	S9827691B
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	YN6858H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAKSHMIKANDHAN ASOKAN
-	G6573811U
Contact Number	(Phone) +65-96146543
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	ALOM NURA
Gender	Male
Phone No	(Phone) +65-86999375
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF4181D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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 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)

Sketch Plan

(A) GF4121D.
(B) XE3469B.
(C) .YN6858H.

Jalan
Ahmed
Ibrahim

vJun2022

1

POSITIVE VERIFICATION OF THE ACCIDENT

On 10/03/2023 @ around 1130 hrs, I stop my vehicle along Jalan Ahmad Ibrahim toward Pioneer PD North Roundabout as the vehicle in front was stopping. While waiting suddenly I felt a huge impact on my rear & pushed me forward. I went down to check & found that vehicle had collided onto my rear left portion & gear is jammed. Caused my rear to front damage. The accident involved with total 3 vehicles.

☐ Claim own policy
☐ Claim third party
☒ Claim ODP TP at other workshop
☐ For record purpose

Policy No. 22MCMANN001X4932202
 Insurer Chinn Veh. No. 6R54181D

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

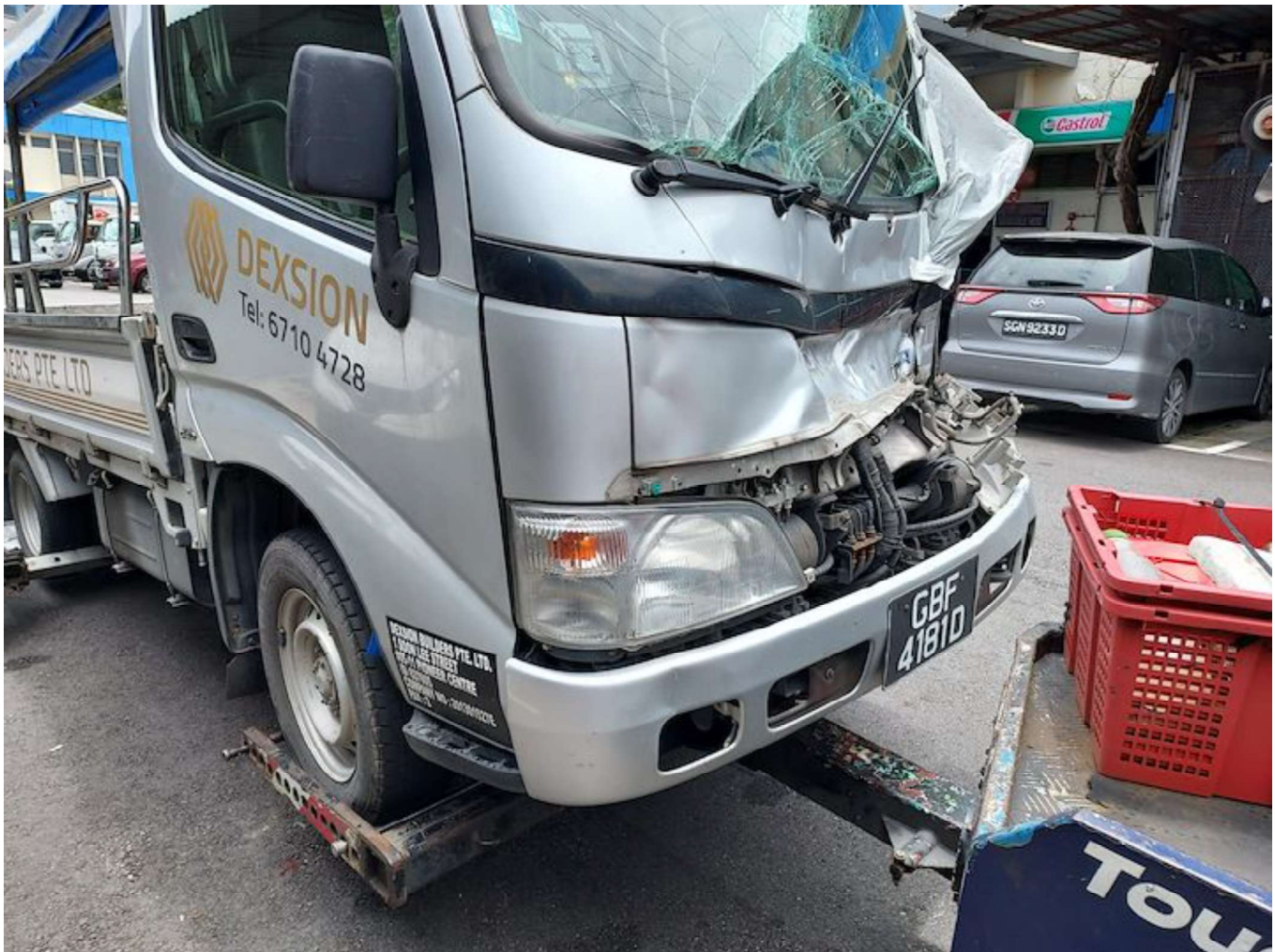
[Signature]

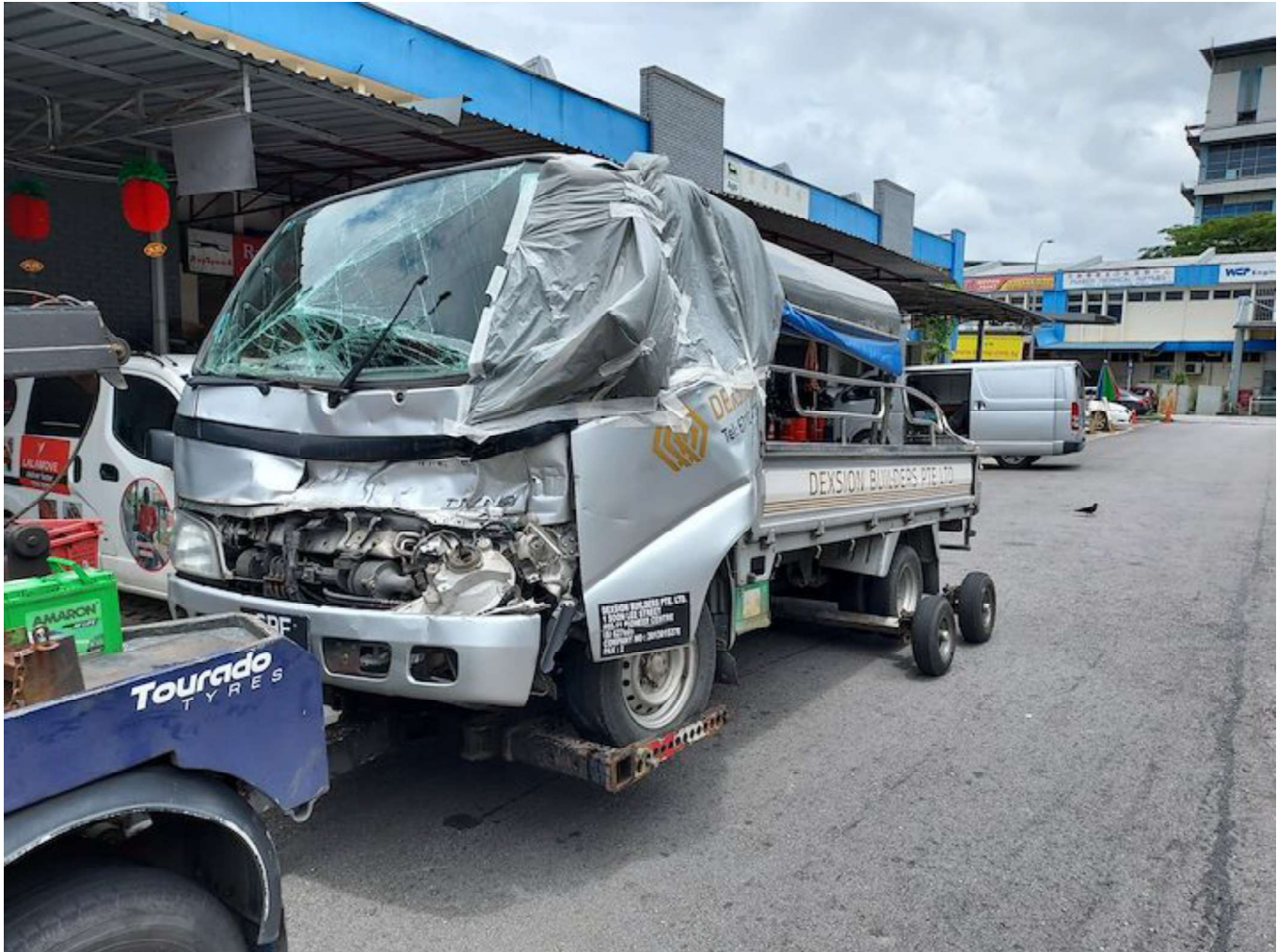
Driver's Signature (if driver is not the policyholder) / Date & Time

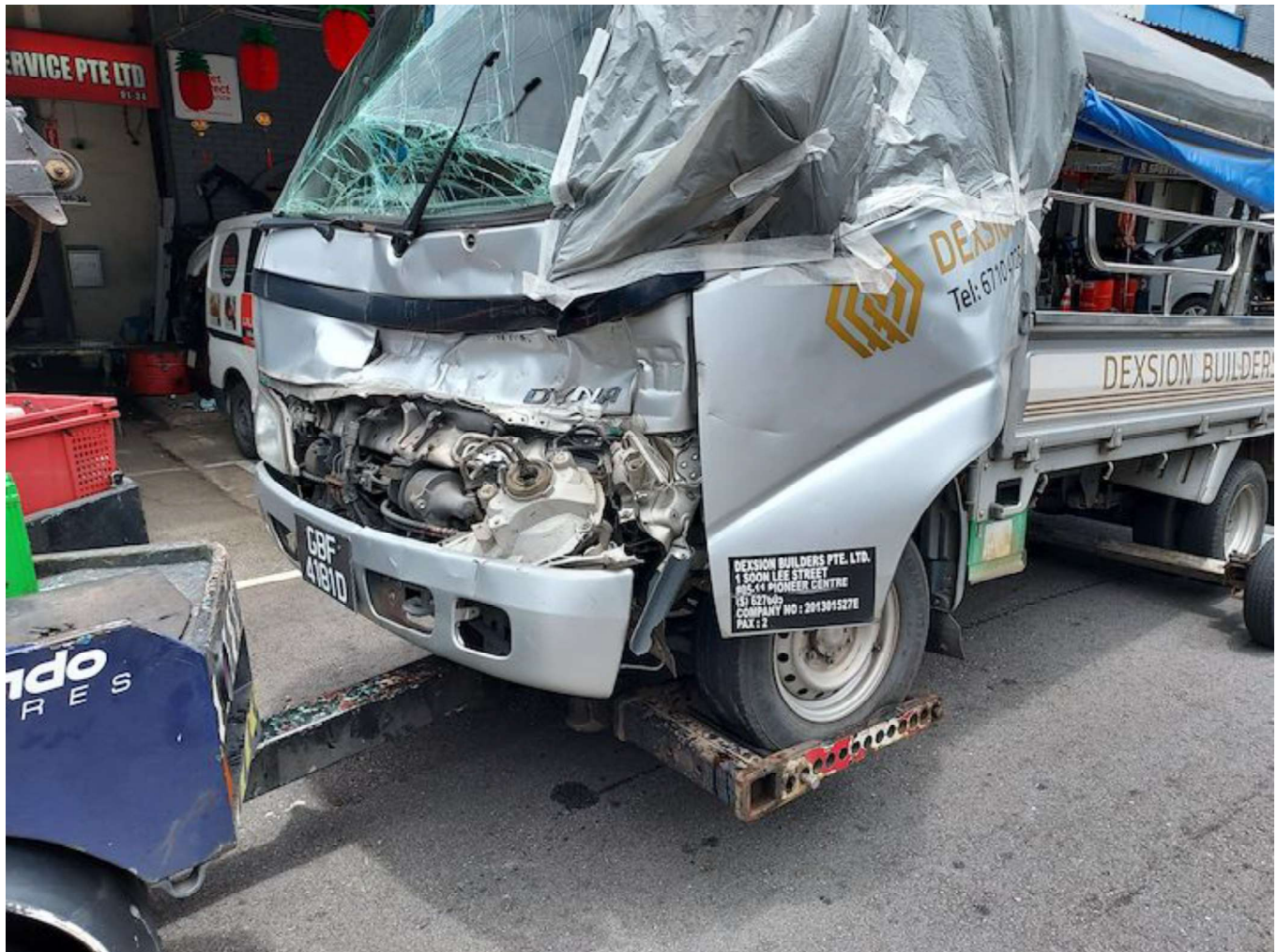
SINGAPORE MOTOR & PANEL SVC PTE LTD

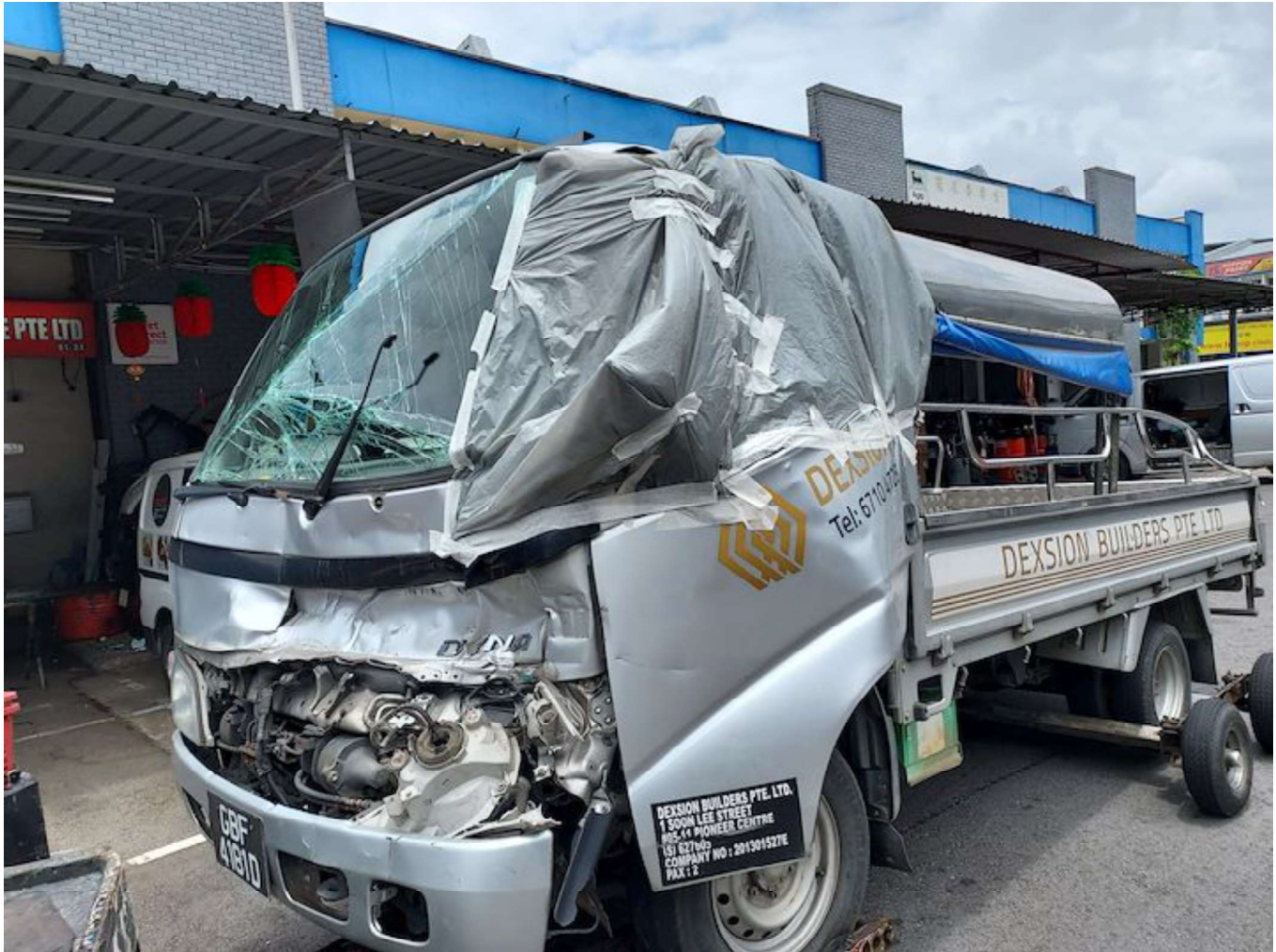
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





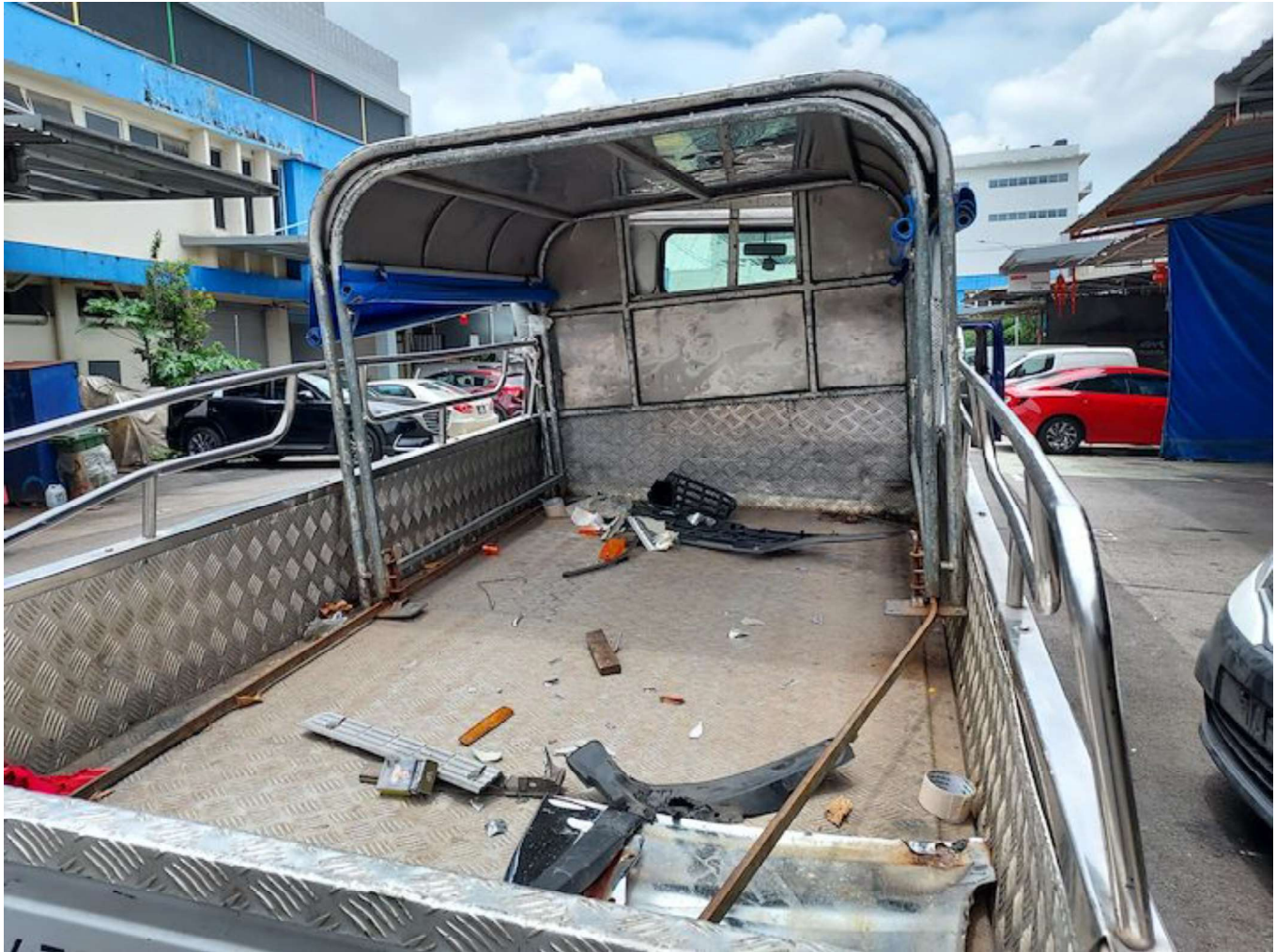
















**SINGAPORE
POLICE FORCE**



T/20230311/2018

1 of 3

Report No. T/20230311/2018

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2023 11:09	Video Report No.:	Station Diary No.: 51
--	-------------------	--------------------------

Informant's Particulars

Name of Informant: ALOM NURA		Address: 1 SOON LEE STREET #05-11 PIONEER CENTRE SINGAPORE 627605	
ID Type / ID No.: FIN NO / G7844087U		Contact No.: Home/Office: 86999375 Mobile:	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 40	Date of Birth: 12/10/1982	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: Building construction engineer		Driving Licence Information: Class: 3 Date of Expiry: 18/11/2024	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2023 11:30	Type of Location: Straight Road
Location: JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4181D	Lorry	TOYOTA		Silver	Seriously Damaged	0
XE3469B	Lorry				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230311/2018

2 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20230311/2018

CONTINUATION OF REPORT

Driver			
Name	ALOM NURA	ID No.	G7844087U
Related Vehicle	GBF4181D (Lorry)	Contact No.	86999375
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 18/11/2024
Date Treatment	10/03/2023	Date Discharge	10/03/2023
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MOHAMMAD FAZLEE BIN MOHAMMAD EFFENDY	ID No.	S9827691B
Related Vehicle	XE3469B (Lorry)	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	NIL

Brief Details.

On 10/03/2023 at about 11:30am, I was driving my company lorry GBF4181D Toyota/silver. I was travelling along Jln Ahmad Ibrahim after exiting Pioneer Flyover. As I was travelling at the said lane, out of sudden the XE3469B hit onto my lorry from behind. All involved parties came to a stop and checked respective vehicle.

Involved parties exchanged particulars willingly and left the scene. I wish to state that due the accident I suffered a slight abrasion on my left parts of my hand and leg. I did seek doctor treatment at NG Teng Fong Hospital and was given 4 days Medical Leave from 10/03/2023 to 13/03/2023.



**SINGAPORE
POLICE FORCE**



T/20230311/2018

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20230311/2018

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 3 MUHAMMAD DJAMADIL
BIN SIDIK

Signature Of Informant: *the informant*

Signature Of Interpreter:
Not applicable

Date/Time:
11/03/2023 11:09

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE