

# 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 ..... 26/04/2023 16:18 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 26/04/2023 07:10 (SGT)  
Exact Location of Accident ..... MacPherson Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF5861T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CENTRE DESIGN ENGINEERING PTE. LTD.  
Company Reg No ..... 2XXXXX152D  
Email Address ..... fullstop423@gmail.com  
Mobile Phone No ..... (Phone) +65-96492236  
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 ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V17121/VCV/R02

### DRIVER

Name of Driver ..... ALAM JAHANGIR  
Passport No/FIN ..... GXXXX440X  
Date Of Birth ..... 02/06/1983  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/04/2020
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94692236
Alt. Phone Number .....	-
Email Address .....	fullstop423@gmail.com
Address .....	-
Address complement .....	-
Postcode .....	-
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? .....	No
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 .....	RAZAN MD
Gender .....	Male

#### PASSENGER 2

Name .....	KABIR MD SOLYMAN
Gender .....	Male

#### PASSENGER 3

Name .....	MIAH MD NADIM
Gender .....	Male

#### PASSENGER 4

Name .....	MAHMUD ANONDO
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230426/7036

## 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 ..... GBF7695T  
 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 ..... ALAM JAHANGIR  
 Gender ..... Male  
 Phone No ..... (Phone) +65-94692236  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... GBF5861T  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... RAZAN MD  
 Gender ..... Male  
 Phone No ..... (Phone) +65-87633766  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SERIOUS INJURY  
 Injured person in which vehicle? ..... GBF5861T  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... KABIR MD SOLYMAN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-81790074  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -

Injuries Sustained ..... SERIOUS INJURY  
Injured person in which vehicle? ..... GBF5861T  
Were seat belts worn? ..... No  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person ..... MIAH MD NADIM  
Gender ..... Male  
Phone No ..... (Phone) +65-89357006  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... GBF5861T  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 5

Name of injured person ..... MAHMUD ANONDO  
Gender ..... Male  
Phone No ..... (Phone) +65-84260961  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SERIOUS INJURY  
Injured person in which vehicle? ..... GBF5861T  
Were seat belts worn? ..... No  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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- 5. **Any false reporting may be referred to the Police for investigation.**
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- 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.

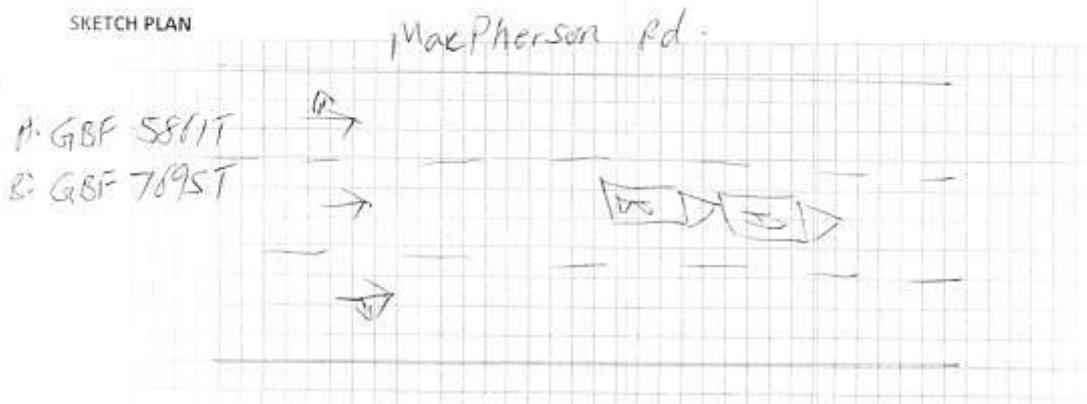


Policyholder's Signature Date & Time:

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

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

**SKETCH PLAN**



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It is a police report #20230426/7036

DECLARATION

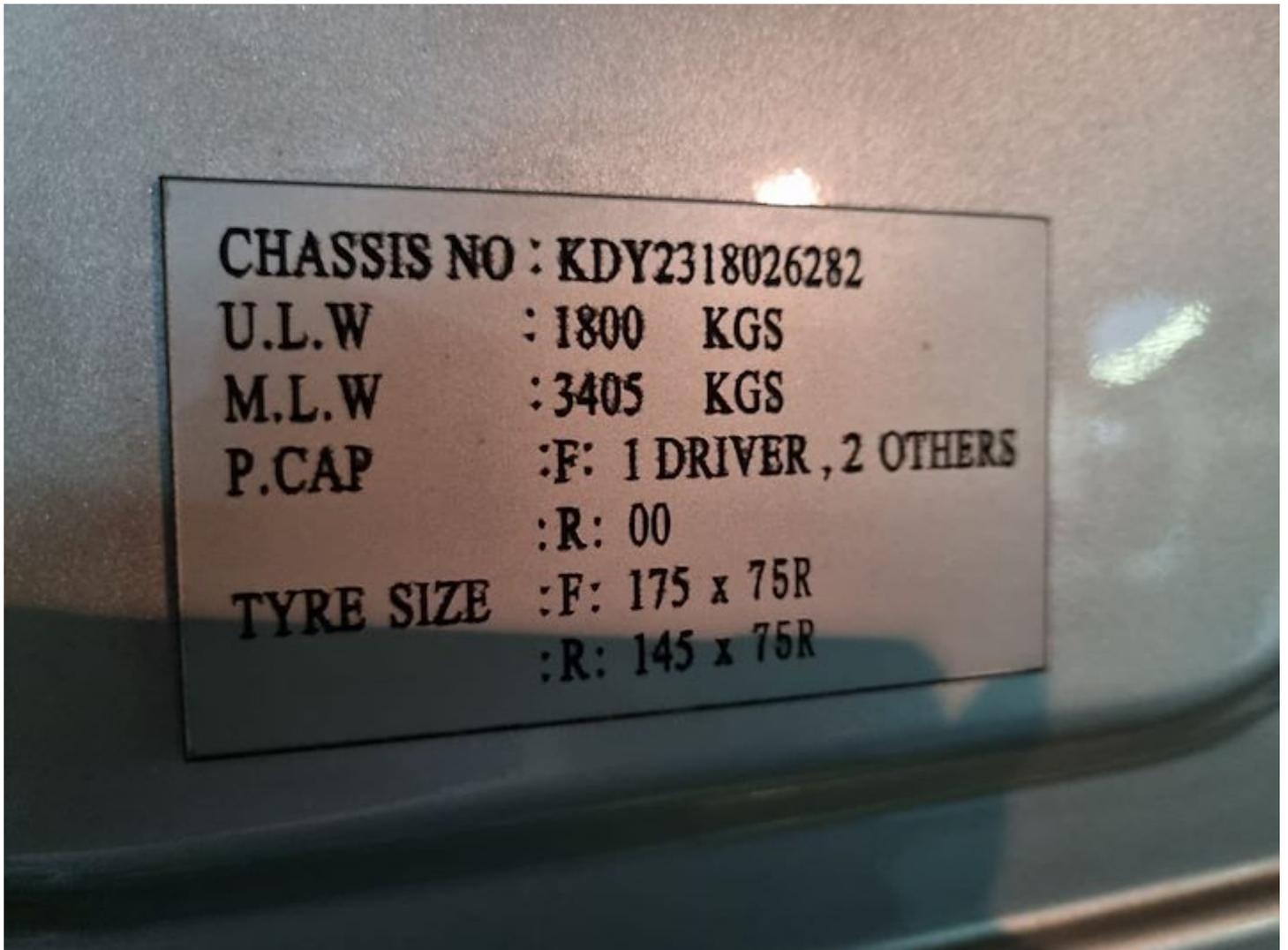
We declare the foregoing particulars are true in every respect.



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.:




















**SINGAPORE  
POLICE FORCE**

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



T/20230426/7036

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Report No: T/20230426/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2023 13:40	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ALAM JAHANGIR			Address:		
ID Type / ID No.:			Contact No.:		
FIN NO / G7964440X			Home/Office:		Mobile: 94692236
Nationality: BANGLADESHI			Email: admin@centredesignengineering.com		
Sex: Male	Age: 39	Date of Birth: 02/06/1983	Type of Informant: Driver		
Race: Bengali			Language: English		
Occupation: Worker reporting unidentifiable/inadequately described occupation			Driving Licence Information: Class: 3		Date of Expiry: 01/04/2025

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2023 07:10	Type of Location: Straight Road
Location:  MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle to stationery vehicle - Head to rear				Anyone conveyed by ambulance: No.

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5861T	Lorry				Seriously Damaged	4
GBF7695T	Lorry			Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230426/7036

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

Report No. T/20230426/7036

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF5861T	LIBERTY INSURANCE PTE LTD	SI22V17121 /VCV /R02	04/01/2023	03/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALAM JAHANGIR	ID No.	G7964440X
Related Vehicle	GBF5861T (Lorry)	Contact No.	94692236
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 01/04/2025
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	01	Degree of	Slight
Passenger			
Name	RAZAN MD	ID No.	0 61413774
Related Vehicle	GBF5861T (Lorry)	Contact No.	87633766
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	04	Degree of	Serious
Passenger			
Name	KABIR MD SOLYMAN	ID No.	0 62803703
Related Vehicle	GBF5861T (Lorry)	Contact No.	81790074
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20230426/7036

## CONTINUATION OF REPORT

Passenger			
Name	MIAH MD NADIM		ID No. 0 63389927
Related Vehicle	GBF5861T (Lorry)		Contact No. 89357006
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	MAHMUD ANONDO		ID No. 0 64280961
Related Vehicle	GBF5861T (Lorry)		Contact No. 84263818
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

I was travelling along Macpherson Road. There were 3 vehicles in front of me. The vehicles in front stopped due to the traffic light turning amber then red, and i followed suit. My vehicle braked, and almost immediately, my colleagues and i felt a knock from the rear of the lorry. I, the driver, and my colleague seated in front came out the the vehicle to see that another lorry has collided into us. We took pictures of the accident, along with the driving license of the other party. After that, i drove my colleagues back to my dormitory and another driver from my company sent us to Changi General Hospital. The other vehicle was not able to move at that point in time.



**SINGAPORE  
POLICE FORCE**

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



T/20230426/7036

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Report No. T/20230426/7036

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
26/04/2023 13:40

Classification Of Case: