

# 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 .....	27/04/2023 10:24 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/04/2023 08:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TUAS BEFORE TOH GUAN EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ6972U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KING FIRE PTE LTD
Company Reg No .....	2XXXXX305H
Email Address .....	ACCOUNTS@KINGFIRESG.COM
Mobile Phone No .....	(Phone) +65-88315785
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 .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129690692

### DRIVER

Name of Driver .....	RAHAMAN LUTFOR
Passport No/FIN .....	GXXXX382L
Date Of Birth .....	25/06/1982
Occupation .....	Outdoor

Date Of Driving Pass .....	15/12/2021
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88315785
Alt. Phone Number .....	-
Email Address .....	ACCOUNTS@KINGFIRESG.COM
Address .....	66 LENGKONG TIGA STARVILLE
Address complement .....	-
Postcode .....	417471
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) .....	6
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 .....	BHUIYAN JAKIR
Gender .....	Male

#### PASSENGER 2

Name .....	OLEE MD
Gender .....	Male

#### PASSENGER 3

Name .....	YEA KUB SHEIKH
Gender .....	Male

#### PASSENGER 4

Name .....	HOSSAIN TANVIR
Gender .....	Male

#### PASSENGER 5

Name .....	ISLAM ROFIQUL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989

Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS THE ABOVE MENTIONED DATE AND TIME, I , VEHICLE A WAS DRIVING ALONG PIE TUAS BEFORE TOH GUAN EXIT 30. WHEN I WAS ABOUT TO STOP MY VEHICLE AS THE FRONT VEHICLE SLOW DOWN, VEHICLE B FROM THE BACK HIT ONTO THE REAR OF MY VEHICLE.

#### 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 .....	GBM1564R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 .....	UNKNOWN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	YQ6972U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**IMPORTANT NOTICE**

**SKETCH PLAN**


1. Please report correctly the details of the accident to speed up the claims process.
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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:

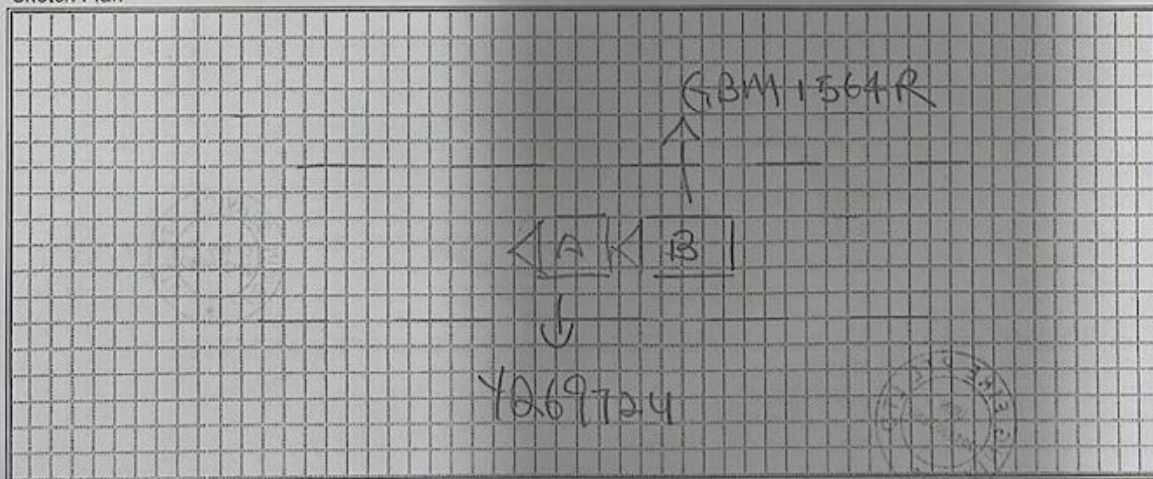
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20230426/2068

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20230426/2068

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	HOSSAIN TANVIR		ID No. G2780650W
Related Vehicle	YQ6972U (Lorry)		Contact No. 82112347
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	ISLAM ROFIQUL		ID No. G8307918K
Related Vehicle	YQ6972U (Lorry)		Contact No. 83852885
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	BHUIYAN JAKIR		ID No. G2010241T
Related Vehicle	YQ6972U (Lorry)		Contact No. 85425453
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

I am residing at 66 Lengkong Tiga Starville S(417471)

On the above-mentioned date, time and place, I was driving one Toyota Dyna lorry bearing the plate number YQ6972U, along PIE (Tuas) before Toh Guan Exit 30. I had 5 passengers total, three in the cabin and 3 at the back of the lorry. The weather was clear, and road was dry. The traffic volume was moderate, however, the traffic in front was slowing down. As the traffic was slowing down in front, I had to slow down my vehicle as well. As I was slowing down and was about to stop, suddenly my vehicle was hit from the back by a van bearing the plate number GBM1564R. Upon collision, my lorry was pushed slightly forward and was hit again the second time. After the second hit, I managed to stop my lorry on time before the vehicle in front.



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Report No. T/20230426/2068

**CONTINUATION OF REPORT**

Upon collision, both of us went out of the lorry and checked on the damages and checked on each other. We exchanged particulars and took photos of the accident. Due to the accident, the passengers and I suffered body aches due to the whiplash. No ambulance or police attended, however, there was LTA marshal at scene. I have a front in-car camera which footages my boss had retrieved. Subsequently, I left the vicinity and proceeded to Advance Clinic & Surgery Pte Ltd. All five passengers and myself recieved two days MC.

I am lodging this report for insurance claim purposes. I am instructed by my boss to lodge a police report as the insurance company told her to lodge a police report.











































### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5129690692

**Cover :** Preferred Workshop Plan

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle  | : YQ6972U             |
| Chassis Number  | : JHHAGV4610K002546   |
| 2. Name of Policyholder   | : KING FIRE PTE. LTD. |
| 3. Effective Date of Insurance  | : 18 Aug 2022         |
| 4. Expiry Date of Insurance   | : 17 Aug 2023         |
| 5. Persons or Classes of Persons entitled to drive#   |                       |
| (a) The Policyholder.   |                       |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                       |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                       |
| 6. Limitations as to Use#   |                       |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                       |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                       |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)

Date of Issue : 18 Aug 2022 10:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive





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T/20230426/2068

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Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
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Report No. T/20230426/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2023 15:26			Vide Report No.:		Station Diary No.: 105
<b>Informant's Particulars</b>					
Name of Informant: RAHAMAN LUTFOR			Address:		
ID Type / ID No.: FIN NO / G6922382L			Contact No.: Home/Office:                      Mobile: 94726673		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 40	Date of Birth: 25/06/1982	Type of Informant: Driver		
Race: Bangladeshi			Language:		
Occupation: Construction			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2023 08:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBM1564R	Van			White	Seriously Damaged	0
YQ6972U	Lorry		Dyna		Seriously Damaged	5

**Details of Person Involved**

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





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Report No. T/20230426/2068

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD DANISH BIN JOHAR	ID No.	S9908300Z
Related Vehicle	GBM1564R (Van)	Contact No.	91808725
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
<b>Passenger</b>			
Name	YEA KUB SHEIKH	ID No.	G6656012R
Related Vehicle	YQ6972U (Lorry)	Contact No.	88365246
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Driver</b>			
Name	RAHAMAN LUTFOR	ID No.	G6922382L
Related Vehicle	YQ6972U (Lorry)	Contact No.	94726673
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	OLEE MD	ID No.	G6727118T
Related Vehicle	YQ6972U (Lorry)	Contact No.	81923199
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL



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Report No. T/20230426/2068

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

F /

SGT 1 Shamil Hafiz Bin  
Muhammad Effandie

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/04/2023 15:26

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

Classification Of Case:

NP168