

## 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 .....	16/06/2023 17:09 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/06/2023 17:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAMPINES EXPRESSWAY LAMP POST 464
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GR7700P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BUILDCOOL ENGINEERING SERVICES PTE LTD
Company Reg No .....	1XXXXX501G
Email Address .....	BUILDLC@BUILDCOOL.COM.SG
Mobile Phone No .....	(Phone) +65-68417811
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Cabstar
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 .....	3000

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5103977603-04

#### DRIVER

Name of Driver .....	TAM KUM MENG
NRIC No .....	SXXXX462B
Date Of Birth .....	17/04/1958
Occupation .....	Outdoor

Date Of Driving Pass	06/02/1980
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96167977
Alt. Phone Number	-
Email Address	KUMMENG TAM@GMAIL.COM
Address	BLK 2 JALAN BUKIT MERAH #13-5156
Address complement	-
Postcode	150002
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	OVI MD SHAZAHAN BHUIYAN
Gender	Male

#### PASSENGER 2

Name	SUBRAMANIYAN SETHUPATHI
Gender	Male

#### PASSENGER 3

Name	SELLADURAI ARIHARAN
Gender	Male

#### PASSENGER 4

Name	CHINNAPAIYAN SRINATH
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20230615/2100 .

PASSENGER (OVI MD SHAZHAN BHUIYAN) POLICE REPORT : T/20230516/2039

## ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? Yes  
 Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE1410H  
 Vehicle Manufacturer Volvo  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Tanker  
 Name of Driver YUSOF BIN ATAN  
 NRIC No SXXXX016G  
 Contact Number (Phone) +65-87879729  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident VEHICLE B  
 No. Of Passenger (Including Driver) -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP5968Z  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver LIM LEE POO  
 NRIC No SXXXX726E  
 Contact Number (Phone) +65-91870323  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage -  
 Details of property damaged in accident VEHICLE C  
 No. Of Passenger (Including Driver) -

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBK2973Y  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Commercial vehicle  
 Name of Driver LOW AH YONG  
 NRIC No SXXXX037C  
 Contact Number (Phone) +65-87124988  
 Address -  
 Address complement -  
 Postcode -

Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE D
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	OVI MD SHAZAHAN BHUIYAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GR7700P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	TAM KUM MENG
Gender .....	Male
Phone No .....	(Phone) +65-96167977
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GR7700P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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.

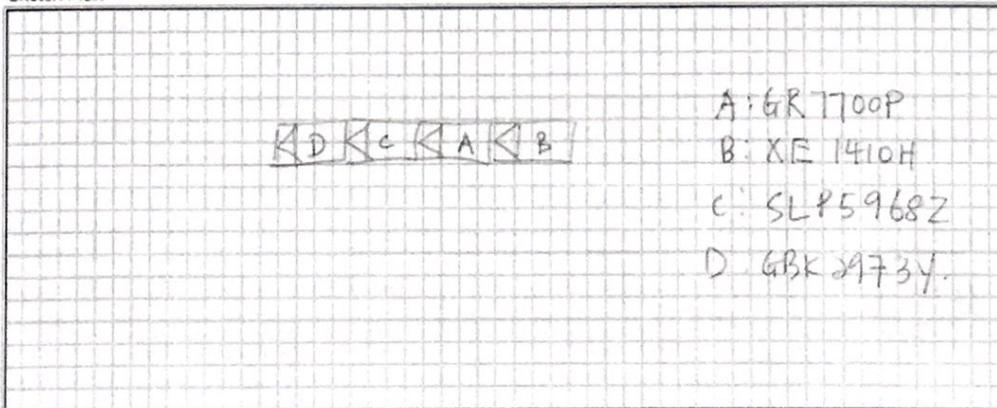


16/6/23  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



vjun2022

Describe Circumstance of the Accident

see Police Report No: T/20230615/2100.

Passenger (Ovi Md Shazahan Bhuiyan) Police Report No:  
T/20230616/2039

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



Policyholder's Signature / Date & Time  
*[Signature]*  
16/6/23

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



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



**SINGAPORE  
POLICE FORCE**



T/20230615/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 4  
Report No. T/20230615/2100

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2023 21:52	Vide Report No.: F/20230615/0116	Station Diary No.: 90
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**Informant's Particulars**

Name of Informant: TAM KUM MENG		Address: APT BLK 2 JALAN BUKIT MERAH #13-5156 SINGAPORE 150002	
ID Type / ID No.: NRIC NO / S1290462B		Contact No.: Home/Office: Mobile: 96167977	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 27/04/1958	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: AIRCON TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/06/2023 17:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 464				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		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
GBK2973Y	Lorry	TOYOTA		White	Seriously Damaged	0
GR7700P	Lorry	NISSAN		Silver	Seriously Damaged	4
SLP5968Z	Car	TOYOTA		Black	Seriously Damaged	1
XE1410H	Lorry	VOLVO		Yellow	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230615/2100

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20230615/2100

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOW AH YONG	ID No.	S2667037C
Related Vehicle	GBK2973Y (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
<b>Driver</b>			
Name	LIM LEE POO	ID No.	S1636726E
Related Vehicle	SLP5968Z (Car)	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
<b>Driver</b>			
Name	YUSOF BIN ATAN	ID No.	S1298016G
Related Vehicle	XE1410H (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



**SINGAPORE  
POLICE FORCE**



T/20230615/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20230615/2100

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAM KUM MENG	ID No.	S1290462B
Related Vehicle	NIL	Contact No.	96167977
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/06/23 at about 1745hrs, I was driving vehicle lorry GR7700P along TPE (SLE) on the extreme left of four lane expressway. As I was approaching Punggol Way exit, I noticed two vehicles, GBK2973Y (first car) and SLP5968Z (second car) came to a stop. I slowed down my vehicle when suddenly vehicle XE1410H collided onto the rear of my vehicle. The impact of the collision caused a four vehicle chained collision where my lorry moved forward and knocked onto the vehicle in front of mine (SLP5968Z). My passenger namely Ovi (Tel: 89377106) who sat beside me was conveyed by ambulance to Sengkang Hospital. He suffered injuries to his back and right hand. I have slight pain on my back however I have yet to seek medical attention. The rear and the front of my vehicle was badly damaged. The Traffic Police officer who attended the scene handed over a case card with case reference F/20230615/0116. The micro SD card from the dashcam camera of my vehicle was handed over to the officer.



**SINGAPORE  
POLICE FORCE**



T/20230615/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20230615/2100

CONTINUATION OF REPORT

Signature of Officer Recording The Report: D/ SGT 3 MUHAMMAD ZAMIR BIN MAZELAN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / STAFF SGT NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347

Signature Of Informant: 
Date/Time: 15/06/2023 21:52
Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
645025  
Tel No: 1800-343 8999



T/20230614/2039

1 of 3

Report No: T/20230614/2039

REPORT OF A TRAFFIC ACCIDENT	Vide Report No.	Station Diary No. 85
Date/Time Report Made: 16/06/2023 13.35		

<b>Informant's Particulars</b>			Address: 8 SELETAR NORTH LINK PPT LODGE 1A SINGAPORE	
Name of Informant: OVI MD SHAZAHAN BHUIYAN			797455	
ID Type / ID No.:			Contact No.:	
FIN NO / G6989267T			Home/Office: Mobile: 89377106	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 30	Date of Birth: 17/12/1992	Type of Informant: Passenger	
Race: Bangladeshi			Language: English	
Occupation: Airconditioner Technician			Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/06/2023 17:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK2973Y	Lorry	TOYOTA	DYNA 150 5MT	White		0
GR7700P	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver		0
SLP5968Z	Car	TOYOTA	VIOS 1.5E CVT	Grey		0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T20230615-2039

Report No: T20230615-2039



Police Station  
Sengkang N  
2 Sengkang  
545025  
Tel No: 18

## CONTINUATION OF REPORT

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE1410H	Lorry	VOLVO	FMX370 64R RSS SC WB4300	White		0

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Passenger**

Name	OVI MD SHAZHAN BHUIYAN	ID No.	G6989267T
Related Vehicle	GR7700P (Lorry)	Contact No.	89377106
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/06/2023	Date Discharge	15/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 15/06/2023 at about 1746hrs, I was sitting in the front passenger seat of my company lorry (GR7700P). I was on the left most lane and there was heavy traffic, the traffic flow was slow, when suddenly there was an impact coming from the rear. The impact caused us to hit into the front car (SLP5968Z) and that impact caused the car to hit onto another lorry (GBK2973Y). My driver and I left the lorry and noticed that we had been hit by another large lorry (XE1410H). I was standing around the accident zone and waited.

Ambulance and Police came down, I was medically assessed and was to Sengkang General Hospital. I was given 5 days' worth of Outpatient Sick Leave medical certificate (Reg no. 201220357k, EMD202380865) by Dr. Nicholas Chia 64610E.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



Report No: 1202206192008

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /  
SGT 2 KANG YONG LER  
JAMESON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/06/2023 13:35

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT NUR HAFIZAH BINTE NORIZAN  
Contact No.: 96189347

Classification Of Case:

NP168