Your NCD will be affected due to late reporting

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 witholding 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	28/06/2023 08:46 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 06:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION OF OLD CHOA CHU KANG ROAD & SUNGEI TENGAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5254R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98956928
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	2755

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100891MFCV/229

DRIVER

Name of Driver	SATTAR ABDUS
Passport No/FIN	GXXXX943N
Date Of Birth	20/05/1975

Occupation	Outdoor
Date Of Driving Pass	23/04/2008
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98956928
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	APT BLK 28 TOH GUAN ROAD EAST
Address complement	# 06-09
Postcode	608591
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	GOVINDHARAJ ASHOKRAJ
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230622/2060

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	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5100S
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-92254763
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	GOVINDHARAJ ASHOKRAJ
Gender	Male
Phone No	(Phone) +65-89353707
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LACERATIONS ON THE HEAD
Injured person in which vehicle?	YQ5254R
Were seat belts worn?	-
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.
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 report by insurance companies do 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 be 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 its copies of the report being made available as relevant.

9. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, its workshop and the General Insurance Association of Singapore ("GIA") are/were 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' law yers/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 making 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' law yers/law firms, may are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

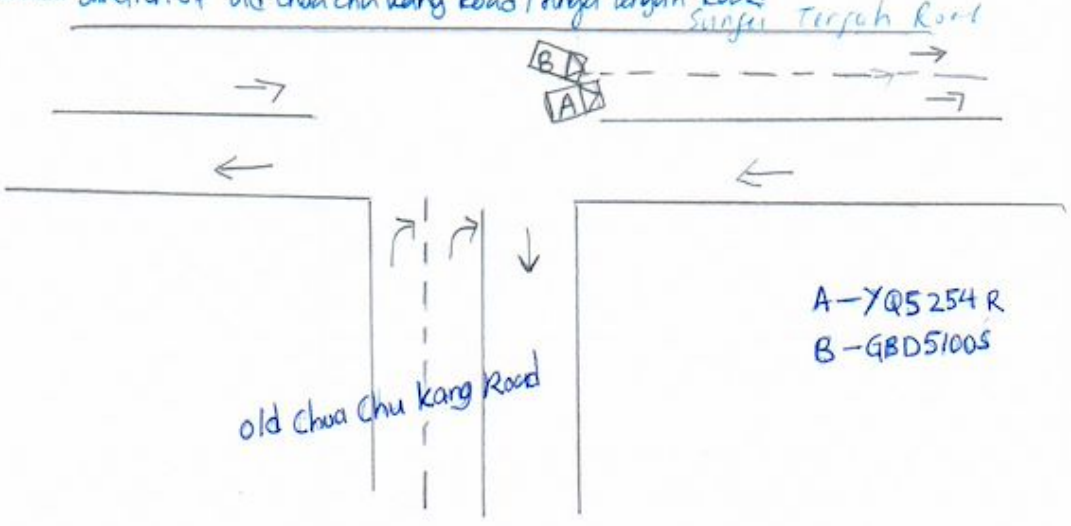
(c) my Personal Information may can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

28/6/2023
Witnessed by Reporting Centre (Personnel)

Sketch Plan Junction of old chua chu kang Road / Jurong Tengah Road



Describe Circumstances of the Accident

As per report.

Note: lorry did not stop after the impact.

Please Refer to the attached police Report - T/20230622/2060 -

Declaration

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

SIANG HOCK CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

28/6/2023

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20230622/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230622/2060

CONTINUATION OF REPORT

Driver			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	GBD5100S (Lorry)	Contact No.	92254763
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

Driver			
Name	SATTAR ABDUS	ID No.	G7465943N
Related Vehicle	YQ5254R (Lorry)	Contact No.	98956928
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 22/04/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Passenger			
Name	GOVINDHARAJ ASHOKRAJ	ID No.	M3021730J
Related Vehicle	YQ5254R (Lorry)	Contact No.	89353707
Hospital/Clinic	DR+ Medical Paincare Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/06/2023	Date Discharge	22/06/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 22/06/2023 at about 0640hrs, I was driving my lorry bearing registration number YQ5254R at the T-junction of Old Choa Chu Kang Rd and Sungei Tengah Rd.

I was making a right turn on Lane 1. As I was turning right, I realized that a lorry bearing registration number GBD5100S which was on Lane 2, was coming closer to my lorry. I could not react in time, and he subsequently side-swiped into my lorry's front left side mirror. He did not stop his lorry and left the scene. As a result, the side mirror was shifted from its original position, but not damaged. From the decal at the side of the lorry, the lorry belongs to Nanyan Construction Pte Ltd, and was tagged with a handphone number, HP: 92254763.

My lorry's front left side mirror was bent. Due to the sudden braking of my lorry, my worker who was

SKETCH PLAN #4

SINGAPORE
POLICE FORCE

T/20230822/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230822/2080

CONTINUATION OF REPORT

sitting at the back, suffered from lacerations on the head. He had already sought treatment at a clinic. I wish to state that I have the vehicle footage, and it captured the incident.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


TOYOTA MOTOR CORPORATION
MODEL GDY231R-TLTGV
ENGINE 1GD FTV 2754 mL
FRAME No. JHHAGV4680K001278
COLOR TRIM PLANT GVM(kg)
058 LA13 P11
TM/A/BUILT AC60 A01A 664
MFD.BY:Hino Motors.Ltd. MADE IN JAPAN

SINGAPORE POLICE FORCE

T/20230622/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230622/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/06/2023 14:50		82

Informant's Particulars

Name of Informant: SATTAR ABDUS			Address: 28 TOH GUAN ROAD EAST #06-09 WESTLITE TOH GUAN DORMITORY SINGAPORE 608596
ID Type / ID No.: FIN NO / G7465943N			Contact No.: Home/Office: Mobile: 98956928
Nationality: BANGLADESHI			Email:
Sex: Male	Age: 48	Date of Birth: 20/05/1975	Type of Informant: Driver
Race: Bengali			Language:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 22/04/2028

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
Hit and Run		No	22/06/2023 06:40	T-Junction

Location: OLD CHOA CHU KANG ROAD

Weather:	Road Surface:	
Clear	Dry	
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5100S	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver		0
YQ5254R	Lorry	TOYOTA	DYNA 150 6AT	White	No Damage	4

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL — Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20230622/2060

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230622/2060

CONTINUATION OF REPORT

Driver			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	GBD5100S (Lorry)	Contact No.	92254763
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

Driver			
Name	SATTAR ABDUS	ID No.	G7465943N
Related Vehicle	YQ5254R (Lorry)	Contact No.	98956928
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 22/04/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Passenger			
Name	GOVINDHARAJ ASHOKRAJ	ID No.	M3021730J
Related Vehicle	YQ5254R (Lorry)	Contact No.	89353707
Hospital/Clinic	DR+ Medical Paincare Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/06/2023	Date Discharge	22/06/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 22/06/2023 at about 0640hrs, I was driving my lorry bearing registration number YQ5254R at the T-junction of Old Choa Chu Kang Rd and Sungei Tengah Rd.

I was making a right turn on Lane 1. As I was turning right, I realized that a lorry bearing registration number GBD5100S which was on Lane 2, was coming closer to my lorry. I could not react in time, and he subsequently side-swiped into my lorry's front left side mirror. He did not stop his lorry and left the scene. As a result, the side mirror was shifted from its original position, but not damaged. From the decal at the side of the lorry, the lorry belongs to Nanyan Construction Pte Ltd, and was tagged with a handphone number, HP: 92254763.

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SINGAPORE
POLICE FORCE

T/20230822/2080

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20230822/2080

CONTINUATION OF REPORT

sitting at the back, suffered from lacerations on the head. He had already sought treatment at a clinic. I wish to state that I have the vehicle footage, and it captured the incident.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

T/20230622/2060

Report No. T/20230622/2060

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / SGT 2 CAI XIN YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2023 14:50
Officer In Charge Of Case: TP / HRT / STAFF SGT SUFIYAN BIN KHAIRI Contact No.: 65476148	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09236R000C Vehicle Registration No: YQ 5254R

Name (as shown in NRIC): Sattar Abdus NRIC/FIN/Passport No: G7465943N

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: Apt Blk 28 Toh Guan Road East #11 06-09 Singapore (608591)

Contact (Tel): Mobile No.: 9895 6928

Email Address: car-rental@singhock.com.sg

Date of Accident: 22/06/2023 Time of Accident: 06:40

Place of Accident: T-Junction of old chua chu kang Road & Bungai Tengah Road

Insurance Company:

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend policy Number - D-2310089IMFCV/229

Policyholder / Actual Driver's Signature
Date:

11/7/

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: