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 14:34 (SGT)
Reported by	Actual Driver
Date of Accident	14/06/2023 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1736Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUGUST DESIGN PTE. LTD.
Company Reg No	2XXXXX031H
Email Address	enquiry@augustdesign.com.sg
Mobile Phone No	(Phone) +65-62656323
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	SQMCG2207504401

DRIVER

Name of Driver	MIA MD VASHANI
Passport No/FIN	GXXXX513U
Date Of Birth	03/09/1990
Occupation	Outdoor

Date Of Driving Pass	08/01/2018
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94600736
Alt. Phone Number	-
Email Address	enquiry@augustdesign.com.sg
Address	500 OLD CHOA CHU KANG ROAD , SUNGEI TENGAH LODGE
Address complement	# 05-105
Postcode	698924
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	13
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	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

PASSENGER 8

Name	UNKNOWN
Gender	Male

PASSENGER 9

Name	UNKNOWN
Gender	Male

PASSENGER 10

Name	UNKNOWN
Gender	Male

PASSENGER 11

Name	UNKNOWN
Gender	Male

PASSENGER 12

Name	UNKNOWN
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 THE ATTACHED POLICE REPORT - T/20230627/2079

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	FBE9263Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
NRIC No	SXXXX213E
Contact Number	(Phone) +65-97413529
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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. The 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.
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.

AUGUST DESIGN PTE LTD

Policyholder's Signature / Date & Time

28/06/23

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

28/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstance of the Accident

Please Refer to the attached
Police Report - T/20230627/2079

Declaration

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

AUGUST DESIGN PTE LTD

Policyholder's Signature / Date & Time

28/06/23

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

28/6/2023

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

v.Jun2022

2

SINGAPORE POLICE FORCE

T/20230627/2079

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

Report No. T/20230627/2079

CONTINUATION OF REPORT

Rider					
Name	Unknown Rider			ID No.	S8227213E
Related Vehicle	FBE9263Z (Motorcycle)			Contact No.	97413529
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	Slight	
Driver					
Name	MIA MD VASHANI			ID No.	G2677513U
Related Vehicle	GBF1736Z (Lorry)			Contact No.	94600736
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 THE ABOVE-MENTIONED DATE PLACE AND TIME, I WAS DRIVING ALONG LANE 2 OF BUKIT TIMAH EXPRESSWAY (BKE). I WANTED TO EXIT TO KJE SO I DECIDED TO LANE CHANGE TO LANE 3. I CHECK MY BLINDSPOT AND MY MIRROR AND MADE THE CHANGE OF LANE. WHEN I CHANGED LANE, AROUND 6 METRES LATER, THERE WAS A MOTORYCLE THAT HIT INTO THE REAR OF MY LORRY. WHEN THE ACCIDENT OCCURED, I STOPPED MY VEHICLE AND TURNED MY HAZARD LIGHT ON. I WENT OUT OF MY VEHICLE TO CHECK ON THE MOTORCYCLIST. HE HAD SUSTAINED SLIGHT INJURIES. NO AMBULANCE OR TRAFFIC POLICE WAS PRESENT.

IMAGES

IMAGES #2

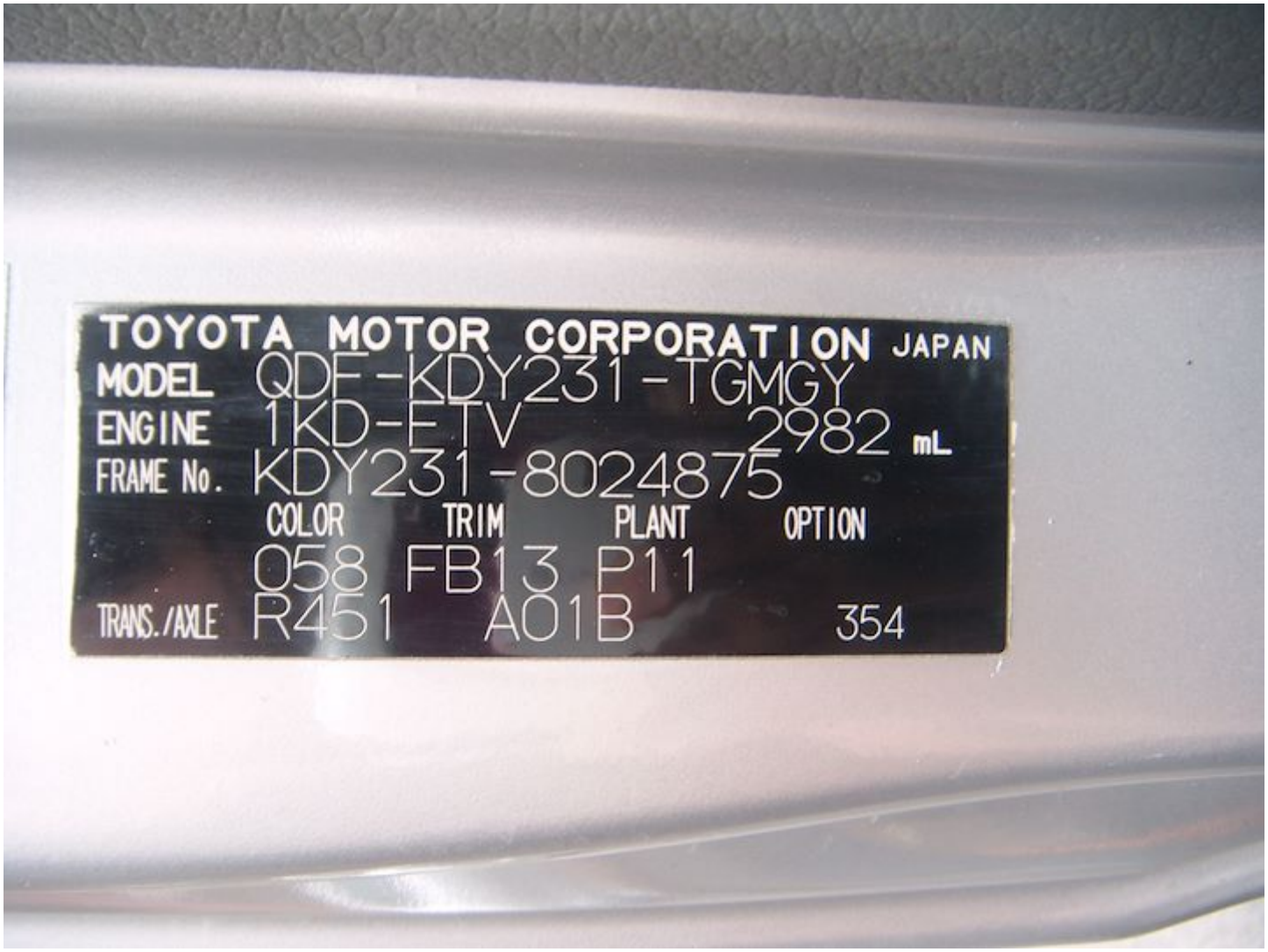
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


TOYOTA MOTOR CORPORATION JAPAN
MODEL QDF-KDY231-TGMGY
ENGINE 1KD-FTV 2982 mL
FRAME No. KDY231-8024875
COLOR TRIM PLANT OPTION
058 FB13 P11
TRANS./AXLE R451 A01B 354

IMAGES #9


70
km/h
GBF
1736Z
OPPO Reno7 Pro 5G


70
km/h
12
Pax
GBF
1736Z
OPPO Reno7 Pro 5G

IMAGES #10


70
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OPPO Reno7 Pro 5G


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OPPO Reno7 Pro 5G

IMAGES #11

SINGAPORE POLICE FORCE

T/20230627/2079

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

Report No. T/20230627/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/06/2023 17:34		

Informant's Particulars

Name of Informant: MIA MD VASHANI			Address: 500 OLD CHOA CHU KANG ROAD #05-105 SUNGEI TENGAH LODGE SINGAPORE 698924
ID Type / ID No.: FIN NO / G2677513U			Contact No.: Home/Office: Mobile: 94600736
Nationality: BANGLADESHI			Email:
Sex: Male	Age: 32	Date of Birth: 03/09/1990	Type of Informant: Driver
Race: Bangladeshi			Language: English
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2023 20:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
FBE9263Z	Motorcycle					0
GBF1736Z	Lorry				Slightly Damaged	10

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20230627/2079

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

Report No. T/20230627/2079

CONTINUATION OF REPORT

Rider					
Name	Unknown Rider			ID No.	S8227213E
Related Vehicle	FBE9263Z (Motorcycle)			Contact No.	97413529
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	Slight	
Driver					
Name	MIA MD VASHANI			ID No.	G2677513U
Related Vehicle	GBF1736Z (Lorry)			Contact No.	94600736
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 THE ABOVE-MENTIONED DATE PLACE AND TIME, I WAS DRIVING ALONG LANE 2 OF BUKIT TIMAH EXPRESSWAY (BKE). I WANTED TO EXIT TO KJE SO I DECIDED TO LANE CHANGE TO LANE 3. I CHECK MY BLINDSPOT AND MY MIRROR AND MADE THE CHANGE OF LANE. WHEN I CHANGED LANE, AROUND 6 METRES LATER, THERE WAS A MOTORYCLE THAT HIT INTO THE REAR OF MY LORRY. WHEN THE ACCIDENT OCCURED, I STOPPED MY VEHICLE AND TURNED MY HAZARD LIGHT ON. I WENT OUT OF MY VEHICLE TO CHECK ON THE MOTORCYCLIST. HE HAD SUSTAINED SLIGHT INJURIES. NO AMBULANCE OR TRAFFIC POLICE WAS PRESENT.

SINGAPORE POLICE FORCE

T/20230627/2079

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

Report No. T/20230627/2079

CONTINUATION OF REPORT

Signature of Officer Recording The Report: TP / SC HAIDIL AKMAL BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2023 17:34
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	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: SN09236S0008 Vehicle Registration No: GBF 17362

Name (as shown in NRIC): MIA MD Vashani NRIC/FIN/Passport No: S9267751J

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

Address: 500 old choachu kang Rd Sungei Tengah lodge #05-105 Singapore (690924)

Contact (Tel): Mobile No.: 9460 0736

Email Address: enquiry@augustdesign.com.sg

Date of Accident: 14/06/2023 Time of Accident: 20:30

Place of Accident: Bukit Timah Expressway

Insurance Company: Grego

(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 upload accident scene photos

Policyholder / Actual Driver's Signature
Date:

28/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: