

## 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 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 ability
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 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 Report	21/04/2016 15:35
Date Of Accident	20/04/2016 14:10
Exact Location Of Accident	CHANGI COAST ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2727M
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### Insured/Policyholder

Name Of Registered Owner	AQUATEMP PTE LTD
Co Reg No	201310647G
Email Address	GWYN@AQUATEMP.COM.SG
Mobile Phone No	
Alternative Phone No	Office-67852726

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV51SJD2DEA
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN3088621500
Cover Note Number	

### Driver

Name of Driver	ONN ENG SOON
NRIC No	S1648355I
Date Of Birth	08/07/1964
Occupation	Outdoor
Date Of Driving Pass	19/10/1984
Driving Experience	31 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-93475049
Fax Number	
Contact Number	
EMail Address	GWYN@AQUATEMP.COM.SG

Address	BLK 288 YISHUN AVENUE 6 #07-50
Postcode	760288
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Address	<b>ROAD:</b> 30 Bedok North Road , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT NO: T/20160421/2034.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8630J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	




#### DETAILS OF INJURED PERSON 1

Name	ONN ENG SOON
Approximate Age	52
Injuries Sustain	

Injured person in which vehicle?	XE2727M
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	BLK 288 YISHUN AVE 6#07-50
Postcode	760288

### 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 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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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Policyholder's Signature / Date & Time 21/4/16 17:00 hrs
 Driver's Signature (if driver is not the policyholder) / Date & Time 21/4/16 17:00 hrs

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Witnessed by Reporting Centre Personnel yan

Changi Coast Road

① XE 2727 M

⑧ XB 8630 J ~~✱~~ (TRA 7910 J)

### Sketch Plan #2

Describe Circumstances of the Accident

As police Report. T 20160421/2034

### Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time \_\_\_\_\_
 Driver's & Time \_\_\_\_\_

Driver's Signature (If driver is not the policyholder) / Date & Time  
21/4/16 17:00hrs

Witnessed By Reporting Centre Personnel

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20160421/2034

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3  
Report No. T/20160421/2034

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2016 11:52	Vide Report No.: G/20160420/0148	Station Diary No.: 39
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### Informant's Particulars

Name of Informant: ONN ENG SOON	Address: APT BLK 288 YISHUN AVENUE 6 #07-50 SINGAPORE 760288
ID Type / ID No.: NRIC NO / S1648355I	Contact No.: Home/Office: Mobile: 93475049
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 51 Date of Birth: 08/07/1964	Type of Informant: Driver
Race: Chinese	Language: English Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2016 14:10	Type of Location: Straight Road
Location: Along Road 1 CHANGI COAST ROAD Before Gate E3 that turns into Airport.				
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Light		
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
XD8630J	Trailer	MITSUBISHI			Seriously Damaged	0
XE2727M	Tipper	MITSUBISHI	Fuso	White	Seriously Damaged	0

### Details of Person Involved

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



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POLICE FORCE**



T/20160421/2034

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20160421/2034

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

ABDUL RAHMAN BIN ABDUL RAHIM  
RABIN IURAHM

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

21/04/2016 11:52

Officer In Charge Of Case:

TP / GIT /

MOHAMED HUSNUL TAUFIQ BIN MD YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp

NP168



Signature :

*[Handwritten Signature]*

SN 103

Singapore Police

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20160421/2034

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3  
Report No. T/20160421/2034

CONTINUATION OF REPORT

Driver			
Name	ONN ENG SOON	ID No.	S1648355I
Related Vehicle	XE2727M (Tipper)	Contact No.	93475049
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was in my tipper, XE2727M. I was stationary along Changi Coast Road on the left lane waiting to turn into gate E3. I do not notice any vehicle approaching from behind. There was one workman controlling the traffic behind my vehicle. Subsequently, a trailer hit me from the rear.

The damaged sustained by my tipper were, damages to the right rear bumper. The water tank that was attached to my tipper was also damaged.

The driver side of the trailer that hit me was seriously damaged. The trailer was not able to move after the accident.


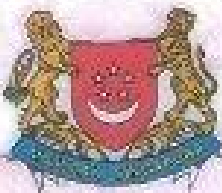
I was conveyed to Changi General Hospital at about 1500hrs by ambulance and was given 3 days of medical leave due to back injury from 21/04/2016 to 23/04/2016.

I wish to state that my tipper truck does not have an in-car camera.



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S16483551**




Name  
**ONN ENG SOON**  
**黄 兴 顺**

Race  
**CHINESE**

Date of birth  
**08-07-1964**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



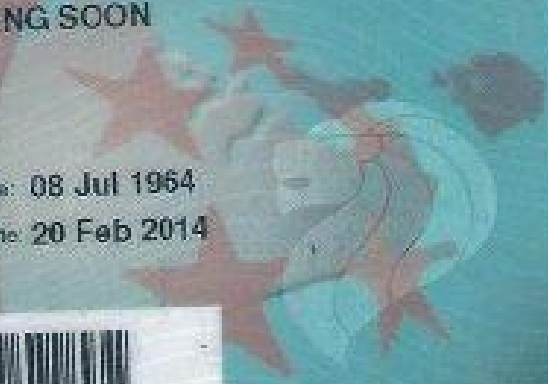
**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **S16483551**

Name  
**ONN ENG SOON**

Birth Date: **08 Jul 1964**

Issue Date: **20 Feb 2014**



002276700K

# Driving License

5247915



NRIC No. S16483551



Date of Issue  
16-12-2013

APT BLK 288 YISHUN AVENUE 6 #07-50  
SINGAPORE 760288

NRIC No: S16483551 Date: 28/05/2015

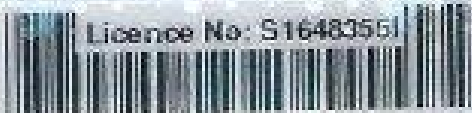
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 CC	09 Dec 1985
Class 3 Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	19 Oct 1984
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	20 Aug 1994
Class 5 Motor vehicles $>$ 7250 kg not constructed to carry any load	19 Jan 2014

S16483551 S / No. 9000206283

NP 428A

Licence No: S16483551



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





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