SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/07/2016 14:53
Date Of Accident	14/07/2016 05:10
Exact Location Of Accident	JUNCTION OF YIO CHU KANG RD & UPP THOMSON RD
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4994E
Insured/Policyholder	
Name Of Registered Owner	SUMMER POND & LANDSCAPING PTE LTD
Co Reg No	200307000D
Email Address	ANGIENG@SUMMERPOND.COM
Mobile Phone No	
Alternative Phone No	Office-64510995
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 M
Exact Purpose for which vehicle was being used at time of accident	
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	Allied World Assurance Company, Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	AVFCSB0012331500
Cover Note Number	
Drivor	

Driver

Name of Driver POH KAH CHAI
NRIC No S0939285H
Date Of Birth 14/08/1950
Occupation Outdoor
Date Of Driving Pass 25/03/1972

Driving Experience 44 Years And 3 Months

Gender Male

Mobile Number (Local) +65-81539192 Fax Number (Local) +65-65473868

Contact Number

EMail Address NOEMAIL

Address

Postcode

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 Unknown - REFER TO SKETCH PLAN.

Weather Conditions Clear Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No Was any body injured in the Accident? No Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No Number of Passengers (Including Driver) 4

Details of Police Action

Was the accident reported to the police?

Yes

If Yes, Please state which Police Station

Police Station Name Ang Mo Kio North Neighbourhood Police Centre

Police Station Address ROAD: 51 Ang Mo Kio Ave 9, POSTCODE: 569784, COUNTRY: Singapore

Police Station Contact **TEL NO**: 1800-4849999 - **FAX NO**: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

No

Circumstances of Accident

REFER TO POLICE REPORT.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4164J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 96245100

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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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.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.
- 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 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 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 discigned 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.

[MOTIDO16 ACCORD UTO SERVICES PTE. LTD.

10 And No Kiro Industrial Park 2A

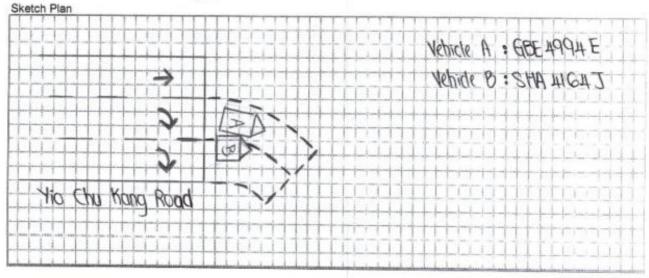
Polodidida A Signature / Date & Time

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

& Time

Witnessed by Reporting Centre Personnel

1 AMK Autopoint



Page 4

Accident Sketch Plan

Date of Accident: 14/107/2016 @ 5:10 am
Yehicle A: 68E 4994 E
The state of the s
Vehicle B = SHA 41611 J
Please refer to Police Report
FICUSE TETA TO TOTALE THEOLY
(Report No: F) 20160714 2038)

Declaration

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



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

O SERVICES PTE, LTD. Kio Industrial Park 2A 1 AMK Autopoint pacore 568047

Witnessed by Reporting Centre Personnel

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Report No. F/20160714/2038

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

Date/Time Report Made 14/07/2016 10:18	Vide Re	Vide Report No.		Station Diary No. 23	
Name Of Informant	Address	Address			
POH KAH CHAI	APT BLI 760141	APT BLK 141 YISHUN RING ROAD #10-10 SINGAPORE 760141			
ID Type / ID No. NRIC NO / S0939285H	100 to 50 to	Contact No. Home/Office		Mobile 96181615	
Nationality SINGAPORE CITIZEN	Email Ad	Email Address			
Occupation	Sex	Age ·	Date of Birth	Race	
Lorry driver	Male	65	14/08/1950	Chinese	
Institution/School Name	Languag	Language			
Date/Time Of Incident 14/07/2016 05:10	298 YIO SINGAF	Location Of Incident 298 YIO CHU KANG ROAD SHELL SELETAR HILLS SINGAPORE 805908 X Junction of Yio Chu Kang Rd and Upper Thomson Road			

Brief details.

On 14/07/16 at about 0510hrs, I was driving my lorry, GBE4994E along Yio Chu Kang Rd towards Upper Thomson Road. Upon reaching the cross junction of Yio Chu Kang Rd and Upper Thomson Rd, I noticed that the traffic light was green and the right green arrow was on allowing me to turn right into Upper Thomson Road. I was driving on the second most right lane. There was a taxi, SHA4164J driving next to

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt MUHAMMAD KHAIR BIN SAHARUDDIN	Bl-
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2016 10:18
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt MUHAMMAD KHAIR BIN SAHARUDDIN Contact No.: 64849999	Classification Of Case:
Authentication Stamp	1 10

SN 085





2 of

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20160714/2038

me on the most right lane which was also turning right. As I was turning right into Upper Thomson Road, I suddenly felt a bump on the right side of my lorry. I then noticed that the front left side of the taxi had hit onto the right side of my lorry near the driver door. I then subsequently came out of my lorry to make a check. The driver side door was damaged as a result of the accident. It was a minor accident. No one was injured during the accident and no government property was damaged. We then exchanged handphone numbers after the accident and the taxi driver informed that he will call me to settle the matter. Both I and the taxi driver then left the place. I have yet to receive any call from the taxi driver. I am lodging this report for my insurance claim.

Signature Of Officer Recording The Report:

F / Sgt MUHAMMAD KHAIR BIN SAHARUDDIN

Signature Of Interpreter:
Not applicable

Date/Time:
14/07/2016 10:18

Classification Of Case:
F / Ang Mo Kio North N.P.C /
Sgt MUHAMMAD KHAIR BIN SAHARUDDIN
Contact No.: 64849999

Authentication Stamp



NRIC & DL



