

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	15/05/2017 15:01
Date Of Accident	15/05/2017 09:30
Exact Location Of Accident	RAFFLES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4355X
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Insured/Policyholder

Name Of Registered Owner	CHIA MENG HAK FOOD SUPPLIER PTE. LTD.
Co Reg No	200812063G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90700699
Alternative Phone No	OFFICE-90700699

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081130837
Cover Note Number	

Driver

Name of Driver	WIN KYAW TUN
Passport No/FIN	G5383504Q
Date Of Birth	21/02/1973
Occupation	INDOOR
Date Of Driving Pass	15/05/2013
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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 ALEXANDRA NEIGHBOURHOOD POLICE POST

Police Station Address **ROAD:** BLK 46-2 COMMONWEALTH DR , **POSTCODE:** 140462 ,
COUNTRY: SINGAPORE

Police Station Contact **TEL NO:** 1800-4739999 - **FAX NO:** 64713569

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA8129K

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)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

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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.

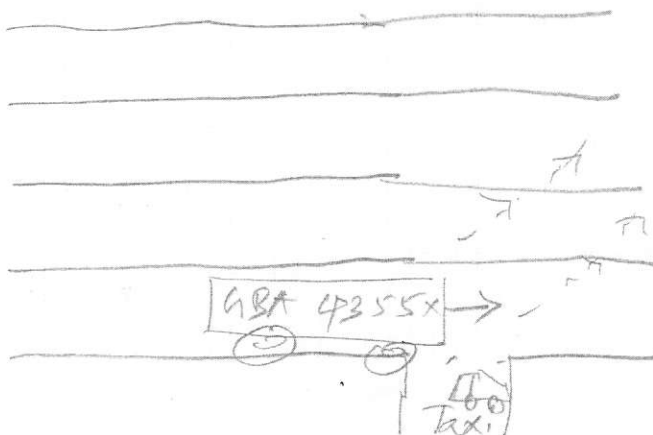


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

[illegible]

Declaration

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



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20170515/2089

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20170515/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2017 14:41		Vide Report No.: A/20170515/0049		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: WIN KYAW TUN			Address: APT BLK 540 BEDOK NORTH STREET 3 #02-1224 SINGAPORE 460540		
ID Type / ID No.: FIN NO / G5383504Q			Contact No.: Home/Office: Mobile: 90700699		
Nationality: MYANMAR			Email:		
Sex: Male	Age: 44	Date of Birth: 21/02/1973	Type of Informant: Driver		
Race: Others			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2017 09:30	Type of Location: Straight Road
Location: Along Road 1 RAFFLES AVENUE Infront of Mandarin Oriental Hotel, Main Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
CBA4355X	Lorry	TOYOTA	DYNA 150 MANUAL	Silver		0
SHA8129K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20170515/2089

2 of 3

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

Report No. T/20170515/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WIN KYAW TUN	ID No.	G5383504Q
Related Vehicle	GBA4355X (Lorry)	Contact No.	90700699
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 15/05/2017 at around 0930hrs, I was travelling down Raffles Ave in my company lorry (GBA4355X). I was travelling on the most right lane on the 4 lane one way road. While driving, I saw that a yellow taxi (SHA8129K) was about to come out from Mandarin Oriental Hotel. I then saw him stop as I was approaching thus I proceeded on.

Just as I was about to pass the taxi, the taxi suddenly drove out and turned left. I was not able to stop in time and I hit the taxi on the left side of the passenger side door and front left bumper. I then stopped my lorry immediately and came out of the vehicle. The taxi driver wanted to drive off but I stopped him and told him I need to take a photo of the damages.

Ambulance and Police soon arrived and they attended to both of us. The taxi driver said he was having slight pain in his body due to the accident. We then gave our particulars to the police at scene. The taxi driver subsequently drove off. I wish to state that the right side of the driver door and the front bumper of the lorry is damaged.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20170515/2089

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

3 of 3

Report No. T/20170515/2089

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:
D /
SURENDDHARAN S/O PURANA CHANDRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt LIM HONG LEE
Contact No: 65476438

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
15/05/2017 14:41

Classification Of Case: