

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	27/11/2017 15:38
Date Of Accident	27/11/2017 08:50
Exact Location Of Accident	AYE AFTER JURONG TOWN HALL BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGP877U
Insured/Policyholder	
Name Of Registered Owner	TSOI KA MAN
Co Reg No	53351296D
Email Address	KAMAN.TSOI@DHL.COM
Mobile Phone No	(LOCAL) +65-96182687
Alternative Phone No	OFFICE-96182687
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086623042
Cover Note Number	
Driver	
Name of Driver	TSOI KA MAN
NRIC No	S2609397Z
Date Of Birth	05/08/1967
Occupation	INDOOR
Date Of Driving Pass	27/01/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96182687
Fax Number	
Contact Number	OTHERS-96182687
EEmail Address	KAMAN.TSOI@DHL.COM

Address	BLK 158 YUNG LOH ROAD #09-56
Postcode	610158
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AKM6666 (COMMERCIAL VEHICLE)
Was any body injured in the Accident?	YES
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T20171127/2070

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	AKM6666
Vehicle Make/Model/Colour	BUS
Details Of Properties	
Name of Driver	MOHD ZAINI BIN TEMIZY
NRIC/Passport Number	A40903983
Contact Number	0192727347
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name TSOI KA MAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SGP877U

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan


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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

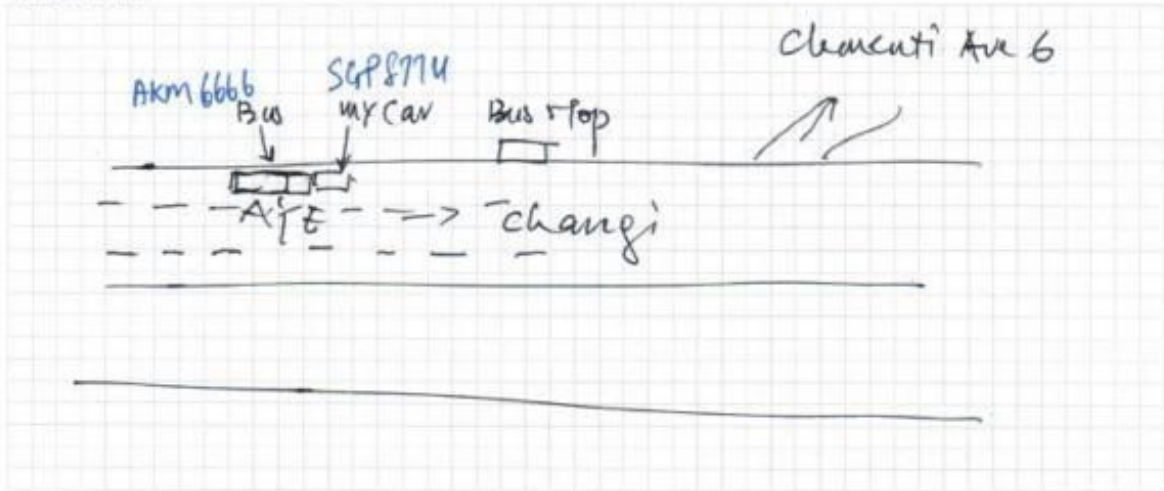
 27/11/17
Policyholder's Signature
Date & Time: 12:03p.

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


Reporting Centre Personnel's Signature
Name: Rosli NABAR
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8:47 am ^{I was} driving along A/E towards Changi.
 It was heavy traffic and driving speed was around 30 km/hr.
 After Jurong Tollmahl before Clementi Exit,
 Malaysia tour bus with license plate AKM 6666 hit
 my car from the back.
 My phone that attached to phone holder
 dropped out and my glasses also dropped out
 from my shirt.

POLICE REPORT 7/2017/1127/2070

DECLARATION

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

[Signature] 27/11/17
 12:10pm

Policyholder's Signature
 Date & Time:

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

[Signature] 27/11/2017
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: *[Signature]*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171127/2070

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

1 of 3

Report No. T/20171127/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 27/11/2017 13:14	Vide Report No.	Station Diary No. 46
---	-----------------	-------------------------

Informant's Particulars

Name of Informant TSOI KA MAN		Address APT BLK 158 YUNG LOH ROAD #09-56 SINGAPORE 610158	
ID Type / ID No. NRIC NO / S2609397Z		Contact No. Home/Office: Mobile: 96182687	
Nationality SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 50	Date of Birth: 05/08/1967	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: SENIOR EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/11/2017 08:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards Changi after Jurong Town Hall before Clementi Ave 6 Exit			
Weather: Raining	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	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
AKM6666	Bus/Coach/Minibus					0
SGP877U	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171127/2070

Police Station Of Origin:
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

2 of 3

Report No. T/20171127/2070

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD ZAINI BIN TEMIZY		ID No. A40903983
Related Vehicle	AKM6666 (Bus/Coach/Minibus)		Contact No. 0192727347
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
Vehicle Owner			
Name	TSOI KA MAN		ID No. S2609397Z
Related Vehicle	SGP877U (Car)		Contact No. 96182687
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 27/11/2017 at about 0847hrs, I was driving along AYE in my car SGP877U on the way to work. The traffic was heavy and everyone was driving at a speed of about 30km/hr. Later on I suddenly felt a hit and I thrust forward and my spectacles fell and I realized that a bus had hit onto my rear. The incident occurred just before the bus stop on the leftmost lane before the filter lane as well.

I immediately got out and exchanged particulars with the said driver of the bus. The bus is a Malaysian tour bus (AKM6666) and I did not know how he had hit onto my vehicle. The driver showed me his passport and he only has a Malaysian contact number. He showed me a receipt from the tour also to show me his name of the company which is Star Mart Express Air Asia Liner Pte Ltd.

My vehicle has very bad dents and the rear had also came out and the headlights are also damaged. The bus only has some scratches at the front. There is a witness who is willing to provide her name and contact, Miss Law, 96722289.

I then was told to lodge a report as the accident involved a foreign vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171127/2070

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20171127/2070

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 /

Sgt 2 JESSICA JESTAS MIRANDA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

27/11/2017 13:14

Classification Of Case:

SN 46

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of TSOI KA MAN (53351296D)

Date: 30/11/2016

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
TSOI KA MAN	52609397Z	SINGAPORE CITIZEN	158 YUNG LOH ROAD #09-56 SINGAPORE (610158)	ACRA	25/11/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
------	----	--	---------	-------------------	---------------------------	-----------------------

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO: ACRA161130032331

DATE: 30/11/2016

This is computer generated. Hence no signature required.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



NISSAN MOTOR CO. LTD. JAPAN
 型式 TYPE
 VIN: J11BAAC11Z0002692
 BDUARDAC11EYA--08
 K21 G
 HR15 J490
 RE4F02B F040
 日産自動車株式会社