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 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.	
TO THE STATE OF THE PARTY OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	29/11/2017 09:45
Date Of Accident	28/11/2017 09:50
Exact Location Of Accident	PAN ISLD EXPRESSWAY TWDS TUAS AFTR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
one significance in the control of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ3474B
Insured/Policyholder	
Name Of Registered Owner	BENG HAI VEHICLE RENTAL
Co Reg No	53306916E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81012202
Alternative Phone No	OFFICE-81012202
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	ON DUTY.
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093167639
Cover Note Number	04/08/2017 - 03/08/2018
Driver	
Name of Driver	MOHAMAD SOFIAN BIN SAPAEN
NRIC No	S7433144J
Date Of Birth	22/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2006
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81012202
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 10 TECK WHYE AVENUE

#05-69

Postcode

680010

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

CHOA CHU KANG NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 116 TECK WHYE LANE, POSTCODE: 680116, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7629999 - FAX NO: 67636615

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 28/11/2017 AT ABOUT 0950 HRS, I WAS DRIVING MY VAN BEARING THE PLATE NUMBER OF GZ3474B ALONG PIE LANE 3 TOWARDS TUAS AFTER PAYA LEBAR EXIT. VOLUME OF VEHICLE WAS HEAVY. FURTHERMORE IT WAS SLOW MOVING TRAFFIC. I WAS DRIVING AT AROUND 30KM/H. WHILE I WAS DRIVING ONE LORRY BEARING THE PLATE NUMBER OF YP7144S (VEHICLE C) SUDDENLY MADE A SUDDEN BRAKE. I THEN MANAGED TO STOP IN TIME. A FEW SECONDS LATER ONE COMFORT TAXI BEARING THE PLATE NUMBER OF SHA6628A (VEHICLE B) HIT ONTO MY REAR VAN. MY VEHICLE THEN JERKED FORWARD AND HIT ONTO THE REAR LORRY. I THEN ALIGHTED FROM THE VEHICLE AND EXCHANGE PARTICULARS. I WAS FEELING UNWELL THUS I WENT TO THE DOCTOR. I THEN GET 3 DAYS OF MC. THERE IS NO IN CAR CAMERA RECORDING IN MY VEHICLE HOWEVER THERE IS THE TAXI HAS IN CAR CAMERA CCTV RECORDER. I AM LODGING THIS REPORT FOR INSURANCE CLAIM.

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

SHA6628A

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties

TAN KEE HWEE

NRIC/Passport Number

S0990098E

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YP7144S

Vehicle Make/Model/Colour

VEHICLE C

Details Of Properties

MR LIM

Name of Driver

NRIC/Passport Number

Contact Number

98355673

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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)

Lunderstand, 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)
 - (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")
- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SCRIBE CIRCUMSTANCES O	F THE ACCIDENT	ALUNICI PANI ISLAND EXPRESSUAY TOWNROS TUAS LAFTELL PANA LETIAR EXIT VANILLE A CIZ 34748 Latitut B SHA 6628A Latitut C YP \$1445
	Police report Tlavia 112812137.	
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E LANGE TOWN TOWN OF THE	ticulars are true in every respect.	SHOOT OF SHOT OF SHOOT OF SHOT OF SHOOT OF SHOOT OF SHOOT OF SHOOT OF SHOOT OF SHOOT OF SHOT OF SHOOT OF SHOOT OF SHOOT OF SHOT OF SHOT OF SHOOT OF SHOOT OF SHOT OF SHOOT OF SHOOT OF SHOT OF SHOT OF SHOT OF SHOT OF SHOT
(8)	Depor's Signature	Reporting Centre Personnel's Signature
Policyholder 494 Nature Date & Time:	Driver's Signature (If driver is not the policyholder), Date & Time:	Name: NRIC/FIN No.:





Report No. T/20171128/2137

Traffic Volume:

ambulance: No

Anyone conveyed by

Heavy

Police Station Of Origin. Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Traffic Flow:

Dual Carriage Way

Between Moving Vehicles - Head To Rear

Type of Collision:

Date/Time R 28/44/2017 2		ade:	Vide Report No.:				Sta 110	tion Diary No.:)
Informant's	Particu	lars						
Name of Info MOHAMAD		N BIN SAPAEN	Address: APT BLK 680010		K WHYE AVE	ENUE #05	5-69 SI	NGAPORE
ID Type / ID No.: NRIC NO / \$7433144J			Contact No.: Home/Office: Mobile: 81012202					202
Nationality: SINGAPORI	E CITIZ	EN	Email:		1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16	Age: 43	Date of Birth: 22/09/1974	Type of Informant: Driver					
Race: Malay			Language: Institu			Institutio	tion / School Name:	
Compation: DSCIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:					
General info	rmatio	n of the Accident						
Type of Accident:	1	Non-Injury Others	[Orink Orive: No	Date/Time of Accident: 28/11/2017 09:50			Type of Location Straight Road
Location: Along Road PAN ISLAN after exiting	D EXPF			ħ.				
We ther:	payare	DOI CALL	Road Si Dry	urface:			Road	Speed Limit:

Vehicle No.	Type	Make	Model,	Color	Condition	No of Passenger
GZ3474B	Van				Seriously Damaged	0
SHA6618A	Car				Slightly Damaged	0
YP7144S	Lorry					0

Traffic Control:





T/20171128/2137

2 of 4

Report No. T/20171128/2137

Police Station Of Origin: Choa Chu Kang N.P.C 23 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

etails of Person ny Pedestrian Inv	olved: No	Ti	Jse of Pede	estrian C	rossin	g: NA
lo. of Pedestrians	Injured: NIL	31 1 1 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2	730 011 00	YEAR IT.		
	MOHAMAD SOFIAN	BIN SAPAEN		ID No.	1	37433144J
Related Vehicle	GZ3474B (Van)			Contact	No.	31012202
Hospital/Clinic	ZAM FAMILY CLINIC			Class of Driving Licence Expiry	. &	Class: 3 Date of Expiry: NIL
	The second secon		Date Disc		28/11	/2017
Date Treatment	28/11/2017	03	Degree of		Slight	
No. of Days gran	ted Medical Leave	103	Dog. co			
Driver Name	Tan Kee Hwee			ID No		S0990098E
Related Vehicle	SHA6628A (Car)			Contact No. 1		NIL
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
			Date Dis	The section of the section of	NIL	
Date Treatment	NIL	TNIL	Degree	of Injury	NIL	
No. of Days gra	nted Medical Leave	I WIL		Figure 12		
Name	Mr Lim			ID No) .	NIL
Related Vehicle	YP7144S (Lorry)			Contact No.		98355673
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
		4	Date D	ischarge	THE VALUE PROPERTY AND ADDRESS.	and the state of t
Date Treatmer	nt NIL anted Medical Leave	TNIL	Degree	of Injur		

On 28/11/2017 at about 0950hrs, I was driving my Van bearing the plate number of GZ3474B along PIE lane 3 towards Tuas after paya Lebar exit. Volume of vehicle was heavy. Furthermore It was slow moving traffic. I was driving at around 30km/h. while I was driving one lorry bearing the plate number of YP7144S suddenly made a sudden brake. I then managed to stop in time, a few seconds later one Comfc. Taxi bearing the plate number of SHA6628A hit onto my rear van, my vehicle then jerked forward and hit onto the rear lorry. I then alighted from the vehicle and exchange particulars. I was feeling unwell thus I went to the doctor. I then get 3 days of MC.

There is No in car camera recording in my vehicle however there is the taxi has in car camera CCTV





3 of 4 Report No. T/201711 8/2137

Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

recorder. I am lodging this report for insurance claim.





4 of 4

Police Station Of Origin: Chea Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Report No. T/25/171128/2137

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: J / Staff Sgt AHMAD ADHA BIN SAHARI	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2017 21:21
Officer In Charge Of Case: TP / GIA /	Classification Of Case: