

## 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	08/12/2017 13:41
Date Of Accident	06/12/2017 11:00
Exact Location Of Accident	ANG MO KIO INDUSTRIAL PARK 2 / ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7273Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOON CHYE CONSTRUCTION COMPANY
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94600939
Alternative Phone No	OFFICE-94600939

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29035475 MKC
Cover Note Number	

### Driver

Name of Driver	CHIA LEE SOON
NRIC No	S1312358F
Date Of Birth	23/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94600939
Fax Number	
Contact Number	OTHERS-94600939
Email Address	NOEMAIL

Address	BLK 162 YISHUN ST 11 #15-272
Postcode	760162
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
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHONG PANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 141 YISHUN RING ROAD , <b>POSTCODE:</b> 760141 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7529999 - <b>FAX NO:</b> 67528913
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171206/2132

#### 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	SGP9934D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	91122108
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	CHIA LEE SOON
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	GBG7273Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

TEL: 67471016 BLK 1013 GEYLANG EAST AVE 3  
FAX: 67495928 #01-116 SINGAPORE 389728

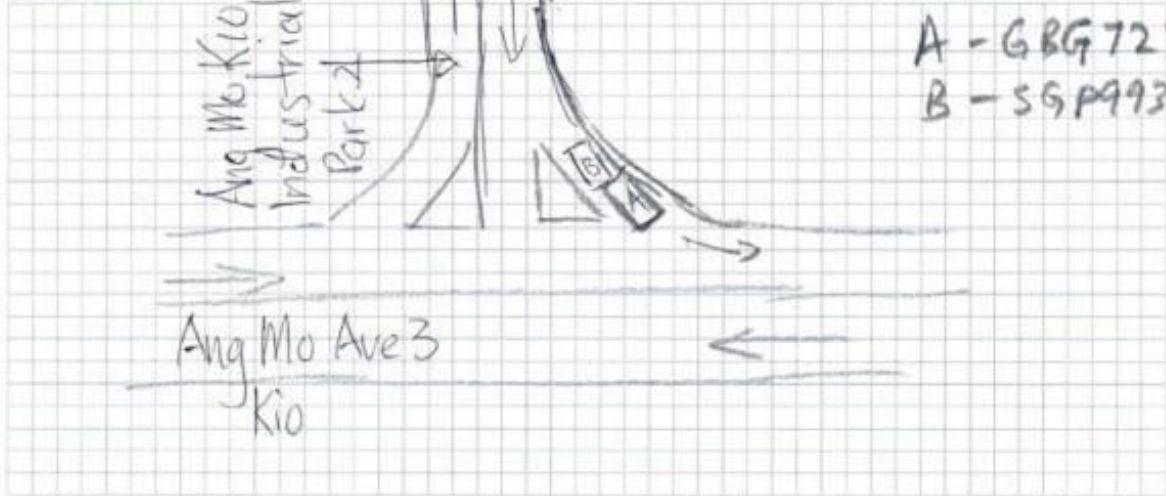
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



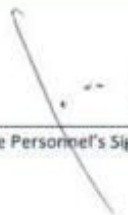
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
T/20171206/2132

### DECLARATION

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


**順財建築公司**  
**SOON CHYE CONSTRUCTION CO.**  
 TEL: 67421016 BLK 1013 GYLAND EAST AVE 9  
 FAX: 67421017 SINGAPORE 387288  
 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.: \_\_\_\_\_

GIARMV Sketch Plan Form, V.1



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171206/2132

2 of 3

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999

Report No. T/20171206/2132

#### CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHIA LEE SOON	ID No.	S1312358F
Related Vehicle	GBG7273Y (Lorry)	Contact No.	94600939
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2017	Date Discharge	06/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SGP9934D (Car)	Contact No.	91122108
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 06.12.2017 at 11.00am, I was driving a company lorry bearing registration no. GBG7273Y along Ang Mo Kio Industrial Park 2 and was heading towards Ang Mo Kio Avenue 3. I was making a left turn, stopping at the slip road, giving way to a bus from the direction of Ang Mo Kio Avenue 3.

All of a sudden, there is another vehicle of registration no. SGP9934D, from the rear had collided onto my lorry. Nobody was injured during the accident. There is a passenger in my lorry whereas there are 2 female passengers in the car.

The driver refused to exchange particulars and after which drove off. A few minutes later, I felt pain on the neck region and pain on the right hand. As such, I decided to call my brother, whom brought me to Khoo Teck Puat Hospital to seek treatment. I was given 7 days of medical leave by the doctor.

Damages to my lorry are as follows: the rear right portion of the lorry which includes the registration plate.

	Signature:	SN 085
	Singapore Police Force	

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



Accident Photo







# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171206/2132

1 of 3

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999

Report No. T/20171206/2132

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2017 19:46	Vide Report No.:	Station Diary No.: 30
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### Informant's Particulars

Name of Informant: CHIA LEE SOON			Address: APT BLK 162 YISHUN STREET 11 #15-272 SINGAPORE 760162		
ID Type / ID No.: NRIC NO / S1312358F			Contact No.: Home/Office: Mobile: 94600939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 23/02/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2017 11:00	Type of Location: Y-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO INDUSTRIAL PARK 2 ANG MO KIO AVENUE 3 at the slip road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7273Y	Lorry	TOYOTA	Toyota Dyna	White	Slightly Damaged	1
SGP9934D	Car	MITSUBISHI		Blue	Seriously Damaged	2

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171206/2132

2 of 3

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999

Report No. T/20171206/2132

## CONTINUATION OF REPORT

<b>Driver</b>		<b>ID No.</b>	
Name	CHIA LEE SOON	S1312358F	
Related Vehicle	GBG7273Y (Lorry)	Contact No.	94600939
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2017	Date Discharge	06/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Driver</b>		<b>ID No.</b>	
Name	Unknown Driver	NIL	
Related Vehicle	SGP9934D (Car)	Contact No.	91122108
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

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 Signature:  SN 085  
Singapore Police Force



Police Report



SINGAPORE  
POLICE FORCE



T/20171206/2132

3 of 3

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999

Report No. T/20171206/2132

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:

F /

Sr Staff Sgt SAIFUDIN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

06/12/2017 19:46

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 085

Singapore Police Force