

## 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	12/12/2017 09:49
Date Of Accident	05/08/2017 01:30
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6245R
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#### Insured/Policyholder

Name Of Registered Owner	READY TRANSPORT PTE LTD
Co Reg No	19900010W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98195070

#### Vehicle Particulars

Manufacturer	MAN
Model	TGS 35.360-10.5 D 8X4 BB (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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VFX/P1219344
Cover Note Number	

#### Driver

Name of Driver	BOON TAW SAI
Passport No/FIN	F1387968X
Date Of Birth	28/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	26/01/1983
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82311106
Fax Number	
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 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. YES  
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 [OTHER] TRAFFIC POLICE DIVISION HQ  
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 YN7345P  
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

### SKETCH PLAN

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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.

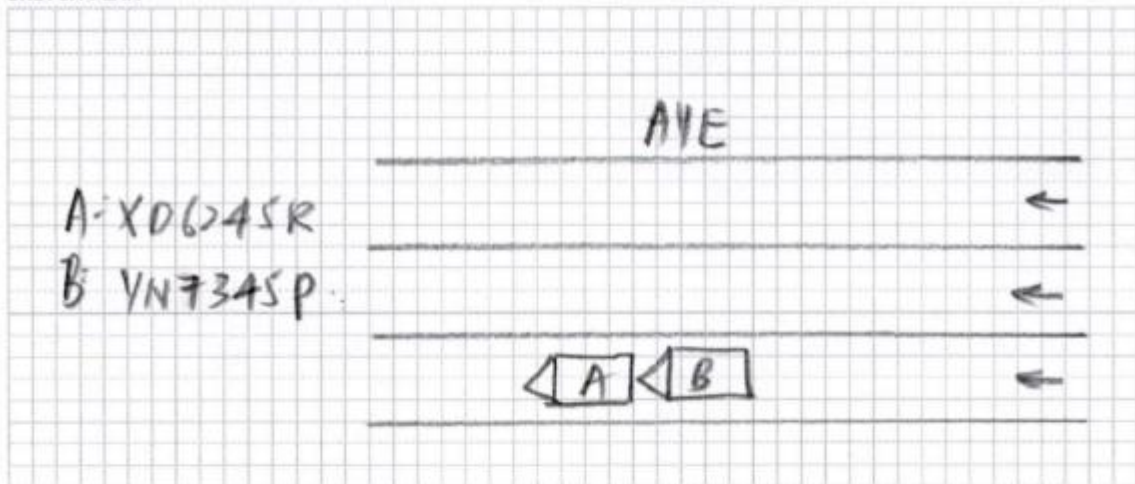


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. I am claiming against the vehicle B  
YN 7345P.

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:

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

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**READY TRANSPORT PTE LTD**

Sector: **SERVICE**

Name  
**BOON TAW SAI**

Occupation  
**LORRY TRUCK DRIVER**

Work Permit No.  
**3 82600479**

Date of Application  
**24-11-2006**

Date of Issue  
**19-04-2017**

Date of Expiry  
**28-04-2019**

**L7843143**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **F1387968X**

Name  
**BOON TAW SAI**

Birth Date **28 Apr 1957**

Issue Date **24 Oct 2016**

Valid Till **03/12/2021**

**VISIT PASS**  
Immigration Regulations

NAME  
**BOON TAW SAI**

Date of Birth **28-04-1957** Sex **M** Nationality **MALAYSIAN**

File **F1387968X** Date of Issue **19-04-2017** Date of Expiry **28-04-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	17 Jul 1980
Class 2A	Motorcycles between 201 cc and 400 cc	17 Jul 1980
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	17 Jul 1980
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	17 Nov 1982
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	26 Jan 1983
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

Licence No: F1387968X

NP 428A



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



10017000542025

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T2017000542025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2017 07:08

Video Report No.:

Station Diary No.

### Informant's Particulars

Name of Informant:  
BOON TAW SAI

Address:  
901 FRENCH RD #01-49 HDB-  
KALLANG/WHAMPOA/NOVENA SINGAPORE 200601

ID Type / ID No.:  
NRIC NO / F1387968X

Contact No:  
Home/Office: 98195070 Mobile: 82311106

Nationality:  
MALAYSIAN

Email:

Sex: Male Age: 60 Date of Birth: 28/04/1957

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
Lorry driver

Driving Licence Information:  
Class: Date of Expiry:

### General Information of the Accident

Type of Accident: Fatal Attended by Police

Drink Drive: No

Date/Time of Accident: 05/08/2017 01:30

Type of Location: Straight Road

Location:  
Along Road 1  
AYER RAJAH EXPRESSWAY

L/P 285

Weather: Clear

Road Surface: Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:  
Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD6245R	BIG TRUCK	MAN	TGS 35.360 8X4 BB	White	Slightly Damaged	0
YN7345P	Lorry	HINO	HINO XZU710R-HKEMS3	White	Seriously Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: Nil

Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T201708052025

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

2 of 3  
Report No: T201708052025

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	BOON TAW SAI	ID No.	F1357968X
Related Vehicle	XD6245R (BIG TRUCK)	Contact No.	95195070
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
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	YN7345P (Lorry)	Contact No.	NIL
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	Fatal

### Brief Details.

On the above mentioned date and time  
I was driving along AYE where suddenly, felt an impact from behind. The front of a lorry collided onto the rear of my truck. I alighted and saw the driver of the lorry was stuck in his vehicle. The front portion of it was severely damaged. Smoke was coming out from the said lorry. Someone pulled me away cautioning me that the lorry might explode. The smoke disappeared soon after. Both police and ambulance were called. The lorry driver was sent to hospital. I was later told by a police officer that he passed away. Hence I am here to make a police report.

## Police Report



SINGAPORE  
POLICE FORCE



T20173805/2025

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No. 65470000

2 of 3

Report No. T20173805/2025

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:  
TP /  
SIM WEI MINQ

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/08/2017 07:09

Officer In Charge Of Case:  
TP / FAIT /  
Sr Staff Sgt DZUL HAIRIE BIN RAMLI  
Contact No : 65476604

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
N°128

Signature: