

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	21/12/2017 14:05
Date Of Accident	21/12/2017 08:50
Exact Location Of Accident	ALONG SLE NEAR WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8903Y
Insured/Policyholder	
Name Of Registered Owner	800 SUPER WASTE MANAGEMENT PTE LTD
Co Reg No	198601155H
Email Address	SUPER800@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63663800

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL 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	5072900554-02
Cover Note Number	01/08/2017 - 31/7/2018

Driver

Name of Driver	TAN LIAN SENG
NRIC No	S2662153D
Date Of Birth	12/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97273800
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 925 JURONG WEST ST 82 #09-113
Postcode	640925
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	6
Passenger 1	NAME: : SABEKI BIN KADRI GENDER: : MALE
Passenger 2	NAME: : MUHAMAD BIN JUDIN GENDER: : MALE
Passenger 3	NAME: : SELIMIN BIN ALI GENDER: : MALE
Passenger 4	NAME: : ABU HASSAN BIN AMIT GENDER: : MALE
Passenger 5	NAME: : USUP BIN GANI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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 PA9570S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

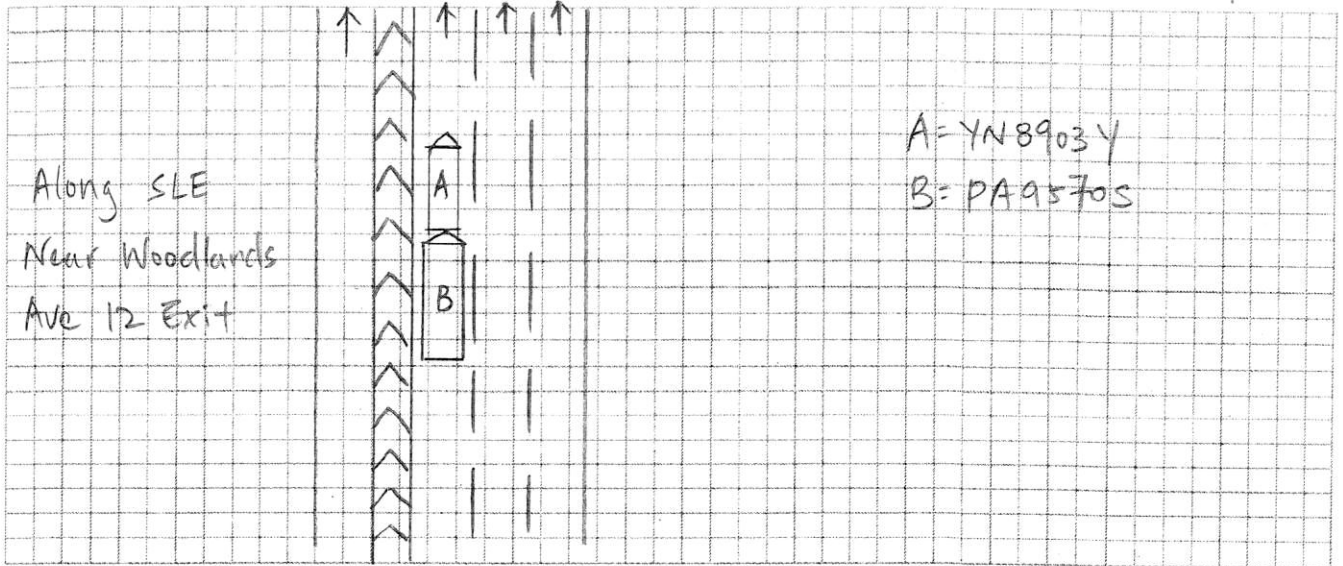
Name SABEKI BIN KADRI
Approximate Age
Injuries Sustain
Injured person in which vehicle? YN8903Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name 4 PASSENGERS - NO. 2 TO NO. 5
Approximate Age
Injuries Sustain
Injured person in which vehicle? YN8903Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

117/0976732

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20171221/2028

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (YS)
NRIC/FIN No:

GIAMC SketchPlanForm_V3 () Claim Own Policy (✓) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

17/0974732

SKETCH PLAN

VEHICLE NO.: YN 8903Y
INSURER : NTUC
DATE & TIME: 21/12/17 @ 08:50


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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: (YS)
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171221/2028

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20171221/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 10:30	Vide Report No.: J/20171221/0076	Station Diary No.: 27
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Informant's Particulars

Name of Informant: TAN LIAN SENG			Address: APT BLK 925 JURONG WEST STREET 92 #09-113 SINGAPORE 640925	
ID Type / ID No.: NRIC NO / S2662153D			Contact No.: Home/Office: Mobile: 97884896	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 52	Date of Birth: 12/08/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2017 08:50	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY Along SLE towards woodlands near woodlands ave 12 exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
PA9570S	Bus/Coach/Minibus	KING LONG		Black		0
YN8903Y	Lorry	ISUZU		White	Seriously Damaged	5

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171221/2028

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20171221/2028

CONTINUATION OF REPORT

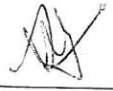
Sketch Plan

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 / Sgt 2 MUHAMMAD SHAHIR S/O DHULKARNAI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Contact No.:

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 21/12/2017 10:30
Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20171221/2028

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20171221/2028

CONTINUATION OF REPORT

Driver				
Name	TAN LIAN SENG		ID No.	S2662153D
Related Vehicle	YN8903Y (Lorry)		Contact No.	97884896
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 21/12/2017 at about 0850hrs, I was driving my lorry bearing the registration plate number YN8903Y, at the 3rd lane of the 3 lane road along SLE towards Woodlands near Woodlands ave 12 exit. Out of sudden, I felt impact from my rear. After which I discover a bus bearing registration plate number PA9570S had collided on to my rear lorry. My lorry had total of 5 passengers.

Then ambulance and traffic police came to scene. One of my passenger was conveyed to hospital due to head injuries. My lorry had dent on the rear bumper and there were misalignment of the lorry. I am not sure of the cost of damage.

This is the first time such incident had happened. The traffic police informed me to lodge a police report.

