

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	02/01/2018 10:23
Date Of Accident	28/12/2017 10:00
Exact Location Of Accident	PIE TOWARDS TUAS BTWN PAYA LEBAR/KALLANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5195C
Insured/Policyholder	
Name Of Registered Owner	SINGDUCT (S) PTE LTD
Co Reg No	200403192M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90283762
Alternative Phone No	OFFICE-90283762

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-005508
Cover Note Number	

Driver

Name of Driver	CHIA NGUAN KIAT
NRIC No	S1823293F
Date Of Birth	12/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90283762
Fax Number	
Contact Number	OTHERS-90283762
EEmail Address	NOEMAIL

Address	BLK 473 SEMBAWANG DRIVE #11-357
Postcode	750473
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171228/2057

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	GBA8690B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC3008Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 CHIA NGUAN KIAT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBG5195C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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: Roshni Wadhvani
NRIC/FIN No.: 02/01/2018

Sketch Plan #2

SKETCH PLAN

PIE TOWARDS TUNAS APER PATA LERAR 		(A) GBG 5195C (B) GBA 8690B (C) SHC 3008Z
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police report. (Report No. T/2017/1228/2057)

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.:

KUALA LUMPUR 30-10-2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171228/2057

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20171228/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2017 14:59		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: CHIA NGUAN KIAT			Address: APT BLK 473 SEMBAWANG DRIVE #11-357 SINGAPORE 750473		
ID Type / ID No.: NRIC NO / S1823293F			Contact No.: Home/Office: Mobile: 90283762		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 12/01/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Delivery Man			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2017 10:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS, BETWEEN PAYA LEBAR/KALLANG EXIT, SECOND LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8690B	Lorry				Slightly Damaged	1
GBG5195C	Lorry				Slightly Damaged	0
SHC3008Z	Car				Slightly Damaged	1

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171228/2057

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20171228/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA NGUAN KIAT	ID No.	S1823293F
Related Vehicle	GBG5195C (Lorry)	Contact No.	90283762
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	28/12/2017	Date Discharge	28/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28.12.2017 at about 1000hrs, I was driving my vehicle GBG5195C travelling along PIE towards Tuas, between Paya Lebar/Kallang Exit, on second lane. When the taxi in front SHC3008Z came to a complete stop, I also stopped my vehicle behind the said taxi. Suddenly, I felt an impact from the rear of my vehicle, pushing my vehicle forward and collided with the taxi in front.

After the collision, I felt dizzy and I remained in the vehicle for quite sometime. Until I was slightly better, I alighted from the vehicle and took some photo of the scene.

Shortly after, the ambulance came and made a check on all the involved parties. Traffic police arrived later and interviewed all involved parties too.

Together with the taxi driver, we were conveyed to Tan Tock Seng Hospital for treatment and I was certified 3 days MC by the doctor from 28.12.2017 to 31.12.2017.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171228/2057

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20171228/2057

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 TEE CHEN YU

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

28/12/2017 14:59

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:



SN 154

Authentication Stamp
NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

