

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	11/01/2018 22:30
Date Of Accident	11/01/2018 16:05
Exact Location Of Accident	SLIP ROAD OF AYE, LOWER DELTA FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV5363X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29004183
Cover Note Number	

Driver

Name of Driver	SUN YANLEI
Passport No/FIN	G2480220K
Date Of Birth	18/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97777585
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	18 TUAS AVE 10 LEVEL 6
Postcode	639142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : LI DONG
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180111/2198 :- ON 11.01.2018 AT ABOUT 0900HRS, I REPORTED FOR WORK AND WAS DETAILED TO DRIVE MY COMPANY VAN GV5363X. I WAS INSTRUCTED BY MY COMPANY TO SEND THE GOODS AT THE VARIOUS LOCATION IN SINGAPORE. AT ABOUT 1605HRS, I WAS STATIONARY AT THE SLIP ROAD OF AYE, LOWER DELTA FLYOVER AND WAS TURNING RIGHT TOWARDS JALAN BUKIT MERAH. I WAS THE FIRST VEHICLE STATIONARY AT THE TRAFFIC LIGHT AND AT THE CENTRE LANE OF THREE LANE ROAD. AT THAT TIME, THE TRAFFIC LIGHT WAS RED, THE WEATHER WAS RAINING AND THE ROAD SURFACE WAS WET. AS I WAS WAITING FOR THE TRAFFIC LIGHT TURN GREEN, OUT OF SUDDEN I FELT A BUMP AT THE REAR PORTION OF MY VEHICLE. I THEN SAW A TAXI SHC7494B DASHING OUT TO THE MAIN ROAD AND HIT ONTO A CAR TRAVELLING FROM THE RIGHT. THE TAXI DRIVER WAS UNCONSCIOUS AND SOMEONE CALL FOR AMBULANCE ASSISTANCE. FEW MINUTES LATER, THE AMBULANCE AND TRAFFIC POLICE ARRIVED AT SCENE. THE AMBULANCE THEN CONVEYED THE TAXI DRIVER TO UNKNOWN HOSPITAL. THE TRAFFIC POLICE OFFICER AT SCENE THEN ADVISED ME TO LODGE A ROAD TRAFFIC ACCIDENT REPORT. I WISH TO STATE THAT THIS IS THE FIRST TIME I MET AN ACCIDENT WITH THE INVOLVING VEHICLES AND THERE IS NO ON-BOARD CAMERA INSTALL INSIDE MY VAN. CURRENTLY, MY PASSENGER AND I FELT SOME PAIN AT THE BACK OF OUR BODY AND CONSIDERING GOING FOR MEDICAL CHECK-UP.

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	SHC7494B
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG7828D
Vehicle Make/Model/Colour	
Details Of Properties	VEH C
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	S6744CD
Vehicle Make/Model/Colour	HONDA
Details Of Properties	VEH D
Vehicle Category	GOVERNMENT
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 4

Vehicle Registration Number	SLS8078G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH E
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SLQ6827K

Vehicle Make/Model/Colour

Details Of Properties

VEH F

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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)

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:

Sun Yan lei

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

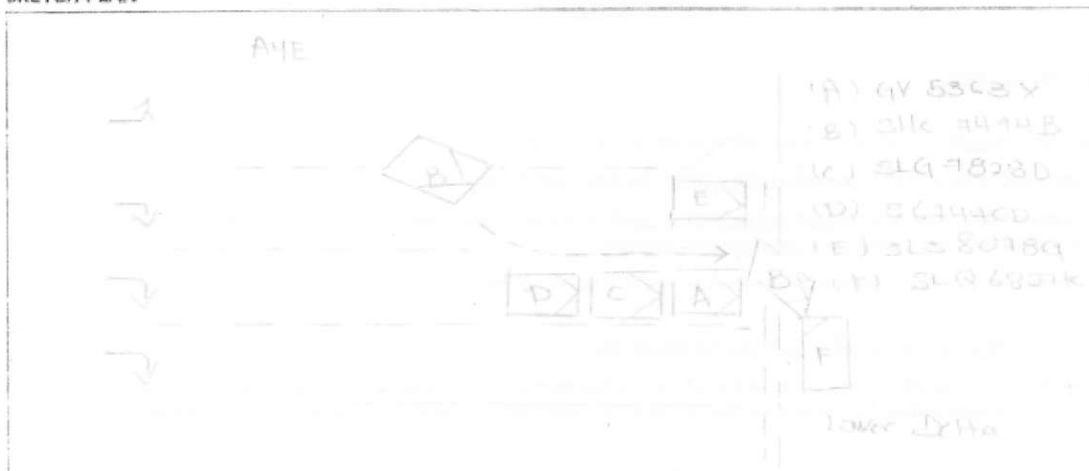
GV 5363 X



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20180111/2198

DECLARATION

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



Policyholder's Signature
Date & Time:

SIARMC Sketch Plan Form_V3

Sun Yan lei

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



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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180111/2198

1 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No T/20180111/2198

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2018 20:05	Vide Report No.: A/20180111/0068	Station Diary No.: 194
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Informant's Particulars			
Name of Informant: SUN YANLEI		Address: C/O 231 PANDAN LOOP SINGAPORE 128418	
ID Type / ID No.: FIN NO / G2480220K		Contact No.: Home/Office: Mobile: 97777585	
Nationality: CHINESE		Email:	
Sex: Male	Age: 31	Date of Birth: 18/08/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/01/2018 16:05	Type of Location: Flyover
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS TUAS AT THE SLIP ROAD OF LOWER DELTA FLYOVER TURNING RIGHT TO JALAN BUKIT MERAH				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
GV5363X	Van				Slightly Damaged	1
S6744CD	Car				Slightly Damaged	0
SHC7494B	Car				Slightly Damaged	0
SLG7828D	Car				Slightly Damaged	1
SLQ6827K	Car				Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20180111/2198

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4
Report No. T/20180111/2198

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS8078G	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUN YANLEI	ID No.	G2480220K
Related Vehicle	GV5363X (Van)	Contact No.	97777585
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LI DONG	ID No.	G2487795M
Related Vehicle	GV5363X (Van)	Contact No.	91224257
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 11.01.2018 at about 0900hrs, I reported for work and was detailed to drive my company van GV5363X. I was instructed by my company to send the goods at the various location in Singapore.

At about 1605hrs, I was stationary at the slip road of AYE, Lower Delta Flyover and was turning right towards Jalan Bukit Merah. I was the first vehicle stationary at the traffic light and at the centre lane of three lane road. At that time, the traffic light was 'red', the weather was raining and the road surface was wet.

As I was waiting for the traffic light turn 'green', out of sudden I felt a bump at the rear portion of my vehicle. I then saw a taxi SHC7494B dashing out to the main road and hit onto a car travelling from the right. The taxi driver was unconscious and someone call for Ambulance assistance.

Few minutes later, the Ambulance and Traffic Police arrived at scene. The Ambulance then conveyed the taxi driver to unknown hospital. The Traffic Police officer at scene then advised me to lodge a Road

Police Report

A: H
Date



**SINGAPORE
POLICE FORCE**



T/20180111/2198

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 4

Report No: T/20180111/2198

CONTINUATION OF REPORT

Traffic Accident report.

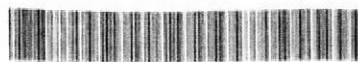
I wish to state that this is the first time I met an accident with the involving vehicles and there is no on-board camera install inside my van. Currently, my passenger and I felt some pain at the back of our body and considering going for medical check-up.

Police Report

Date/T



SINGAPORE
POLICE FORCE



T/20180111/2198

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No T/20180111/2198

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:

D /

Staff Sgt ROSLAN BIN ROHANY

Signature Of Informant:

Sun Yan Lei

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2018 20:05

Officer In Charge Of Case:

TP / GIT /

Sgt 3 LIM ENG KUAN, CLARENCE

Contact No.: 65476195

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE