#### 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 witholding 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, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/12/2017 17:04
Date Of Accident	14/12/2017 07:55
Exact Location Of Accident	PIE TWD TUAS AFTER UPPER JURONG EXIT FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3537T
Insured/Policyholder	
Name Of Registered Owner	POWER FORCE TECHNOLOGIES PTE LTD
Co Reg No	199301184K
Email Address	YUWEI@POWERFORCE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98506093
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	PARTNER-1.6 HDI ETG LWB (A)
Exact Purpose for which vehicle was hei	ing used at

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?

THIRD PARTY If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number D17MTPCVE002089

Cover Note Number

Driver

Name of Driver **TAN YUWEI** NRIC No S8736077F Date Of Birth 02/11/1987 **OUTDOOR** Occupation **Date Of Driving Pass** 13/08/2012

**Driving Experience** 5 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98506093

Fax Number

**Contact Number** 

**EMail Address** YUWEI@POWERFORCE.COM.SG 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 Registration Number of Driver's Own

\_

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? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG N.P.C

Police Station Address ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **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 SJR191T

Vehicle Make/Model/Colour TOYOTA ALTIS

**Details Of Properties** 

Name of Driver TAY BOK CHYE
NRIC/Passport Number S1656775B
Contact Number 93692948

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

### Sketch Plan Pg. 1

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 signiture
Date & Time:

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

me: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Name

Page 4 of 16

	Ρ.	IE toward		
	7	nas		
	/lane3/ lane	2 / lane 1 /		
	/ / B / C / C / C / C / C / C / C / C /		A:-	6663537T STR191T
SCRIBE CIRCUMSTA	NCES OF THE ACCIDENT			
Refer to	place regort.			
veh A: M				
Ven B: Ta	y BOK CHYE			
17-7-7-1				
CLARATION				
	particulars are true in every respect.			(Im)
18/ 18	- LW			
icyholder Signature e & Time:	Driver's Signature (If driver is not the policyhold			e Personnel's Signature

(If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:

## Sketch Plan Pg. 3





Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

1 of 3 Report No. T/20171214/2065

# REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Date/Time Report Made: Vide Report No.: 14/12/2017 12:20 J/20171214/0080 81 **Informant's Particulars** Name of Informant: Address: TAN YUWEI APT BLK 889D WOODLANDS DRIVE 50 #12-269 SINGAPORE 734889 ID Type / ID No.: Contact No.: NRIC NO / S8736077F Home/Office: Mobile: 98506093 Nationality: Email: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Male 30 02/11/1987 Driver Institution / School Name: Race: Language: Chinese Occupation: Driving Licence Information: SALES ENGINEER Date of Expiry: Class:

T f	Injury	Drink	Date/Time of	Type of Location:	
Type of	Attended by Police	Drive:	Accident:	Straight Road	
Accident:		No	14/12/2017 07:55		
Location:					
	Traveling Toward Road 2	2		2	
KRANJI EXPE	RESSWAY			•	
TUAS ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:	Traffic Volume:		
<b>Dual Carriage</b>	Heavy				
Type of Collisi	on:			Anyone conveyed by	
Between Movi		ambulance:			
				No	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
GBF3537T	Van				Slightly Damaged	0	
SJR191T	Car				No Damage	0	

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

### Sketch Plan Pg. 4





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20171214/2065

Tel No: 1800-7929999

#### CONTINUATION OF REPORT

Driver						
Name	TAN YUWEI			ID No.		S8736077F
Related Vehicle	GBF3537T (Van)			Contact No.		98506093
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NIL Date Disc			NIL	
No. of Days granted Medical Leave NIL Degree of In					NIL	
Driver						
Name	Tay Bok Chye			ID No		S1656775B
Related Vehicle	SJR191T (Car)			Contact No.		93692948
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			narge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

# **Brief Details.**

On 14/12/17 at 0755hrs while I was travelling with my company vehicle bearing registration GBF3537T along PIE towards Tuas, I was at the second lane and the traffic was heavy. The vehicle in front of me brake thus I also brake to stop however the vehicle behind me bearing registration SJR191T could not stop in time and hit onto my rear bumper. I take a look at the vehicle behind me through my rear view mirror and while waiting for the driver to approach me, out of sudden a motorcycle and its rider fly beside me. The motorcycle and its rider had hit onto the rear vehicle driver door which caused it to fly. The motorcycle is a Malaysian registered vehicle and I did not take note of its registration number. When the rider fly off its motorbike, it had also hit onto a white car which is on my right. Ambulance was at scene and conveyed the rider. There is and in-car camera installed in my vehicle. Traffic Police was at scene. TP IO in-charge is Jerry Yeo Tel:87216264.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20171214/2065

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 Th J / Staff Sgt MUHAMMAD ARIF BIN		Signature	e Of Informant:	
Signature Of Interpreter:		Date/Tim	A COLOR CONTROL CONTRO	
Not applicable		14/12/20	17 12:20	
Officer In Charge Of Case:		Classifica	tion Of Case:	
Sr Staff Sgt NOR FAIZAL BIN YA	+YA		SN 127	
Contact No.: 65476202			514121	
Authentication Stamp NP168	Signa Signa	nture :		
	Singapor	e Police	e Force	