

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 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	05/02/2018 12:50
Date Of Accident	03/02/2018 11:30
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE146M
Insured/Policyholder	
Name Of Registered Owner	G & S HARDWARE PTE LTD
Co Reg No	201113010G
Email Address	GNSHARDWAREPL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68468286

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V09393/VCV/R01
Cover Note Number	

Driver

Name of Driver	YAP KEAN AIK
Passport No/FIN	G8010153N
Date Of Birth	04/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81596338
Fax Number	
Contact Number	
EMail Address	RAYMOND006969@HOTMAIL.COM

Address	18 TAMPINES INDUSTRIAL CRESCENT SPACE@TAMPINES
Postcode	528605
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ATTACHED POLICE REPORT NO: T/20180203/2081.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RECEIVE FROM DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3517B
Vehicle Make/Model/Colour	
Details Of Properties	TAXI
Vehicle Category	TAXI
Name of Driver	LIM BENG CHYE
NRIC/Passport Number	S0042802G
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

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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.

德星五金私人有限公司
G & S HARDWARE PTE. LTD.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1309

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN

GEYLANG LOR 32

GEYLANG ROAD

A

B

GEYLANG LOR 31

A: GBE 146M

B: SHB 3517B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police Report NO: T/20180203/2081.

DECLARATION

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

德星五金私人有限公司
G & S HARDWARE PTE. LTD.

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.:



5/2/2015
1309.



**SINGAPORE
POLICE FORCE**



T/20180203/2081

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

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Report No. T/20180203/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2018 13:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YAP KEAN AIK			Address: 18 TAMPINES INDUSTRIAL CRESCENT SPACE@TAMPINES SINGAPORE 528605		
ID Type / ID No.: FIN NO / G8010153N			Contact No.: Home/Office: Mobile: 81596338		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 33	Date of Birth: 04/02/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LORRY DELIVERY			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/02/2018 11:30	Type of Location:
Location: Along Road 1 GEYLANG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE146M	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL		Slightly Damaged	0
SHB3517B	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR		Seriously Damaged	0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP KEAN AIK	ID No.	G8010153N
Related Vehicle	GBE146M (Lorry)	Contact No.	81596338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM BENG CHYE	ID No.	S0042802G
Related Vehicle	SHB3517B (Car)	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	NIL

Brief Details.

On 03/02/2018 at around 1130 hrs , I was travelling along geylang road on the second lane, there was 2 vehicle in front of me. After passing the traffic light the first vehicle was trying to filter to the first lane turning towards geylang st 32, the vehicle in front and me came to a stop but we were both going straight. When i looked at my rear mirror i saw a vehicle 'SHB3517B' came dashing from behind and my react was to immediately hit brake and he collided onto my car's rear back portion. My lorry rear right portion was damaged. Nobody was conveyed to hospital. i tried to get his particulars but only managed to captured his driver's I/C. i have in car camera that captures the footage of the accident.



SINGAPORE
POLICE FORCE



T/20180203/2081

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

Report No. T/20180203/2081

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 /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/02/2018 13:09

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: