

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	07/02/2018 16:50
Date Of Accident	06/02/2018 05:30
Exact Location Of Accident	ALONG JALAN BESAR CROSS JUNCTION OF KITCHENER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY457Z
Insured/Policyholder	
Name Of Registered Owner	H & G FOODSTUFF
Co Reg No	53152896X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90931035

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100491931-01
Cover Note Number	

Driver

Name of Driver	TONG XINJUN
Passport No/FIN	G7954027M
Date Of Birth	29/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97163456
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 38 GEYLANG LOR 8 #04-01
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON 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	
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)	2
Passenger 1	NAME: : ANG CHOONG HOW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20180206/2156.

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	SHA3402D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH SOO HENG
NRIC/Passport Number	S1293602H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name ANG CHOONG HOW

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY457Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

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

Witnessed by Reporting Centre Personnel

A hand-drawn map of the intersection of Jalan Besar Road and Kitchener Road. The map is drawn on a grid background. Jalan Besar Road runs horizontally across the middle, and Kitchener Road runs vertically through the center. Arrows indicate traffic flow: on Jalan Besar Road, traffic flows from left to right; on Kitchener Road, traffic flows from top to bottom. A bus stop is marked with a bus icon and the number '10' on the left side of Jalan Besar Road. A pedestrian crossing is marked with a zebra crossing icon on the right side of Jalan Besar Road. The map is labeled 'JALAN BESAR ROAD' and 'KITCHENER ROAD'.

REFER POLICE REPORT: T/20180206/2156.

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim OD/TP at other workshop

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20180206/2156

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20180206/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 19:25		Vide Report No.:		Station Diary No.: 57
Informant's Particulars				
Name of Informant: TONG XINJUN		Address: APT BLK 30 LORONG 6 GEYLANG #03-01 SUNFLOWER COURT SINGAPORE 399182		
ID Type / ID No.: FIN NO / G7954027M		Contact No.:		
Nationality: CHINESE		Home/Office:		Mobile: 97163456
Sex: Male		Age: 45	Date of Birth: 29/10/1972	Type of Informant: Driver
Race: Chinese		Language: Chinese		Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2018 05:30	Type of Location: X-Junction
Location: Along Road 1 JALAN BESAR				
Along Jalan Besar, cross junction of Kitchener road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GY475Z	Lorry				Seriously Damaged	1
SHA3402D (Not Accurate)	Car				Slightly Damaged	0

Details of Person Involved
Any Pedestrian Involved: No



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Report No. T/20180206/2156

CONTINUATION OF REPORT

Passenger			
Name	Ang Choong How		ID No. S1658496G
Related Vehicle	GY475Z (Lorry)		Contact No. 90627437
Hospital/Clinic	GOH MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/02/2018		Date Discharge 06/02/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight
Driver			
Name	TONG XINJUN		ID No. G7954027M
Related Vehicle	GY475Z (Lorry)		Contact No. 97163456
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
Driver			
Name	Goh Soo Heng		ID No. S1293602H
Related Vehicle	SHA3402D (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 06/02/2018 at about 0530hrs, I was driving my lorry (GY475Z) along Jalan Besar. While at the cross junction of Jalan Besar and Kitchener road, I continued moving as it was green light in my favour. After I crossed the traffic light, another vehicle (SHA3402D) came from Kitchener road and continued moving forward. It was red light in this direction and he had dash through the red light, colliding with my vehicle's passenger side as a result.

Police had attended my scene and I was tasked to lodge a police report.



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Report No. T/20180206/2156

CONTINUATION OF REPORT



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

Report No. T/20180206/2156

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: E / Sgt 2 ADAM GOH AIK YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2018 19:25
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No: 65476138 	Classification Of Case:
Authentication Stamp NP16R	SN 057