

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	13/02/2018 14:55
Date Of Accident	12/02/2018 21:15
Exact Location Of Accident	ALONG 566 MACPHERSON RD TWDS GENTING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3852T
Insured/Policyholder	
Name Of Registered Owner	KIAN SOON MECHANICAL COMPONENTS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62911177

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	OTW BACK TO OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DHOM110079090809
Cover Note Number	

Driver

Name of Driver	TEOW CHEE SIONG(ZHANG ZHIXIONG)
NRIC No	S7519889B
Date Of Birth	07/07/1975
Occupation	INDOOR
Date Of Driving Pass	21/06/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97432166
Fax Number	
Contact Number	
Email Address	TEOW_75@YAHOO.COM.SG

Address	BLK 914 TAMPINES SYT 91 #01-21
Postcode	520914
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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: : TAN SIA RUH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180213/2073

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
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)

Sketch Plan

13-02-18 15:14

SKETCH PLAN

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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. 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 this 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:
NRIC/FIN No.:

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Sketch Plan #2

13-02-18 15:14

2/ 2

566 MACARTHUR RD

SKETCH PLAN

A-G23852T
B-UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 5/20180213/3073

DECLARATION

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



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

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

P. 2/ 2

13-FEB-2018 14:53

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180213/2073

2 of 3

Report No. T/20180213/2073

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

CONTINUATION OF REPORT

Driver		ID No.		S7519889B	
Name	TEOW CHEE SIONG			Contact No.	97432166
Related Vehicle	GZ3852T (Lorry)			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
Date Discharge			NIL		
No. of Days granted Medical Leave			NIL		
Degree of Injury			NIL		
Passenger		ID No.		G2793436L	
Name	TAN SIA RUH			Contact No.	94499840
Related Vehicle	GZ3852T (Lorry)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
Date Discharge			NIL		
No. of Days granted Medical Leave			NIL		
Degree of Injury			NIL		

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING ALONG MACPHERSON ROAD HEADING TOWARDS GENTING LANE AT THE MIDDLE LANE OF A 3-LANE ROAD. WHEN WE WERE AT A TRAFFIC LIGHT, A TAXI AT THE EXTREME LEFT SIGNALLED RIGHT TO CHANGE LANES TO THE RIGHT. I SLOWED DOWN THE LORRY AND STOPPED TO GIVE WAY TO THE TAXI. WE MOVED OFF AGAIN AND AFTER WE MOVED PAST THE TRAFFIC LIGHT, A METALLIC SILVER TOYOTA CAMRY ON THE EXTREME LEFT LANE CAME OUT TO OUR LANE WITHOUT SIGNALLING AND BUMPED AGAINST OUR LEFT HEADLIGHT. I SIGNALLED FOR THE CAMRY TO STOP IN FRONT OF THE BUS STOP. THE CAMRY DROVE ON SLOWLY AND SEEMED TO ME LIKE HE WAS STOPPING AT THE BUS STOP. HOWEVER IT JUST SIGNALLED RIGHT AND DROVE OFF. WE DID NOT HAVE ANY CAMERA IN OUR VEHICLES AT THAT TIME AND COULD NOT REMEMBER THE VEHICLE NUMBER OF THE CAMRY COMPLETELY. THE LORRY HAD THE LEFT HEADLIGHT DISMOUNTED AND SOME SCRATCHES AT THE LEFT DOOR. BOTH MY PASSENGER AND I DID NOT HAVE ANY INJURIES.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



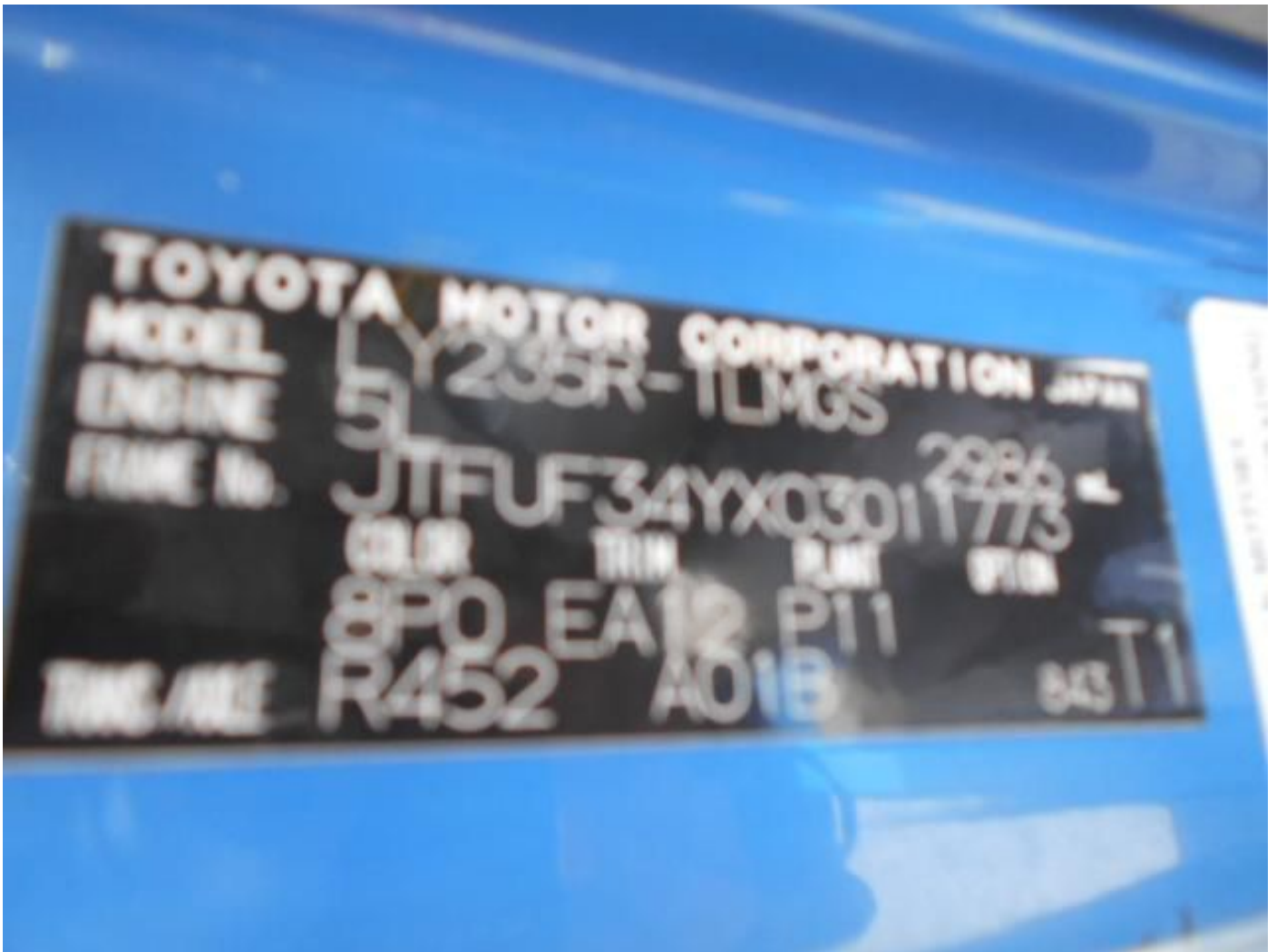
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2073

1 of 3

Report No. T/20180213/2073

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 14:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEOW CHEE SIONG			Address: APT BLK 914 TAMPINES ST 91 #01-21 HDB-TAMPINES SINGAPORE 520914		
ID Type / ID No.: NRIC NO / S7519889B			Contact No.: Home/Office: Mobile: 97432166		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 07/07/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: WAREHOUSE ASSISTANT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/02/2018 21:15	Type of Location:
Location: Along Road 1 MACPHERSON ROAD				
ALONG 556 MACPHERSON ROAD TOWARDS GENTING LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3852T	Lorry				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2073

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Report No. T/20180213/2073

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

CONTINUATION OF REPORT

Driver		ID No.		S7519889B	
Name	TEOW CHEE SIONG			Contact No.	97432166
Related Vehicle	GZ3852T (Lorry)			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
Date Discharge			NIL		
No. of Days granted Medical Leave			NIL		
Degree of Injury			NIL		
Passenger		ID No.		G2793436L	
Name	TAN SIA RUH			Contact No.	94499840
Related Vehicle	GZ3852T (Lorry)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
Date Discharge			NIL		
No. of Days granted Medical Leave			NIL		
Degree of Injury			NIL		

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2073

3 of 3

Report No. T/20180213/2073

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

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/02/2018 14:14

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: