

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 15:02
Date Of Accident	07/02/2018 14:00
Exact Location Of Accident	ALPS AVE CHANGIAIRFREIGHCARGOAGENTBLDC#01-27/28/29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2348P
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90993652
Alternative Phone No	OFFICE-90993652

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	7VCC1732120
Cover Note Number	

Driver

Name of Driver	POH LAY KOON (FU LIKUN)
NRIC No	S8137349C
Date Of Birth	19/11/1981
Occupation	INDOOR
Date Of Driving Pass	08/12/2004
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90993652
Fax Number	
Contact Number	OTHERS-90993652
Email Address	NOEMAIL

Address	BLK 289D PUNGGOL PLACE #14-845
Postcode	824289
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	COLLIDED INTO PARKED VEHICLE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180213/2077

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	FORKLIFT
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	POH LAY KOON (FU LIKUN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBD2348P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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.



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.:

Sketch Plan #2

SKETCH PLAN

ALPS AVENUE
Changi Airfreight
Centre Cargo Agent
Building C
#01-27/28/29

WAREHOUSE



A - GBD2348P
B - Forklift

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180213/2077

DECLARATION

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:

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180213/2077

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180213/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH LAY KOON	ID No.	S8137349C
Related Vehicle	GBD2348P (Van)	Contact No.	90993652
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/02/2018	Date Discharge	07/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/02/2018 at about 1400hrs, I parked my company van GBD2348P directly in front of the warehouse of Changi Airfreight Centre Cargo Agent Building C #01-27/28/29 as directed by the forklift driver. I then came out of my van. I then forget to take my documents and proceed back to my company van and open up the left front side of the door. Out of sudden, I was hit by my company van on my right side of my waist. I then went to the back of my company van and discovered a forklift from speedmark air transportation Pte Ltd. had collide onto my rear company van which cause the van to move and hit me on my right side of my waist. I did not ask for the forklift driver particulars as he was from my company working partner. I then went to Changi General Hosiptal and was given 3 days of medical certificate.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2077

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180213/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 14:21	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars

Name of Informant: POH LAY KOON			Address: APT BLK 289D PUNGGOL PLACE #14-845 SINGAPORE 824289		
ID Type / ID No.: NRIC NO / S8137349C			Contact No.: Home/Office: Mobile: 90993652		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 19/11/1981	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Operation Coordinator in Logistic			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2018 14:00	Type of Location: Loading area
Location: Along Road 1 ALPS AVENUE				
Changi Airfreight Centre Cargo Agent Building C #01-27/28/29				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2348P	Van				Slightly Damaged	0
	Forklift					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD2348P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	7VCC1732120	14/08/2017	13/08/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20180213/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH LAY KOON	ID No.	S8137349C
Related Vehicle	GBD2348P (Van)	Contact No.	90993652
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/02/2018	Date Discharge	07/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/02/2018 at about 1400hrs, I parked my company van GBD2348P directly in front of the warehouse of Changi Airfreight Centre Cargo Agent Building C #01-27/28/29 as directed by the forklift driver. I then came out of my van. I then forget to take my documents and proceed back to my company van and open up the left front side of the door. Out of sudden, I was hit by my company van on my right side of my waist. I then went to the back of my company van and discovered a forklift from speedmark air transportation Pte Ltd. had collide onto my rear company van which cause the van to move and hit me on my right side of my waist. I did not ask for the forklift driver particulars as he was from my company working partner. I then went to Changi General Hosiptal and was given 3 days of medical certificate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180213/2077

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20180213/2077

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:
G /
Staff Sgt MOHAMMAD ZAKI BIN ABUDAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/02/2018 14:21

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt STEPHANIE CHEUNG TSZ YING
Contact No.: 65470000

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE