

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	12/02/2018 10:08
Date Of Accident	08/02/2018 15:40
Exact Location Of Accident	ALONG ROAD 1 TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW8700G
Insured/Policyholder	
Name Of Registered Owner	HUASING CONSTRUCTION & TRADING PTE LTD
Co Reg No	199102016W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63626362
Vehicle Particulars	
Manufacturer	ISUZU
Model	TFR69H-09(T)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28849665 MKC
Cover Note Number	
Driver	
Name of Driver	SIM MOH HUAT
NRIC No	S0202824G
Date Of Birth	03/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1976
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96645730
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 9 SUNGEI KADUT ST 4 INDUSTRIAL ESTATE
 Postcode 729039
 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 CHAIN 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CHOA CHU KANG NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7629999 - FAX NO: 67836615
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20180210/2072

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 SHD7020E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB8774S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 SIM MOH HUAT

Approximate Age 65

Injuries Sustain

Injured person in which vehicle? GW8700G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address BLK 105 TECK WHYE LANE #09-492

Postcode 680105

Accident Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodging 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:

12 FEB 2019

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180210/2072

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Report No. T/20180210/2072

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2018 13:44	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: SIM MOH HUAT		Address: APT BLK 105 TECK WHYE LANE #09-492 SINGAPORE 680105	
ID Type / ID No.: NRIC NO / S0202824G		Contact No.: Home/Office: Mobile: 96645730	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 03/08/1952	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: Despatch Driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY At the flyover towards Yio Chu Kang area.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GW8700G	Lorry	ISUZU		Red	Slightly Damaged	0
SHB8774S	Car	KIA		Silver	Slightly Damaged	0
SHD7020E	Car	HYUNDAI		Blue	Slightly Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE
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Report No. T/20180210/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pecestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM MOH HUAT	ID No.	S0202824G
Related Vehicle	GW8700G (Lorry)	Contact No.	96645730
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TEO TIEOW LEONG	ID No.	S7617610H
Related Vehicle	SHB8774S (Car)	Contact No.	88186077
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	LIM TYI PHON	ID No.	S7231515D
Related Vehicle	SHD7020E (Car)	Contact No.	97644380
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 08/02/2018 at about 1540hrs, I am the lone driver driving my company, Hua Sing Construction & Trading Pte Ltd, red coloured pick-up lorry, GW8700G along TPE on lane 1 of 2. Traffic is moderate and skies is clear. The road in front had some construction thus I reduce my speed as the silver coloured Kia model cab, SHB8774S also slowed down. Suddenly, I felt an impact from the rear, where a said blue coloured Comfort cab had knocked onto me. As a result of the collision, my lorry's rear left area had a huge dent with a dislodged rear bumper. The blue coloured cab which knocked onto my lorry was seriously damaged; front area totally bent in with a broken radiator, with its bonnet totally bent up. All the three of us alighted and exchanged particulars. I have privately settled the silver cab's damage as my

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CONTINUATION OF REPORT

lorry surged a little forward, which caused a light scratch on the silver cab's rear.

As a result of the impact, I felt some aches at my neck area. No Traffic Police and no ambulance arrive. Everyone left the scene while the blue comfort cab driver contacted his own towing crew to tow the cab away. I also wish to state that the two other drivers was not injured to my knowledge at that point of time.

Later at about 1910hrs, I went to Healthwerkz Medical Centre (CCK) Pte Ltd at Blk 225 Choa Chu Kang Central #01-199 to see a doctor and was given an MC for 3 days from 8/2/2018 to 10/2/2018 by Dr Goh Hsin Kai, MBBS(MCRN 07525) MC no: MC/19219. That's all.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



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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 J/ Sgt 2 ONG JIE SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2018 13:44
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	