

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	14/02/2018 22:29
Date Of Accident	13/02/2018 15:50
Exact Location Of Accident	ALONG ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6397R
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

Driver

Name of Driver	NAH LYE KHOON
NRIC No	S1525413J
Date Of Birth	16/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83166960
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 125 RIVERVALE STREET #16-906
Postcode	540125
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180213/2149 :- ON 13/02/2018 AT ABOUT 1550HRS, I WAS DRIVING MY COMPANY VAN BEARING PLATE GBE6397R ALONG ANG MO KIO AVE 1 TOWARDS BOULEVARD ROAD. I THEN STOPPED AT THE JUNCTION OF LORONG CHUAN AND WAS ON THE SECOND LANE AND WAS THE THIRD VEHICLE. I WAS WAITING FOR THE TRAFFIC LIGHT WHEN SUDDENLY A VEHICLE (SJX7787Y) CAME FROM THE BACK AND HIT ONTO THE REAR OF MY VAN. I FELT NUMBNESS AND PAIN AT THE BACK OF MY BODY. I THEN CAME OUT AND CHECK THAT THE REAR BUMPER OF THE VAN WAS SLIGHTLY DENTED IN. I THEN EXCHANGE PARTICULARS WITH THE DRIVER AND THEN LEFT TO SEE DOCTOR. I WAS THEN GIVEN 3 DAYS OF MC. I WISHED TO INFORM THAT MY COMPANY VAN HAVE A CCTV IN BUILT AT THE FRONT ONLY.

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	SJX7787Y
Vehicle Make/Model/Colour	TOYOTA / ALTIS
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHOH KOON
NRIC/Passport Number	S0297558J
Contact Number	98330187

SWITCH PLAN

[illegible]

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: _____
Title: _____

Police Report



**SINGAPORE
POLICE FORCE**



T/20180213-2149

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Report No: T/20180213-2149

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 19:46		Vide Report No.		Station Diary No. 59
Informant's Particulars				
Name of Informant: NAH LYE KHOON		Address: APT BLK 125 RIVERVALE STREET #15-908 SINGAPORE 540125		
ID Type / ID No. NRIC NO / S1525413J		Contact No. Home/Office Mobile 83166950		
Nationality: SINGAPORE CITIZEN		Email		
Sex: Male	Age: 55	Date of Birth: 16/12/1962	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2018 15:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 LORONG CHUAN Junction of Ang Mo Kio Ave 1 and Lorong Chuan, towards Boundary Road at the second lane from the left				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
GBE6397R	Van				Slightly Damaged	0
SJX7787Y	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tengah Merah NPP
61 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



CONTINUATION OF REPORT

Driver				
Name	NAH LYE KHOON		ID No	S15254134
Related Vehicle	GBE6397R (Van)		Contact No	83786960
Hospital/Clinic	OASIS FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: J & B Date of Expiry: Nil
Date Treatment	13/02/2018		Date Discharge	13/02/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	TAN CHOH KOON		ID No	S0297558J
Related Vehicle	NIL		Contact No	98330187
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 13/02/2018 at about 1550hrs, I was driving my company van bearing plate GBE6397R along Ang Mo Kio Ave 1 towards Boundary Road. I then stopped at the junction of Lorong Chuan and was on the second lane and was the third vehicle.

I was waiting for the traffic light when suddenly a vehicle (SUX7787Y) came from the back and hit on to the rear of my van. I felt numbness and pain at the back of my body. I then came out and check that the rear bumper of the van was slightly dented in. I then exchange particulars with the driver and then left to see doctor. I was then given 3 days of MC.

I wished to inform that my company van have a CCTV in built at the front only

Police Report



SINGAPORE
POLICE FORCE



T/20180213/2149

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Report No. T/20180213/2149

Police Station Of Origin
Tengah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No. 1800-4499999

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 /

Sgt 2 MUHAMMAD SHAHREL BIN ALI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

13/02/2018 19:46

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No. 65476220

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE