

## 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             | 05/03/2018 16:05 |
| Date Of Accident           | 02/03/2018 13:00 |
| Exact Location Of Accident | CHANGI NORTH RD  |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | XD1815D |
|-----------------------------|---------|

### Insured/Policyholder

|                          |                          |
|--------------------------|--------------------------|
| Name Of Registered Owner | COLOSSUS TRADING PTE LTD |
| Co Reg No                | 198602860E               |
| Email Address            | NOEMAIL                  |
| Mobile Phone No          |                          |
| Alternative Phone No     | Office-65638865          |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | ISUZU              |
| Model  | CYZ52L-15.7 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? | YES                |
| If No, Please state action to be taken                                       |                    |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 17-MB022525-R07                      |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | GOH CHIN CHYE        |
| NRIC No              | S1630759I            |
| Date Of Birth        | 12/08/1964           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 09/01/1991           |
| Driving Experience   | 27 YEARS AND 1 MONTH |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97243413 |
| Fax Number           |                      |
| Contact Number       |                      |
| EMail Address        | NOEMAIL              |

|   |     |
|---|-----|
| Address   | NO  |
| 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   | FIRE, EXPLOSION OR LIGHTNING |
| 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. | YES |
| 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 [OTHER]               | CHOA CHU KANG NPC |
| Was notice of intended Prosecution given? | NO                |
| If Yes, against whom?                     |                   |

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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

Changi North way

A = XD1815D

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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. I am claiming my own insurance policy.

## DECLARATION

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

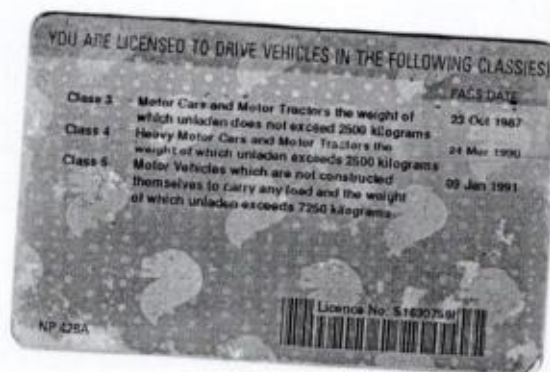


Policyholder's Signature  
Date & Time:

9/

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

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







**SINGAPORE  
POLICE FORCE**



J/20180305/2094

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20180305/2094

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

|  |  |                         |
|--|--|-------------------------|
| Date/Time Report Made<br>05/03/2018 15:19                    | Vide Report No.  | Station Diary No.<br>61 |
| Name Of Informant<br>GOH CHIN CHYE                           | Address<br>APT BLK 118 TECK WHYE LANE #08-762 SINGAPORE 680118                                   |                         |
| ID Type / ID No.<br>NRIC NO / S1630759I                      | Contact No.<br>Home/Office<br>Mobile<br>97243413   |                         |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address  |                         |
| Occupation<br>Other heavy truck and lorry drivers            | Sex<br>Male  | Age<br>53               |
| Institution/School Name                                      | Date of Birth<br>12/08/1964  | Race<br>Chinese         |
|  | Language   |                         |
| Date/Time Of Incident<br>02/03/2018 13:00 - 02/03/2018 14:00 | Location Of Incident<br>23 CHANGI NORTH CRESCENT SINGAPORE 499616<br>ALONG CHANGI NORTH CRESCENT |                         |

**Brief details.**

On 02/03/2018 at about 1300 -1400hrs, Admiralty heading towards Tanah Merah. While I was driving on TPE, drivers on the road honked at me, I turn and I saw smoke coming out from the back of my vehicle (XD1815D).

As I saw smoke coming out from my vehicle I decided to drive out of TPE and exited through Changi North Crescent.

|   |                                |
|---|--------------------------------|
| Signature Of Officer Recording The Report:<br>J / Sgt 2 YONG SENG HOCK  | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>05/03/2018 15:19 |
| Officer In-Charge Of Case:<br>J / Jurong Police Divisional Investigation Branch /<br>Insp DAMIEN TEO KOK SIONG<br>Contact No : 67910000 | Classification Of Case:        |

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20180305/2094

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180305/2094

I stopped my vehicle at the side of the road suddenly the smoke thicken and I started to see fire from my vehicle. I called 911 assistance.

After which, fire fighters arrive at scene and put out the fire. Police was at scene too.

However, no one was injured during the incident.

I am lodging this report for my company report and insurance claims.

Signature Of Officer Recording The Report:

J / Sgt 2 YONG SENG HOCK

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

J / Jurong Police Divisional Investigation Branch /  
Insp DAMIEN TEO KOK SIONG  
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Date/Time:

05/03/2018 15:19

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

