

## 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 14:53
Date Of Accident	13/02/2018 08:30
Exact Location Of Accident	JALAN LAKUM X SELETAR COURT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT8444L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH GUAN TRADING
Co Reg No	53221982A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63862054

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3080901702
Cover Note Number	24/11/2017 - 23/11/2018

### Driver

Name of Driver	TOH GUAN
NRIC No	S0943816E
Date Of Birth	28/08/1946
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1969
Driving Experience	48 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-63862054
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 697 HOUGANG ST 61 #04-38
Postcode	530697
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20180213/2074.

#### 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	FY2771S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FY2771S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

**SKETCH PLAN**

VEHICLE NO.: 678444L  
INSURER : China  
DATE & TIME: 13/02/18 @ 0830

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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.

TOH GUAN TRADING  
Reg. No. 53221982A

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Janyin (AMK)  
NRIC/FIN No.:

13/02/18



Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180213/2074

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No. T/20180213/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/02/2018 14:14		Vide Report No.:		Station Diary No.: 66	
<b>Informant's Particulars</b>					
Name of Informant: TOH GUAN			Address: APT BLK 697 HOUGANG STREET 61 #04-38 SINGAPORE 530697		
ID Type / ID No.: NRIC NO / S0943816E			Contact No.: Home/Office: 63862054      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 28/08/1946	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SHOP ASSISTANT			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 JALAN LAKUM  Jalan Lakum towards Yio Chu Kang.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
FY2771S	Motorcycle					0
GT8444L	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20180213/2074

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3  
Report No. T/20180213/2074

**CONTINUATION OF REPORT**

**Brief Details.**

On 13/02/2018 at about 0830hrs, I was travelling along Jalan Lakum towards Yio Chu Kang Road. When I am going to perform a right turn, I observed that there was no vehicle therefore I proceeded to do the turn. In the midst of performing the turn, there was a motorbike coming from my left in a fast speed and collided onto the front left of my vehicle and fell down.  
Ambulance and Traffic Police was activated and the rider was conveyed to Khoo Teck Phua Hospital.  
There is no government properties damaged and there is no camera installed in my vehicle.

Date of Report		Driving License Information	
Class		Class	
Occupation		Occupation	
Singapore Citizen		Singapore Citizen	
Sex	Date of Birth	Age	Year
Male	28/08/1988	29	17
Language	Institution / School Name		
Chinese			

Type of Location	Date/Time of Accident	Date	Conveyed By Ambulance	Type of Accident
Straight Road	13/02/2018 08:30	13	No	Accident
Road Speed Limit				Location
40				Jalan Lakum
Traffic Volume				Jalan Lakum towards Yio Chu Kang
Normal				Weather
Anyone conveyed by Ambulance				Clear
No				Traffic Flow
				One Way
				Type of Collision
				Between Moving Vehicle - Head To Rear

Vehicle 1	Motorcycle			
Vehicle 2	Car			

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180213/2074

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

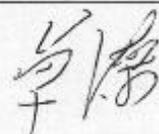
3 of 3  
Report No. T/20180213/2074

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: F / Sgt 2 JANSEN KWOK SHU HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2018 14:14
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.  SN 085 Authentication Stamp NP168 Signature:  Singapore Police Force	

Sketch Plan #6



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCHM18022117 Vehicle Registration No: 978444L
Name (as shown in NRIC) : TOH GUAN TRADING NRIC/FIN/Passport No : 53221982A
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : BIK 697 Honggang St 61 #04-38 Singapore (530697)
Contact (Tel) : 63862054 Mobile No. : -
Email Address : -
Date of Accident : 13/02/2018 Time of Accident : 08:30
Place of Accident : Jalan Lakun X Seletar Court
Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Typo error:

Policyholder should read as Toh Guan Trading

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Danyu
NRIC/FIN No.: 4102118
Date: 14/02/18

