

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	22/03/2018 10:40
Date Of Accident	12/01/2018 09:30
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1480G
Insured/Policyholder	
Name Of Registered Owner	SIXTY-SIX SWITCHGEARS CO PTE LTD
Co Reg No	199203530K
Email Address	SIXTY6@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68615711
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE-2.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/17/VC00/100451
Cover Note Number	
Driver	
Name of Driver	TAN SENG PIANG
NRIC No	S7620420I
Date Of Birth	09/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98208116
Fax Number	
Contact Number	
EMail Address	TANSP@SIXTYSIX.COM.SG

Address BLOCK 318A YISHUN AVENUE 9
#10-120

Postcode 761318

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 NO COLLISION

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 1

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) 5

Passenger 1
NAME: : M.C. SEKAR
GENDER: : MALE

Passenger 2
NAME: : BHARATHI
GENDER: : MALE

Passenger 3
NAME: : V. SURESH
GENDER: : MALE

Passenger 4
NAME: : NOT AVAILABLE (CAN'T RECOLLECT)
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE DIVISION HEADQUARTER - PLEASE SEE ATTACHED POLICE REPORT

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Please refer to the attached Police Report for the accident details

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 FBH8868U

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)	1

DETAILS OF INJURED PERSON 1

Name	NOT AVAILABLE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBH8868U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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: 22/3/2018 10:10 am.

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



SINGAPORE
POLICE FORCE



T/20180112/2090

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180112/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2018 14:40		Vide Report No.: J/20180112/0097		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN SENG PIANG			Address: APT BLK 318A YISHUN AVE 9 #10-120 HDB-YISHUN SINGAPORE 761318		
ID Type / ID No.: NRIC NO / S7620420I			Contact No.: Home/Office: Mobile: 98208116		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 09/07/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/01/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 BOON LAY WAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: SELF-SKID				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBH8868U	Motorcycle				Slightly Damaged	0
GX1480G	Van				No Damage	4

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



SINGAPORE
POLICE FORCE



T/20180112/2090

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180112/2090

CONTINUATION OF REPORT

Driver			
Name	TAN SENG PIANG		ID No. S7620420I
Related Vehicle	NIL		Contact No. 98208116
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	NIL		Degree of Injury NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG BOON LAY WAY ON 2ND LANE AFTER GOING OUT OF THE STOP. I TRAVELLED FOR A WHILE THEN INTENDED TO GO TO THE FIRST LANE. I HEARD A FAINT HORN SOUND BEFORE CHANGING LANES BUT WHEN I LOOKED AT MY RIGHT-VIEW MIRROR, I COULD NOT SEE ANYTHING DUE TO THE RAIN. SO I CHANGED LANES. I WAS IN BETWEEN LANE 1 & 2 WHEN THE MOTORCYCLIST SKID PAST ME AND STOP AFTER TRAVELLING 20-30 METERS. I STOPPED MY VEHICLE AND MY COLLEAGUE WENT OUT FIRST TO SEE THE MOTORCYCLIST. WE SAW THAT HE WAS BLEEDING AND CALLED THE AMBULANCE. THE AMBULANCE CAME AND CONVEYED THE MOTORCYCLIST. SOON AFTER THE POLICE CAME.

I HAVE VIDEO FOOTAGE OF THE ACCIDENT FROM MY VEHICLE CAMERA.



SINGAPORE
POLICE FORCE



T/20180112/2090

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Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20180112/2090

CONTINUATION OF REPORT

Sketch Plan

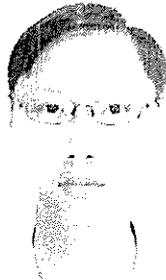
Informant is not able to provide sketch plan

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: TP / MUHAMMAD SYUKRI BIN ABU BAKAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2018 14:40
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case: 

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7620420I



Name

TAN SENG PIANG
(CHEN CHENGBIN)

陈成斌

Race

CHINESE

Date of birth

09-07-1976

Sex

M

Country of birth

SINGAPORE

S7620420I

390618



NRIC No. S7620420I

Date of issue

15-07-2006

APT BLK 318A YISHUN AVENUE 9 #10-120
SINGAPORE 761318

NRIC No: S7620420I

Date: 22/03/2015

REPUBLIC OF SINGAPORE DRIVING LICENSE



Licence Number: **S76204201**
Name:
TAN SENG PIANG
(CHEN CHENGBIN)

Birth Date: **09 Jul 1976**
Issue Date: **23 Feb 2012**

002045216H



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 23 Feb 2012

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

