#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/03/2018 15:04
Date Of Accident	17/03/2018 11:00
Exact Location Of Accident	LORNIE RD TWDS QUEENSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD4487Y
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYZ52K
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1800711800
Cover Note Number	-
Driver	
Name of Driver	CHANG KHENG LIONG
Passport No/FIN	G7039321U
Date Of Birth	04/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96276436
Fax Number	

**NOEMAIL** 

Address BLK 15 MARSILING LANE #02-155

Postcode 730015

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

Our Valida

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MARINA BAY N.P.C

Police Station Address ROAD: 1 PRINCE EDWARD LINK, POSTCODE: 078872, COUNTRY:

**SINGAPORE** 

NO

NO

1

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLB5746X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

- 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 :
  - 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")
- 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:
  - 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.

Palicyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

TCH PLAN	
8 A	A = XD 4487 Y B = 516 5746 X
SCRIBE CIRCUMSTANCES (	Lormic Rol twols Queensway
Please	Refer to Police Report
	iculars are true in every respect  Priver's Sienature  Reporting Centre Personner's Signature
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personner's Signature (if driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

#### **POLICE REPORT**





1 of 3

Report No. T/20180317/2073

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

Date/Time Report Made: 17/03/2018 13:55			Vide Report No.:	Station Diary No.: 18		
	nt's Partice	ulars				
Name of	Informant: KHENG LI		Address: APT BLK 15 MARSILING LA	NE #02-155 SINGAPORE 730015		
ID Type / ID No.: FIN NO / G7039321U			Contact No.: Home/Office:	Mobile: 96276436		
Nationality: MALAYSIAN			Email:			
Sex: Age: Date of Birth: Male 36 04/08/1981			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Other heavy truck and lorry drivers		and lorry drivers	Driving Licence Information: Class: 3,4A,4	Date of Expiry:		

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/03/2018 11:00	Type of Locatio Straight Road	
Location: Along Road 1 LORNIE ROA	AD				
towards QueensWay Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Hame How.		Traffic Control: Not Controlled			
Type of Collis	sion:	wipe - Same Direction		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLB5746X	Car				Slightly Damaged	0
XD4487Y	Lorry				Slightly Damaged	0

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

#### POLICE REPORT





Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999 2 of 3 Report No. T/20180317/2073

CONTINUATION OF REPORT

Name	Unknown		ID No.		NIL	
Related Vehicle	SLB5746X (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran			Degree of	Injury	NIL	
Driver						
Name	CHANG KHENG LIONG		. National Coll. 24, 10	ID No.		G7039321U
Related Vehicle	XD4487Y (Lorry)		Contact No.		96276436	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3,4A,4 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 17/03/18 at about 1120hrs, I was travelling along Lornie Road towards QueensWay. While travelling along the 3rd lane of the 4 lane road, I heard a cracking sound and immediately stopped my vehicle. I then spotted a vehicle(SLB5746X) with a broken right side mirror coming from the 4th lane. The driver then signaled me to go to the front however I did not move as I have to stop my vehicle to snap photos. The vehicle continued to move slowly and just left eventually.

After I notified my supervisors, I went to the bus stop infront to see if the owner of (SLB5746X) is there but to no avail.

I wish to state that I have an in-car cam and I have the footage of the whole incident.

#### **POLICE REPORT**





3 of 3

Report No. T/20180317/2073

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

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: A / Sgt 2 TAN YAN RU	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 17/03/2018 13:55
Officer In Charge Of Case: TP / HRT / SLTAN LEE HWANG DAWN Contact No.: 65476215 NN 173	Classification Of Case:
Authentication Stamp	

#### **DRIVING DOC**



































