

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	13/04/2018 10:57
Date Of Accident	12/04/2018 13:00
Exact Location Of Accident	ANG MO KIO AVE 10 & ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5415D
Insured/Policyholder	
Name Of Registered Owner	M/S TOP FORM FURNITURE
Co Reg No	53235671C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81688158

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3003961800
Cover Note Number	

Driver

Name of Driver	LAI AIK EAU
NRIC No	S2640532G
Date Of Birth	26/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81688158
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 134 BEDOK NORTH ST 2 #12-115
Postcode	460134
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	COLLIDED INTO PEDESTRIAN
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?	NO
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180412/2100

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 INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT (PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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)**

(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.

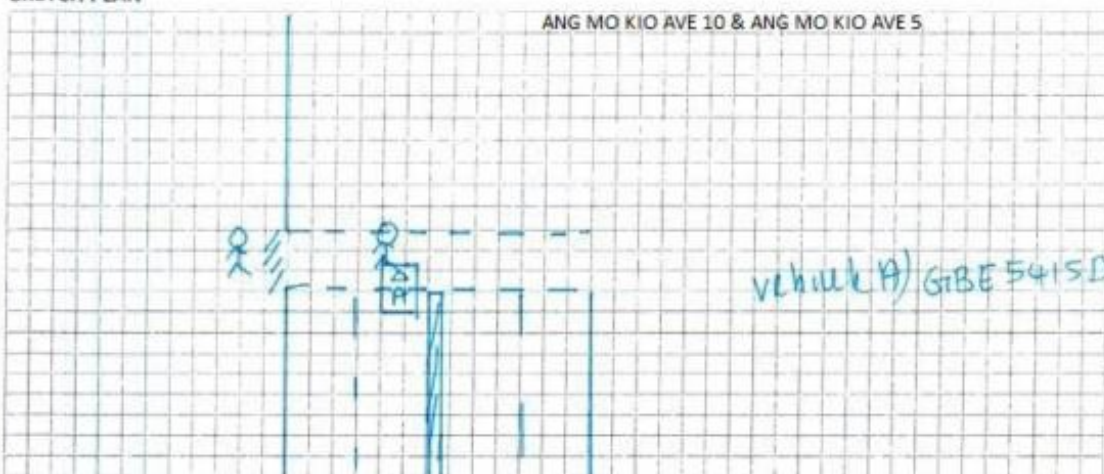
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police
report.

DECLARATION

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:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20180412/2100

CONTINUATION OF REPORT

Brief Details.

On 12/04/2018 at about 1300hrs, I was travelling my company lorry (GBE5415D) along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 5. While traveling towards Ang Mo Kio Ave 5 along Ang Mo Kio Ave 10 near Blk 574 Ang Mo Kio, I accidentally hit one female Indonesian pedestrian at the traffic light.

As I was approaching the traffic light, I did not see if the traffic light had turned red thus I continued driving and did not stop the lorry before the traffic light. After which I saw one female Indonesian crossing the road, I did not manage to break and stop it time thus resulting my lorry to hit her. She fell and had bruises on her left arm. I went down my lorry and attend to her. The female pedestrian told me that is felt giddy. I also called for ambulance.

The female pedestrian was conveyed by the ambulance to Tan Tock Seng Hospital. I did not manage to exchange particulars with her. Traffic police was also at scene and advise me to lodge a police report under IO Mariah 65476433.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



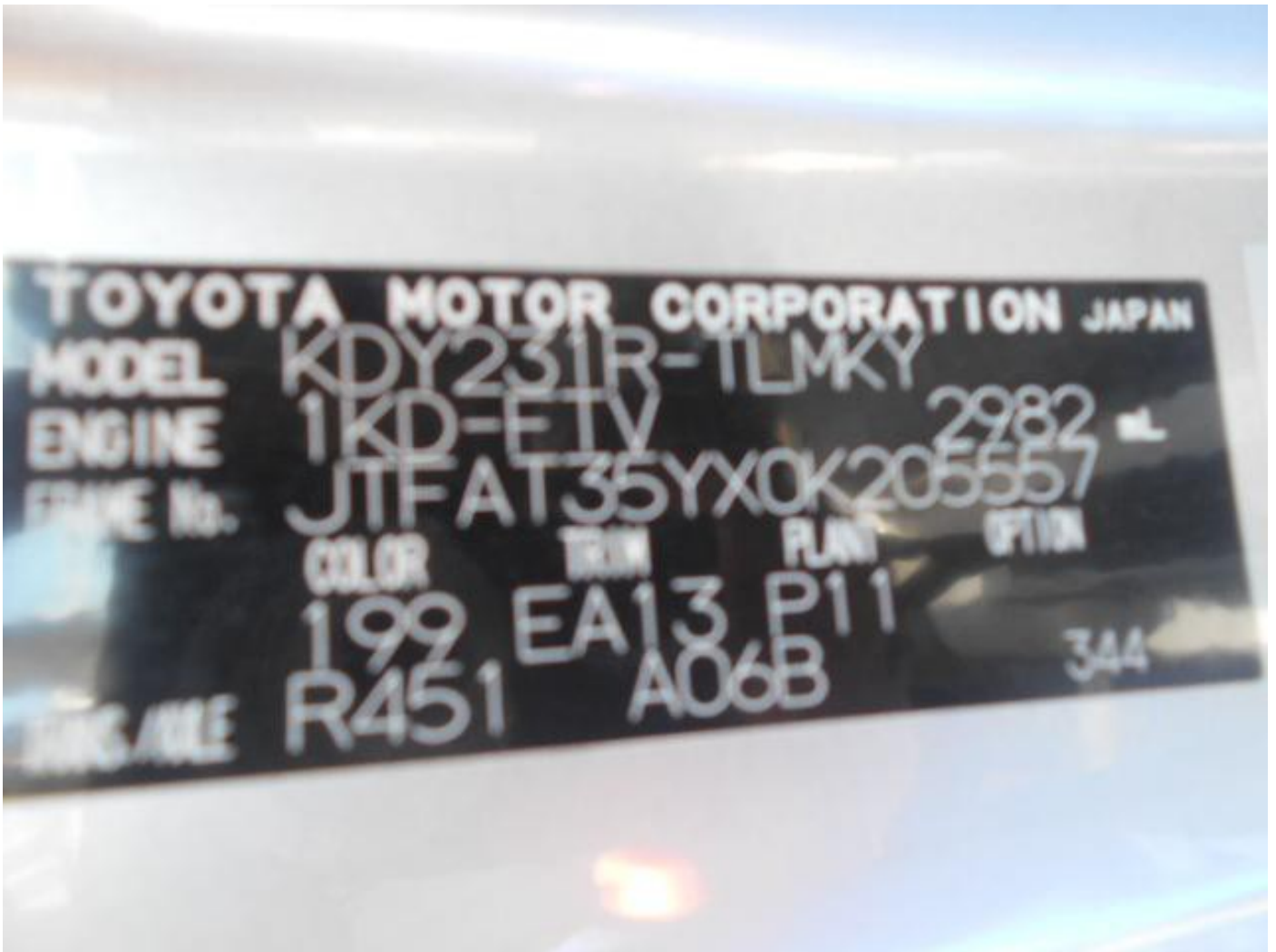
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849898

1 of 3

Report No: T/20180412/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2018 15:17		Vide Report No.: F/20180412/0103		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: LAI AIK EAU			Address: APT BLK 134 BEDOK NORTH STREET 2 #12-115 SINGAPORE 460134		
ID Type / ID No.: NRIC NO / S2840532G			Contact No.: Home/Office: Mobile: 81688158		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 26/11/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Carpenter			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury: Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 12/04/2018 13:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10 ANG MO KIO AVENUE 5 Along ang mo kio ave 10 towards ang mo kio ave 5 traffic light near block 574 ang mo kio				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5415D	Lorry				No Damage	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849889

2 of 3

Report No. T/20180412/2100

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The female pedestrian was conveyed by the ambulance to Tan Tock Seng Hospital. I did not manage to exchange particulars with her. Traffic police was also at scene and advise me to lodge a police report under IO Mariah 65475433.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180412/2100

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No: T/20180412/2100

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 HARYANI ROHAIDAH BINTI HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2018 15:17
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING STEPHANIE Contact No : 65475414	Classification Of Case:

Authentication Stamp
NP 188

Driving License

