

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	23/04/2018 16:25
Date Of Accident	18/04/2018 09:50
Exact Location Of Accident	JLN BOON LAY BEFORE JUNC INTERNATIONAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1981S
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Insured/Policyholder

Name Of Registered Owner	M/S CASSEROLE CATERING SERVICES PTE LTD
Co Reg No	201530426E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63236445

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	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	DMCVSN3000861800
Cover Note Number	

Driver

Name of Driver	NEO HOCK SIN
Passport No/FIN	G7753575L
Date Of Birth	27/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98399976
Fax Number	
Contact Number	OFFICE-98399976
Email Address	NOEMAIL

Address	17 CHIN BEE CRESCENT
Postcode	619898
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	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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : CHONG WEI CHENG, JACKY GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180418/2134.

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	GBB5938C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 NEO HOCK SIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GZ1981S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHONG WEI CHENG, JACKY

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GZ1981S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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.

Casserole Catering Service Pte Ltd

17 Chin Bee Crescent

Singapore 618898

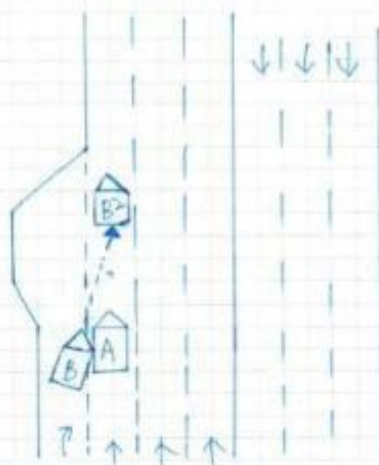
Tel: 6742 2211 / 6742 2212 (Fax) 6742 2213

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



(A) Gz 1981-3

(B) GBB 5938C.

Along Jalan Besar Lay
(before International Road).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please refer To Police Report
No: T/2018-04/18/2134

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

Casserole Catering Services Plc. Ltd.



17 Chin Bee Crescent
Policyholder's Signature
Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5246



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

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

Police Report

 SINGAPORE POLICE FORCE		 T/20180418/2134				
		1 of 3 Report No. T/20180418/2134				
Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999						
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 18/04/2018 20:36		Vide Report No.:				
		Station Diary No.: 185				
Informant's Particulars						
Name of Informant: NEO HOCK SIN		Address:				
ID Type / ID No.: FIN NO / G7753575L		Contact No.: Home/Office: Mobile: 98399976				
Nationality: MALAYSIAN		Email:				
Sex: Male	Age: 31	Date of Birth: 27/07/1986	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: Lorry driver		Driving Licence Information: Class: 3,4 Date of Expiry:				
General Information of the Accident						
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/04/2018 09:50			
Type of Location Straight Road						
Location: Along Road 1 Traveling Toward Road 2 JALAN BOON LAY INTERNATIONAL ROAD on the merging lane along Jalan Boon Lay before International Road						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light			
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No			
Details of Vehicle Involved						
Vehicle No. GBB5938C	Type Lorry	Make	Model	Color	Condition	No of Passenger 0
GZ1981S	Lorry				Seriously Damaged	1
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		

Police Report

	SINGAPORE POLICE FORCE	
Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No. 1800-6659999		T/20180418/2134 2 of 3 Report No. T/20180418/2134
CONTINUATION OF REPORT		



Driver			
Name	NEO HOCK SIN	ID No.	G7753575L
Related Vehicle	GZ1981S (Lorry)	Contact No.	98399976
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 18/02/2018, at around 0950hrs, I was exiting my company at 17 Chin Bee Crescent on the company lorry GZ1981S with a passenger namely Chong Wei Cheng, Jacky (S9246265Z). We were driving on Jalan Boon Lay towards the direction of International Road. I was travelling on the 2nd lane of the 3 lane road of Jalan Boon Lay before the traffic light. After the traffic light before International Road, the 2nd and 3rd lane merges into a 2 lane road. After I successfully merged, I look at my side mirror and noticed a orange lorry (GBB5938C) driving at very high speeds with the driver appearing to be on the phone. The side of the said orange lorry then collided into the passenger side of my lorry. I immediately horned at the driver of the said orange lorry however he did not stop at all and drove on. I told my passenger to quickly snap a photo of the lorry and its driver. Both myself and my passenger went to see the doctors at Northeast (Bukit Batok) Medical Group and both of us received a 3 day MC for injuries due to myself hitting my head on the windscreen and my passenger suffering a sprain on his torso and left hand area.

I wish to add that my lorry has its passenger's door dented, left side mirror twisted and the left slide door having some scratches. There is no in-vehicle camera in my lorry.

Police Report

	SINGAPORE POLICE FORCE	
Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659640 Tel No: 1800-6659999		T/20180418/2134 3 of 3 Report No. T/20180418/2134
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: J / SAM WEE LEONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2018 20:36
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No : 65476902	Classification Of Case:
Authentication Stamp P168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

