

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	21/04/2018 10:30
Date Of Accident	20/04/2018 15:55
Exact Location Of Accident	MANDAI ROAD TOWARDS MANDAI LAKE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE231P
Insured/Policyholder	
Name Of Registered Owner	SAMWOH CORPORATION PTE LTD
Co Reg No	S198502202Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94246613
Alternative Phone No	OFFICE-94246613

Vehicle Particulars

Manufacturer	HINO
Model	FS1ELKM
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29058014 TMV
Cover Note Number	

Driver

Name of Driver	ONG CHYE BOCK
NRIC No	S0215384Z
Date Of Birth	22/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94246613
Fax Number	
Contact Number	OFFICE-94246613
EMail Address	NOEMAIL

Address	6 TECK WHYE AVE #03-120
Postcode	S680006
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	SIDE SWIPE
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.	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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

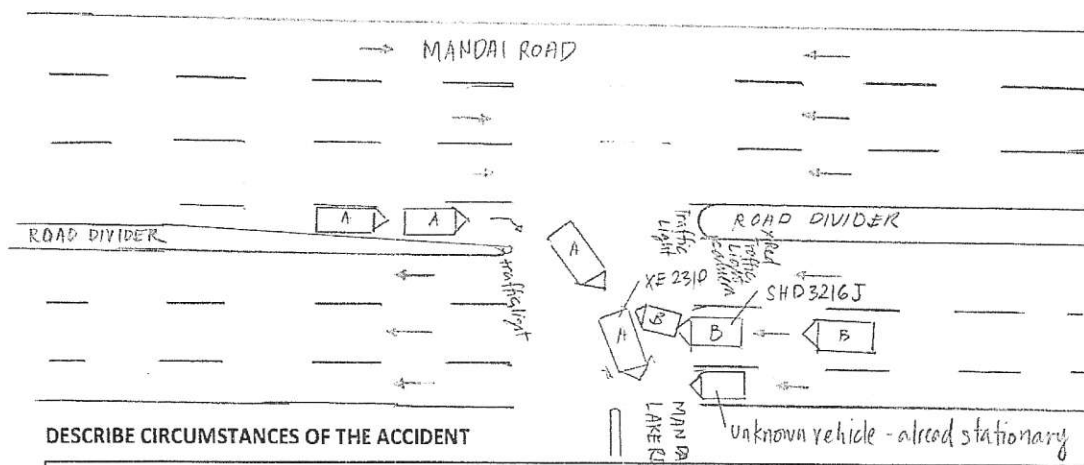
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3216J
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NIN AWI BIN SHAWER
NRIC/Passport Number	S1024326B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 April 2018 at about 15:56 hours, I was driving along Mandai Road towards T-junction of Mandai Lake Road. Upon Approaching at the T-junction, I slow down and stop before making right turn towards Mandai Lake Road. Once the traffic light turn green (arrow), I proceed to turn right. Suddenly, Vehicle B (SHD3216J) hit onto the left side of my truck near diesel tank portion.

The driver of the vehicle B was alone and he was not injured due to this accident.

I wish to state that the traffic red light camera was activated immediately before the accident.

Vehicle B : SHD3216J
Driver : Nin Awi Bin Shawer
NRIC : S1024326B

DECLARATION

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

Issue Bf
Policyholder's Signature
Date & Time:

21 APR 2018



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

21 APR 2018

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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

SKETCH PLAN

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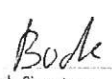
8. Consent under the Personal Data Protection Act (PDPA)

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: 21 APR 2018




Driver's Signature
(If driver is not the policyholder)
Date & Time: 21 APR 2018

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20180421/2056

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

1 of 3

Report No. T/20180421/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 12:29	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: ONG CHYE BOCK			Address: APT BLK 6 TECK WHYE AVENUE #03-120 SINGAPORE 680006		
ID Type / ID No.: NRIC NO / S0215384Z			Contact No.: Home/Office: Mobile: 94246613		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 22/09/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2018 15:55	Type of Location: T-Junction
Location: Along Road 1 MANDAI ROAD Towards ZOO				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3216J	Car				Seriously Damaged	0
XE231P	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180421/2056

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

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Report No. T/20180421/2056

CONTINUATION OF REPORT

Name	Nin Awi Bin Shower		ID No.	S1024326B
Related Vehicle	SHD3216J (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ONG CHYE BOCK		ID No.	S0215384Z
Related Vehicle	XE231P (Lorry)		Contact No.	94246613
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 20/04/2018 at about 1556hrs, I was driving my lorry bearing the plate number of XE231P along Mandai road towards ZOO. I then have to made a right turn as it shows green arrow. While I was turning right, the oncoming taxi bearing the plate number of SHD3216S beat the red light. I saw two flashlight coming for the camera. The taxi didn't stop in time and hit the left side of my lorry. I then alighted from the vehicle and assessed that nobody was injured. I then exchanged particulars with the taxi driver. The taxi had installed a video recording. I am lodging this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180421/2056

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

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Report No. T/20180421/2056

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 / Staff Sgt AHMAD ADHA BIN SAHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2018 12:29
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW-RING Contact No: 65476430 SN 120	Classification Of Case:
Authentication Stamp NP168 Signature: Police Force	