

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	02/05/2018 10:52
Date Of Accident	30/04/2018 14:30
Exact Location Of Accident	JUNC OF LEITH RD & ROSYTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV6746T
Insured/Policyholder	
Name Of Registered Owner	HONG KIAT ALIMINIUM & METAL WORKS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67843556

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-17088767MCVP
Cover Note Number	

Driver

Name of Driver	CHUA KIAN THIAM
NRIC No	S1840568G
Date Of Birth	23/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91029730
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 628 BEDOK RESERVOIR RD #04-1678
Postcode	470628
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?	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)	3
Passenger 1	NAME: : CHUA KEN HOE GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180430/2154

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	SFU2252U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA KIAN THIAM
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GV6746T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA KEN HOE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GV6746T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

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.

豐吉鋁業工程
HONG KIAT ALUMINIUM & METAL WORKS

Blk 9002, Tampines St. 13, #01-40, Singapore 528836

Tel: 6784 3556, 6785 4819, 6785 8453 Fax: 6788 3061

H. D. B. Licence No: HB-02-2437C

Registration No: 37512600K

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

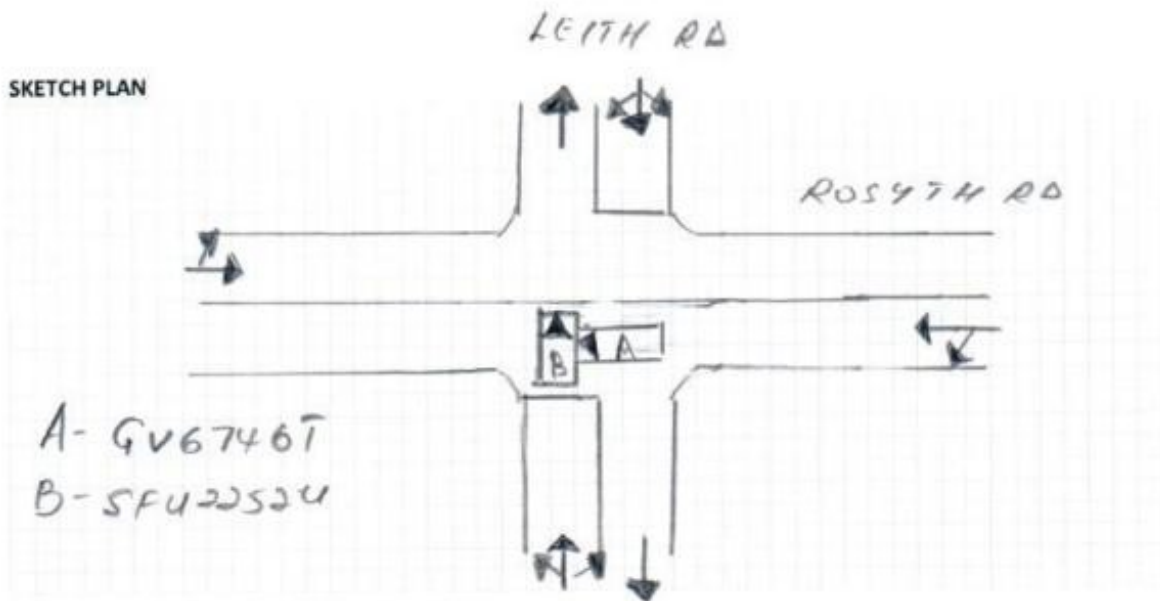
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180430/2154

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DECLARATION

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

Bik 9002, 11111111111111111111, Singapore 528836

Tel: 6784 3556, 6784 4345, 6784 3453 Fax: 6786 3001

H: D. B. Lohar, No. HB-02-2437C

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.:

sfw 02/05/18

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180430/2154

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180430/2154

CONTINUATION OF REPORT

Driver			
Name	CHUA KIAN THIAM	ID No.	S1840568G
Related Vehicle	GV6746T (Lorry)	Contact No.	91029730
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	30/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/4/2018 at about 2.30pm, I was travelling along Rosyth Road approaching the junction of Rosyth Road and Leith Road when suddenly a vehicle (SFU2252U) which was travelling along Leith Road did not stop at the stop sign and collided with my vehicle. The impact was quite hard that my vehicle sustained dent on the front portion and the vehicle (SFU2252U) right side is also dent.

Ambulance came to scene and I was conveyed by the ambulance to Tan Tock Seng Hospital and was issued with 5 days Medical Certificate from 30/4/2018 to 4/5/2018.

I wish to state that the car(SFU2252U) was driving at a fast speed and did not slow down or stop at the stop sign at the junction. No government property damaged. The car driver was not injured and only myself was conveyed by the ambulance.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo



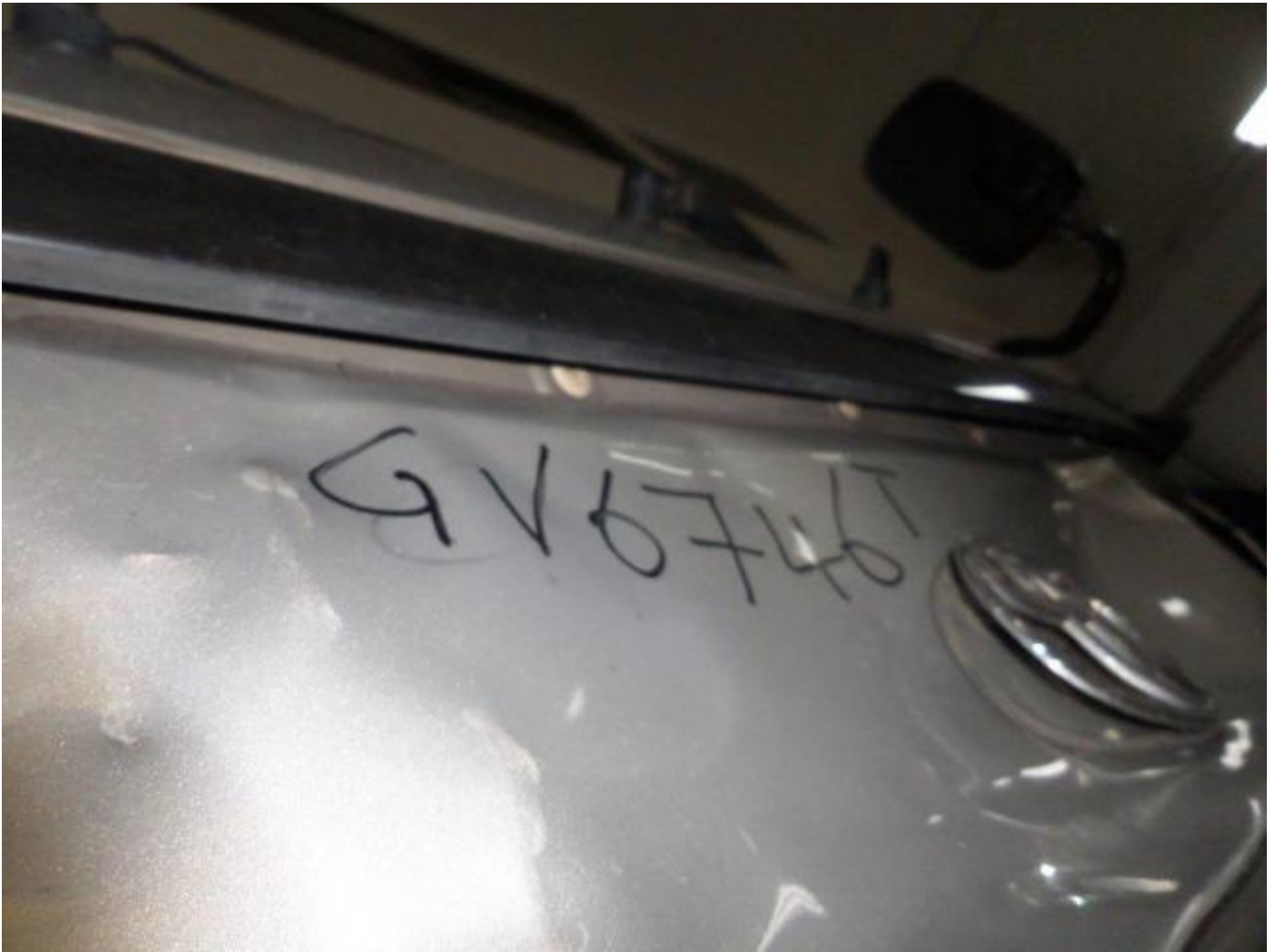
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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20180430/2154

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No: T/20180430/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2018 21:23		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars:					
Name of Informant: CHUA KIAN THIAM			Address: APT BLK 628 BEDOK RESERVOIR ROAD #04-1678 SINGAPORE 470628		
ID Type / ID No.: NRIC NO / S1840668G			Contact No.: Home/Office: Mobile: 81029730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 23/11/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/04/2018 14:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LEITH ROAD ROSYTH ROAD JUNCTION OF LEITH ROAD AND ROSYTH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV6748T	Lorry				Slightly Damaged	2
SFU2252U	Car				Slightly Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2154

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20180430/2154

CONTINUATION OF REPORT

Driver			
Name	CHUA KIAN THIAM	ID No	S1840568G
Related Vehicle	GV6748T (Lorry)	Contact No.	91029730
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	30/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

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I wish to state that the car(SFU2252U) was driving at a fast speed and did not slow down or stop at the stop sign at the junction. No government property damaged. The car driver was not injured and only myself was conveyed by the ambulance.

Police Report



SINGAPORE
POLICE FORCE



T/20180430/2104

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439899

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Report No: T/20180430/2104

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:

G /

Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/04/2018 21:23

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUBHAN BIN BUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp

NP163



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA118056951 Vehicle Registration No: GV6746T
Name (as shown in NRIC): CHUA KIAN THIAM NRIC/FIN/Passport No: 51840568G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: BLK 628 BEAOK RESERVOIR RD Singapore (470628)
H04-1678
Contact (Tel): _____ Mobile No.: 91029730
Email Address: _____
Date of Accident: 30/04/18 Time of Accident: 14:30
Place of Accident: JUNC OF LEITH RD & ROSETH RD
Insurance Company: FIRST CAPITAL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO

Policyholder / Driver's Signature
Date:

2/5/18 09/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: