

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	03/05/2018 15:36
Date Of Accident	02/05/2018 10:05
Exact Location Of Accident	KPE EXIT AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5430J
Insured/Policyholder	
Name Of Registered Owner	MOH LEE JOSS PAPER
Co Reg No	52801812D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98511071

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077015676-02
Cover Note Number	

Driver

Name of Driver	CHENG BUK SIAH
NRIC No	S6934948Z
Date Of Birth	09/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87538505
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 182 RIVERVALE CRESCENT #12-319
Postcode	540182
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 - HEAD TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180503/2088

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	XD6442M
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)

DETAILS OF INJURED PERSON 1

Name CHENG BUK SIAH

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBE5430J

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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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. 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

茂利紙料
MOH LEE JOSS PAPER

10 Ubi Crescent Lobby D
#01-59 Ubi Techpark
Singapore 408564
Tel: 6348 2949 Fax: 6348 3615

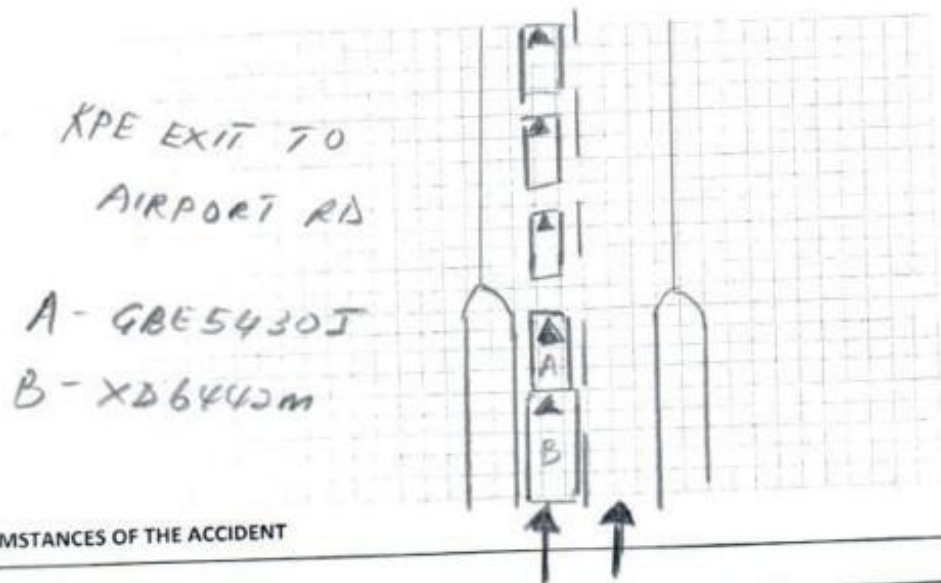
Policyholder's Signature
Date & Time:

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

police r

10/s refer to the attached statement.

DECLARATION

I/We declare the information provided is true in every respect.

MCH LEE JOSS PAPER

10 Ubi Crescent Lobby D

#01-59 Ubi Techpark

Singapore 408594

Policyholder's Signature: 8348 3815

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2-5-2018

03/05/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180503/2088

2 of 3

Report No. T/20180503/2088

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHENG BUK SIAH	ID No.	S6934948Z
Related Vehicle	GBE5430J (Lorry)	Contact No.	87538505
Hospital/Clinic	RCMC RIVERVALE CRESCENT MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/05/2018	Date Discharge	02/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling along KPE towards Airport Road. I was already driving at the exit out of KPE and as it was heavy traffic during that time, I was driving roughly at a speed of about 30KM/H. As the vehicles was building up in front, I was slowing down to come to a stop when suddenly, I was hit from the back by said lorry baring registration number XD6442M. I then came to a complete stop and got out of my lorry. The driver of XD6442M had also alighted and we both took photos of the damages. We both agreed to make a police report of the matter and drove off shortly after as the traffic was very heavy.

I wish to state that the damage is to the rear of my lorry but I am unsure the cost of repair for the damaged. There is no in-car dash cam in my vehicle. I also wish to state that I had seen the doctor and was awarded three days of medical leave.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/201805032088

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No: T/20180503/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 14:43	Video Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: CHENG BUK GIAH			Address: APT BLK 182 RIVERVALE CRESCENT #12-319 SINGAPORE 540182		
ID Type / ID No.: NRIC NO / S6834948Z			Contact No.: Home/Office:		Mobile: 97538505
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 09/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 02/05/2018 10:05	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 KALLANG PAYA LEBAR EXPRESSWAY AIRPORT ROAD KPE exit towards Airport Road, along the exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5430J	Lorry	TOYOTA	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY		Slightly Damaged	0
XD6442M	Trailer	MAN	TGM 18.240 4X2 LL		Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180503/2055

2 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No: T/20180503/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHENG BUK SIAH	ID No.	S6934948Z
Related Vehicle	GBE5430J (Lorry)	Contact No.	87538505
Hospital/Clinic	RCMC RIVERVALE CRESCENT MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/05/2018	Date Discharge	02/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On the above mentioned date, time and location, I was travelling along KPE towards Airport Road. I was already driving at the exit out of KPE and as it was heavy traffic during that time, I was driving roughly at a speed of about 30KM/H. As the vehicles was building up in front, I was slowing down to come to a stop when suddenly, I was hit from the back by said lorry bearing registration number XD6442M. I then came to a complete stop and got out of my lorry. The driver of XD6442M had also alighted and we both took photos of the damages. We both agreed to make a police report of the matter and drove off shortly after as the traffic was very heavy.

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Police Report



SINGAPORE
POLICE FORCE



T/20180503/2088

5 of 3

Report No. T/20180503/2088

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2689999

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 ASHLEY ANDREW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

03/05/2018 14:43

Classification Of Case:

RCMC 西河 药 房 港

Pharmaceuticals Division, RCMC, 90-91, Prince of Wales Hospital, Shatin, New Territories, Hong Kong
Tel: (852) 3677 1166 / 3682 0777, Email: RCMC@rcmc.hk

Medical Certificate

Date : 02 May 2018
NIC No. : 0000034347

This is to certify that:

Name : CHENG HOK SING

NIC : 156949482

is unfit for duty for 5 days

from 02/05/2018 to 04/05/2018 inclusive.

DR. S. A. AZIZ NOORDIN
FAMILY PHYSICIAN
MBBS (SINGAPORE), DPM, GDM
MCP (UK), MRCGP

DR. S. A. AZIZ NOORDIN

**This certificate should not be obtained from a patient or other individual, nor should it be used for any other purpose.*