

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	08/05/2018 11:03
Date Of Accident	04/05/2018 09:00
Exact Location Of Accident	GOLDEN MILE COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2434Z
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	DIANDIN LELUK THAI RESTAURANT PRIVATE LIMITED
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84992565

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28989108 MKC
Cover Note Number	

Driver

Name of Driver	ONG QUEK OUN
NRIC No	S1334497C
Date Of Birth	17/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1979
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90239389
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 434 TAMPINES ST 43 #11-79
Postcode	520434
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?	YES
Foreign Vehicle Registration Number	AGW1266 (BUS)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , 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/20180504/2040

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	AGW1266
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YOGARAJAH A/L KANDASAMY
NRIC/Passport Number	751109017613
Contact Number	62406888
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 liability.
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
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



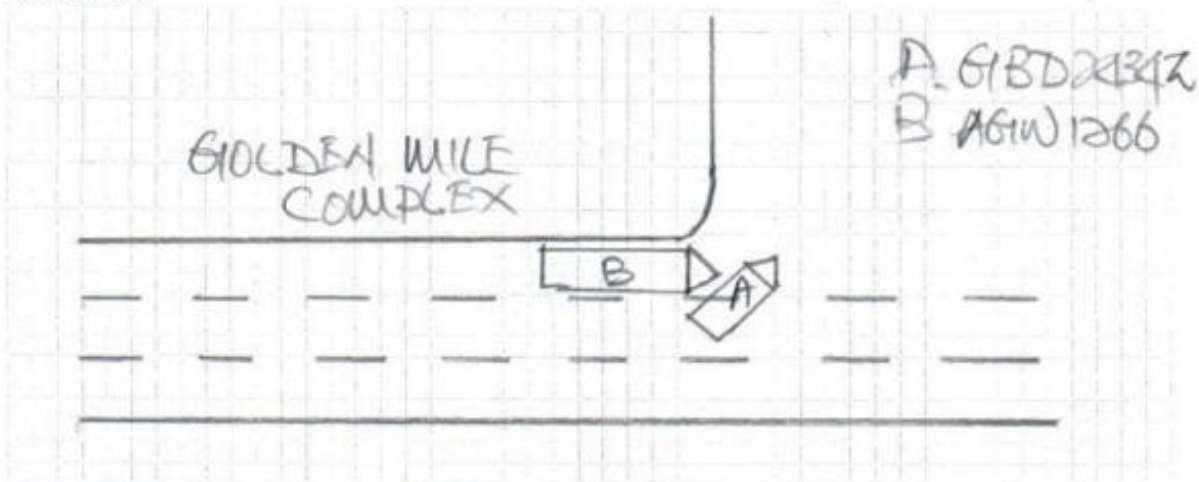
Driver's Signature
(If driver is not the policyholder)
Date & Time:

sfym 08/05/18

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:

 08/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

05/05/2018 11:02 FAX 67465922

HUP 300N



**SINGAPORE
POLICE FORCE**



T/20180504/2040

2 of 3

Report No. T/20180504/2040

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver			
Name	YOGARAJAH A/L KANDASAMY	ID No.	751109017613
Related Vehicle	AGW1266 (Bus/Coach/Minibus)	Contact No.	62406888
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 QUEK OUN	ID No.	S1334497C
Related Vehicle	GBD2434Z (Van)	Contact No.	90239389
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2018 at around 0900hrs. I was driving along Beach Road heading towards Golden Mile Complex. I had noticed that there was a red bus with registration number, AGW1266 which was parked by the side of the road on the left. As I had noticed that the bus was stationary, I proceed to slow down and turn in in front of the bus as the entrance to the loading/unloading bay was in front of the bus.

However, when I moved in front, the bus began to drive off straight, in the process hitting the left portion of my vehicle. I went out to make a check and discovered that there was dents and scratches on the left portion of my vehicle. I am not injured and will probably not see the doctor for the accident as I am uninjured currently. I exchanged particulars with the driver soon after. The other driver was also uninjured.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

REF: 30009


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8488998



T120180504/2040

1 of 3

Report No: T120180504/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2018 12:04		Video Report No.:		Station Diary No. 50	
Informant's Particulars					
Name of Informant: ONG CUEK OUN			Address: APT BLK 434 TAMPINES STREET 43 #11-78 SINGAPORE 520434		
ID Type / ID No.: NRIC NO / S1334497C			Contact No.: Home/Office:		Mobile: 90239389
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 17/07/1958	Type of Informant: Driver		Institution / School Name:
Race: Chinese			Language:		
Occupation: VAN DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No.	Date/Time of Accident: 04/05/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD				
HEADING TOWARDS GOLDEN MILE COMPLEX				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
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
AGW1288	Bus/Coach/Minibus				Slightly Damaged	0
GBD2434Z	Van				Slightly Damaged	0

Details of Person Involved

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

Police Report

05/05/2018 11:02 FAX 67485922

HUP 3005



**SINGAPORE
POLICE FORCE**



T/20180504/2040

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 408014

Tel No: 1800-8488999

Report No: T/20180504/2040

CONTINUATION OF REPORT

Driver Name	YOGARAJAH A/L KANDASAMY	ID No.	751105017813
Related Vehicle	AGW1266 (Bus/Coach/Minibus)	Contact No.	82406888
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 QUEK OUN	ID No.	813344970
Related Vehicle	GBD2434Z (Van)	Contact No.	90239388
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 04/05/2018 at around 0900hrs, I was driving along Beach Road heading towards Golden Mile Complex. I had noticed that there was a red bus with registration number, AGW1266 which was parked by the side of the road on the left. As I had noticed that the bus was stationary, I proceed to slow down and turn in in front of the bus as the entrance to the loading/unloading bay was in front of the bus.

However, when I moved in front, the bus began to drive off straight, in the process hitting the left portion of my vehicle. I went out to make a check and discovered that there was dents and scratches on the left portion of my vehicle. I am not injured and will probably not see the doctor for the accident as I am uninjured currently. I exchanged particulars with the driver soon after. The other driver was also uninjured.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8488999



T/20180504/2040

3 of 3

Report No: T/20180504/2040

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 / Staff Sgt MUHAMMAD HAZWAN BIN ADNAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SIANG YI TING, STEPHANIE Contact No.: 65476414
Authentication Stamp NPUS

Signature Of Informant:
Date/Time: 04/05/2018 12:04
Classification Of Case: