

## 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	12/05/2018 09:31
Date Of Accident	04/05/2018 15:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR LAMP POST:982
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8823U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIANTEK HARDWARE PTE LTD
Co Reg No	198300882H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97117588
Alternative Phone No	OFFICE-62942911

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5073229898-02
Cover Note Number	

### Driver

Name of Driver	ENG SOO ANN
NRIC No	S7045789Z
Date Of Birth	15/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97117588
Fax Number	
Contact Number	OFFICE-62942911
EEmail Address	NOEMAIL

Address	BLK 74 WHAMPOA DRIVE #02-316
Postcode	320074
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?	YES
Foreign Vehicle Registration Number	JNL6620 (MOTORCYCLE)
Number of vehicles involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 29 JALAN BAHAGIA , <b>POSTCODE:</b> 320029 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2507999 - <b>FAX NO:</b> 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180504/2135

#### 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	JNL6620
Vehicle Make/Model/Colour	HONDA WAVE
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? JNL6620

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

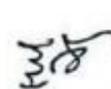
IMPORTANT NOTICE

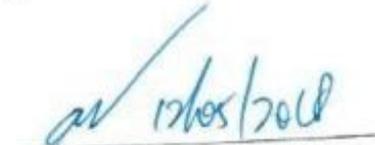
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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: \_\_\_\_\_

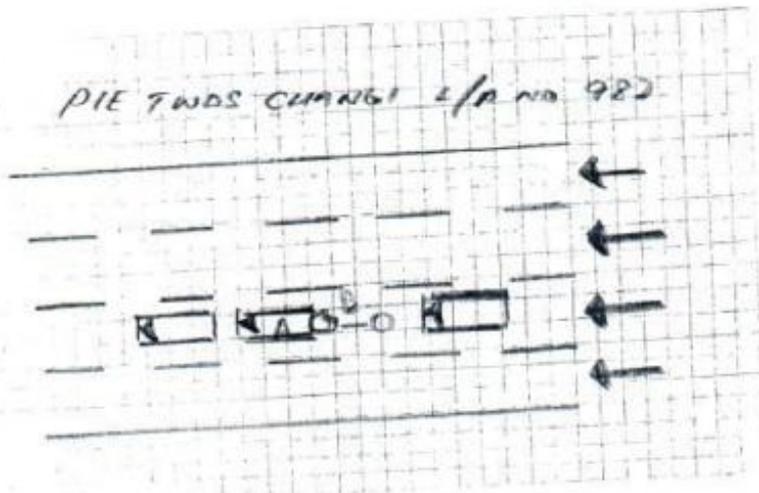
   
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

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

Accident Sketch Plan

SKETCH PLAN

A - YN8823U  
B - JNL662A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 5/20180504/2135

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:

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180504/2135

1 of 3

Report No. T/20180504/2135

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2018 19:22	Vide Report No.: E/20180504/0102	Station Diary No.: 31
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**Informant's Particulars**

Name of Informant: ENG SOO ANN			Address: APT BLK 74 WHAMPOA DRIVE #02-316 SINGAPORE 320074		
ID Type / ID No.: NRIC NO / S7045789Z			Contact No.: Home/Office:		Mobile: 97117588
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 15/12/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY  TOWARDS CHANGI Lamp Post Number: 982				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNL6620	Motorcycle	HONDA	WAVE	Red	Slightly Damaged	0
YN8823U	Lorry	ISUZU	NPR85UH5A	Blue	Slightly Damaged	0

**Details of Person Involved**

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180504/2135

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Report No. T/20180504/2135

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

CONTINUATION OF REPORT

Driver			
Name	ENG SOO ANN	ID No.	S7045789Z
Related Vehicle	YN8823U (Lorry)	Contact No.	97117588
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

**Brief Details.**

On 04/05/2018 at about 1542hours, I was driving my lorry, travelling along PIE towards Changi, along the left most lane at very slow speed, near lamp post no. 982 as I noticed that an accident had occurred ahead. I was driving at about 40km/h. Subsequently, I heard a loud sound and felt an impact and went down of my vehicle to make a check. I realized that a motorcycle had collided onto the rear of my vehicle. I am not sure how he collided with my vehicle however the lorry driver behind me witnessed how it happened. I made a check at the rider and his lower chin area was covered with blood. I immediately called for ambulance. Shortly after, LTA, TP officers as well as paramedics arrived at scene. The rider was conveyed to hospital. My vehicle damages are a few scratches on the rear left side of my vehicle. The motorcycle's damages were slight but I am not sure of the details. The details of lorry driver behind me was taken down by the LTA officer.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180504/2135

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Report No. T/20180504/2135

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

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:  
E /  
Sgt 3 LEONG KAH WAI, CLEMENT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/05/2018 19:22

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65472078

Classification Of Case:  
SN 072

Authentication Stamp  
NP168

 SINGAPORE  
POLICE FORCE  
  
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

