

## 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	10/05/2018 16:08
Date Of Accident	09/05/2018 05:00
Exact Location Of Accident	KJE EXITING TO CORPORATION RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM5565P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	C M M MARKETING MANAGEMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97634015
Alternative Phone No	OFFICE-97634015

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ18-000059
Cover Note Number	

### Driver

Name of Driver	LIM CHEE KEONG
NRIC No	S7726528G
Date Of Birth	03/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97634015
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -  
Postcode  
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 COLLIDED INTO PARKED VEHICLE  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? YES  
Foreign Vehicle Registration Number PJY730 (COMMERCIAL VEHICLE)  
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 YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address **ROAD:** 31 YISHUN CENTRAL , **POSTCODE:** 768827 , **COUNTRY:** SINGAPORE  
Police Station Contact **TEL NO:** 1800-8529999 - **FAX NO:** 68522299  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

refer attached police report.

#### 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 PJY730  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number 91461458  
Address  
Postcode  
Insurance Company Name

**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.

思恩市场管理私人有限公司  
CMM MARKETING MANAGEMENT PTE LTD  
6 MANDAI LINK  
SINGAPORE 728652  
TEL: 68951888 FAX: 62698265  
REG NO: 200006394W

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.:



**SINGAPORE  
POLICE FORCE**



T/20180509/2015

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180509/2015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 09:47		Vide Report No.: J/20180509/0057		Station Diary No.: 28	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHEE KEONG			Address: APT BLK 145 YISHUN STREET 11 #12-41 SINGAPORE 760145		
ID Type / ID No.: NRIC NO / S7726528G			Contact No.: Home/Office:		Mobile: 97634015
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 03/10/1977	Type of Informant: Driver		
Race: Chinese			Language: English		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 Attended by Police	Drink Drive: No	Date/Time of Accident: 09/05/2018 05:00	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
KRANJI EXPRESSWAY, LANE 4, EXITING TO CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PJY730	Lorry				Seriously Damaged	0
YM5565P	Lorry				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20180509/2015

2 of 3

Report No. T/20180509/2015

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No. 1800-8529999

**CONTINUATION OF REPORT**

**Brief Details.**

On 09/05/2018, at about 0500hrs, I was driving my lorry YM5565P along Kranji Expressway Lane 4 and going to turn left to Corporation Road.

At the point of time, I did observe that that is a Malaysian-registered lorry PJY730 parked at the road shoulder. I then continue to drive and when I was about to maneuver my lorry to the left and to go to Corporation Road, I then realized that I had hit the parked lorry's right side when I heard a bang sound.

Knowing that I had hit the lorry, I stop my lorry at the road shoulder in front of the lorry and checked with him whether is he okay and he given me his contact number of 91461458.

Soon after, Traffic police arrived and later on given me a case card with a report number J/20180509/0057 and told me to go and lodge a Traffic accident report.

Nobody was injured in this accident.

That's all.



**SINGAPORE  
POLICE FORCE**



T/20180509/2015

3 of 3

Report No. T/20180509/2015

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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 /  
Staff Sgt LEE TECK LENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

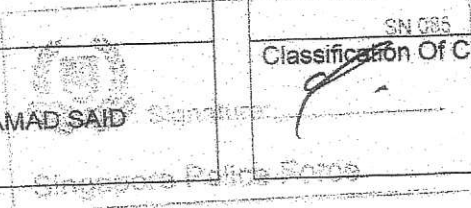
Date/Time:  
09/05/2018 09:47

Officer In Charge Of Case:

P / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Classification Of Case:

Authentication Stamp  
NP168



# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A - YL 5865P

B - PJY 730

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report.

**DECLARATION**  
 I declare the foregoing particulars are true in every respect.  
 CMM MARKETING MANAGEMENT PTE LTD

6 MANDAI LINK  
 SINGAPORE 728652  
 TEL: 68951888 FAX: 62698265  
 REG NO: 200006394W

Policyholder's Signature  
 Date & Time:

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

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