

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	23/05/2018 13:33
Date Of Accident	22/05/2018 08:20
Exact Location Of Accident	ALONG DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5893B
Insured/Policyholder	
Name Of Registered Owner	FASTREK COURIER PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98706436

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-006943
Cover Note Number	-

Driver

Name of Driver	TAN POH HENG (CHEN BAOXING)
NRIC No	S7518806D
Date Of Birth	19/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98706436
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 128 MARSILING RISE #07-268
Postcode	730128
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : ZUBAIDAH BTE JUBANC GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC9224Y
Vehicle Make/Model/Colour	
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)

Accident Sketch Plan

SKETCH PLAN

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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 - G8F5893B
B - F8L9224Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature of Policyholder

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180522/2141

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No. 1800-3459999

1 of 3
Report No. T/20180522/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 22/05/2018 19:41		Vide Report No.:		Station Diary No.: 29
Informant's Particulars				
Name of Informant: TAN POH HENG		Address: APT BLK 128 MARSILING RISE #07-268 SINGAPORE 730128		
ID Type / ID No NRIC NO / S7518806D		Contact No.: Home/Office: Mobile: 98706436		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 42	Date of Birth: 19/06/1975	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: DISPATCH		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD				
Bus Stop near Barker Rd along Dunearn Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		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
FBC9224Y	Motorcycle				Slightly Damaged	0
GBF5893B	Van				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



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T/20180522/2141

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3
Report No. T/20180522/2141

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ALFIZ BIN MOHAMED ESA	ID No	S8908125D
Related Vehicle	FBC9224Y (Motorcycle)	Contact No.	90171093
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	Slight
Driver			
Name	TAN POH HENG	ID No.	S7518806D
Related Vehicle	GBF5893B (Van)	Contact No.	98706436
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 22/05/2018, at around 0820hrs, I was driving along Dunearn Road I stopped my vehicle behind a bus stop yellow box in response to a red traffic light in front of me. I then heard a loud bang on the driver side of my vehicle, and then a loud bang at the front of my vehicle. I then came out of my vehicle and saw a fallen motorcycle and the rider trying to stand up. During the accident, no Police and Ambulance were at scene, and the driver said that he is okay. We then left the area after exchanging particulars.

At around 1200hrs, I was contacted by the rider and he said that he went to seek medical treatment, and we agreed to lodge Police report for insurance claim purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999



T/20180522/2141

3 of 3

Report No. T/20180522/2141

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 2 JEREMY GOH ZEN KIAT

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No: 65478151

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant

Date/Time:
22/05/2018 19:41

Classification Of Case

Accident Photo



Accident Photo



Accident Photo



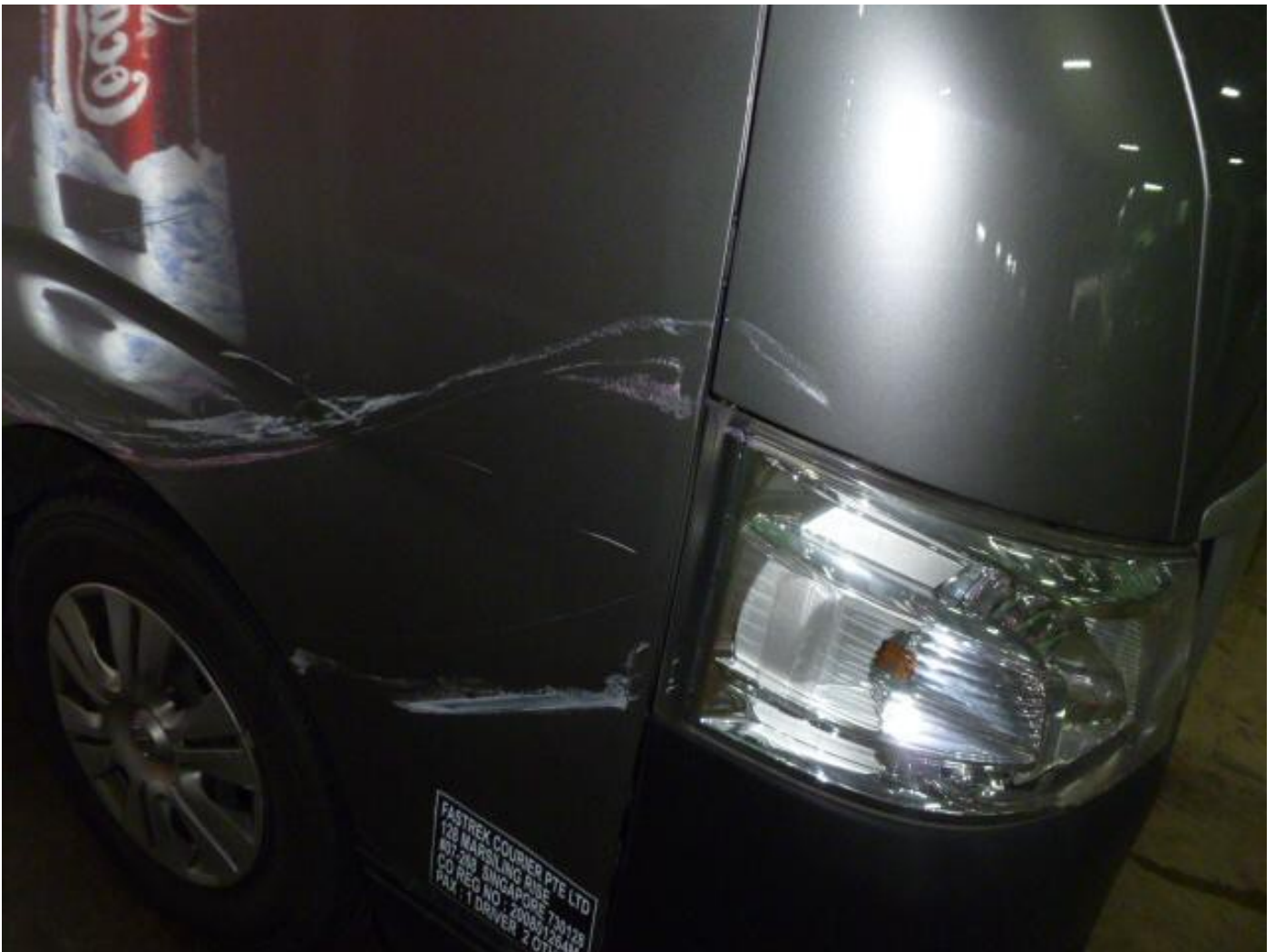
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

