SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

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- 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 witholding 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.	
CANTEL CONTRACTOR OF THE	ACCIDENT STATEMENT
Date Of Report	15/05/2018 11:07
Date Of Accident	14/05/2018 10:15
Exact Location Of Accident	BKE TOWARDS PIE 1KM AFTER ECO BRIDGE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ1200M
Insured/Policyholder	
Name Of Registered Owner	INFINITY HARDWARE HOLDING PTE LTD
Co Reg No	201436009H
Email Address	ROUGE_24_42@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91727501
Alternative Phone No	OFFICE-91727501
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150D
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088695760-01
Cover Note Number	THIRD PARTY, FIRE & THEFT
Driver	
Name of Driver	TAY QI HUA
NRIC No	S9322819G
Date Of Birth	03/07/1993
Occupation	INDOOR
Date Of Driving Pass	16/07/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727501
Fax Number	
Contact Number	

ROUGE 24 42@HOTMAIL.COM

BLK 804 WOODLANDS STREET 81 Address

#06-45A

730804 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

CHAIN COLLISION Type Of Accident

Weather Conditions DRIZZLING

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

KV7489B (COMMERCIAL VEHICLE) Foreign Vehicle Registration Number

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: TAY SWEE HOCK

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

CLEMENTI NEIGHBOURHOOD POLICE CENTRE Police Station Name

YES

ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

Refer to 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

GY8932T

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

ISLAM NAZRUL

NRIC/Passport Number

F7556103L

Contact Number

98272443

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

: UNKNOWN PASSENGER

GENDER:

: MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GU3113U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

renicle Category

COMMERCIAL VEHICLE HOSSEN NAZMUL

Name of Driver

G6820115U

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number KV7489B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number UNKNOWN

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN PASSENGER

Approximate Age 35

Injuries Sustain

Injured person in which vehicle? GY8932T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE		Vehicle No:	GZ1200M	Report Date & Start Time:	15/05/18 / 10:54
Report No: MT/	D.O.A: 14/05/2018 Time: 10:15 hrs	Make / Mode	TOYOTA DYNA	150E Reporting Type: TP	End Time:/

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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 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:
 - 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

What demotiving with requirements under any regulations, laws or court orders.

Policyholder's Signature / Date & Time

TO

5/05/18 / 10:54

DM 15/05/18 / 10:54

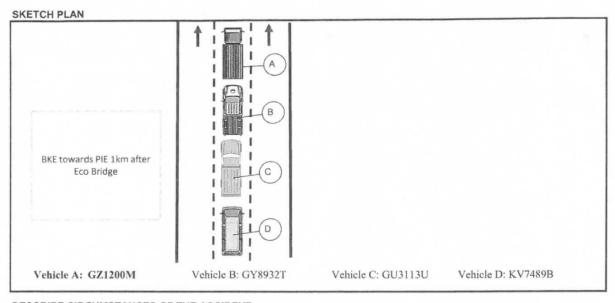
Driver's Signature (If driver is not the policyholder) / Date & Time

Thomas Chen (\$098890) Customer Care Executive

Motor Service Centre

Witnessed by Reporting Centre Peronnel

Sketch Plan Pg. 2



Refer to Police Report.		

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

5/15/2018 10:54

Declaration OWARE

LINIS

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

* 5/15/2018 10:54

Policyholder's Signature / Date & Time

Page 5 of 17

Thomas Chen (S098890) Customer Care Executive

Witnessed by Reporting Centre Personnel

Motor Service Centre





Date of Expiry:

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

Occupation:

Painter

1 of 4 Report No. T/20180514/2057

REPORT OF A TRAFFIC ACCIDENT							
	ne Report N 018 12:32	/lade:	Vide Report No.: F/20180514/0095	Station Diary No.: 73			
Informa	nt's Partic	ulars					
Name of TAY QI	f Informant: HUA		Address: APT BLK 804 WOODI SINGAPORE 730804	ANDS STREET 81 #06-45A			
	/ ID No.: O / S93228	19G	Contact No.: Home/Office:	Mobile: 91727501			
National	ity: ORE CITIZ	ŒN.	Email:				
Sex: Male	Age: 24	Date of Birth: 03/07/1993	Type of Informant: Driver				
Race: Chinese		Language:	Institution / School Name:				

Driving Licence Information:

Class: 3

*	•			
General Infon	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2018 10:15	Type of Location: Straight Road
	H EXPRESSWAY PIE 1KM AFTER ECO BI	RIDGE .		
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear	-	Anyone conveyed by ambulance:

Details of V Vehicle No.	The state of the s	Make	Model	Color	Condition	No of Decompos
	Type	Iviake	INIOGEI	Color	Condition	No of Passenger
GU3113U	Lorry .				Slightly	6
					Damaged	
GY8932T	Lorry				Slightly .	1
					Damaged	
GZ1200M	Lorry				Slightly	1
		7			Damaged	
KV7489B	Van				Seriously	1
					Damaged	





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

2 of 4 Report No. T/20180514/2057

Any Pedestrian I	nyolyed: No	The state of the s		NE XZ		
			111 15			
No. of Pedestrian	is injured: NIL		Use of Pe	destria	n Cros	sing: NA
Driver						
Name	HOSSEN NAZMUL			ID No).	G6820115U
Related Vehicle	GU3113U (Lorry)			Conta	act No.	· NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	L
		VIL	Degree of	Injune	NIL	
Driver			T Degree of	mijury	IVIL	
Name	ISLAM NAZRUL		ID No		F7556103L	
Related Vehicle	GY8932T (Lorry)			Conta	ct No.	98272443
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	-	Date Disci		NIL	
The second secon		IIL	Degree of		NIL	
Driver			Degree of	nijury	IVIL	
Name	TAY QI HUA			ID No.		S9322819G
Related Vehicle	GZ1200M (Lorry)		Conta	ct No.	91727501	
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
The Part of the Pa	the state of the s	IL	Degree of		NIL .	





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5, SIN

3 of 4 Report No. T/20180514/2057

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

Name	Unknown Driver			
	CHAICWII DIIVEI		ID No.	NIL
Related Vehicle	KV7489B (Van)			
	(Vall)		Contact No.	NIL
Hospital/Clinic	NIL			
N N	THE.		Licence &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
No. of Days grant	ad 14 - 11 11	Date Disci	harge NIL	
a) o grant	ed Medical Leave NIL	Degree of	Injury NIL	

Brief Details.

On 14/05/2018 at about 1015hrs, I was driving my lorry bearing the registration plate number GZ1200M at the 2nd lane of BKE. At the point of time it was drizzling and the road is wet. The traffic volume was

I notice that there is a jammed ahead thus I slowed down and came to a compete stop. At this point of time, I felt an impact coming from the rear and my vehicle inched forward. I alighted my vehicle and involved that I am involved in a chain collision. I am the first vehicle and there are three other vehicle 1st vehicle: GZ1200M

1st vehicle: GZ1200M 2nd vehicle: GY8932T 3rd vehicle: GU3113U

4th vehicle: KV7489B (Malaysian vehicle)

This is the first time such incident happened. I had exchanged particulars with the other drivers. Traffic Police and ambulance came and some of the passenger were conveyed by Ambulance. I do not have a in car camera installed in my vehicle. There is scratches and dent at the rear of my vehicle.





Police Station Of Origin: Clementi N.P.C

Report No. T/20180514/2057

4 of 4

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999 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 Recordi D / Sgt 2 NG JIA HAO	ng The Report:	Signature Of Informant:	2
Signature Of Interpreter: Not applicable		Date/Time: 14/05/2018 12:32	
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHES	SH	Classification Of Case:	
Contact No.: 65476232 Authentication Stamp	SINGAPORE POLICE FORCE	SN 37	
NP168	SIG	SNATHER	