

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 | 06/06/2018 12:44 |
| Date Of Accident | 06/06/2018 10:10 |
| Exact Location Of Accident | CTE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBH1891Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SENG KEE FOODS PTE LTD |
| Co Reg No | 200601339R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64452320 |

Vehicle Particulars

| | |
|--------------|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA-4.1 D 200 (M) |

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 | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCY18S003273 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TONG TIEJUN |
| Passport No/FIN | G8084373P |
| Date Of Birth | 29/08/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/03/2015 |
| Driving Experience | 3 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83111970 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------|
| Address | 47B LORONG 4 GEYLANG |
| Postcode | 399291 |
| 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 ON COLLISION |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2449999 - FAX NO: 62447258 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

SEE ATTACHED 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 | SHC4698A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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

陈新记食品(私人)有限公司
TAN SENG KEE FOODS PTE LTD
Blk 30:7 Badok North Street 5 #03-12/13
Gourmet East Kitchen, Singapore 486121
Tel: (65) 6445 2320 Fax: (65) 6445 2918
Co. Reg. No. 43561290 No. 200401200

Tes

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.:

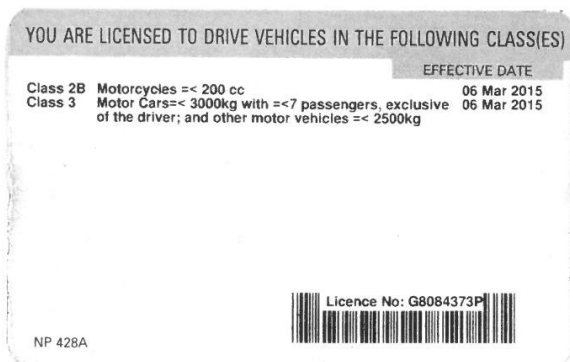
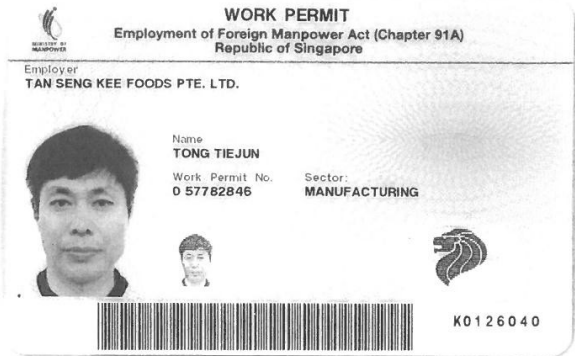
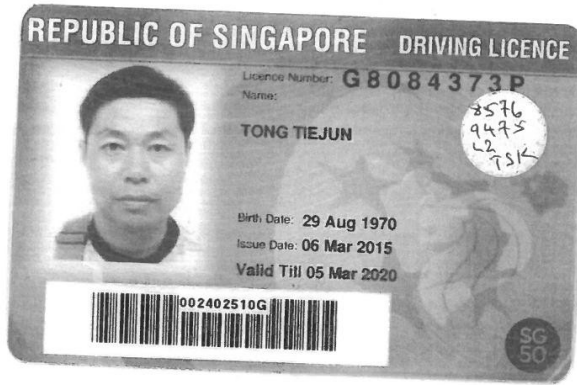
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I/We declare the foregoing particular
陈新记食品(私人)有限公司
FAN SENG KEE FOODS PTE LTD
 Blk 30/17 Badok North Street 5 #03-12/13
 Gourmex East Kitchen, Singapore 486121
 Tel: (65) 6545 2328 Fax: (65) 6445 2918
 e-mail: nsf@fanseeng.com.sg
 Date & Time: _____

Tues

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

Sketch Plan Pg. 3



831119.70

Tel: 64452320 Wendy



**SINGAPORE
POLICE FORCE**



T/20180606/2065

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180606/2065

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made: 06/06/2018 12:17 | | Vide Report No.: E/20180606/0078 | | Station Diary No.: 68 |
| Informant's Particulars | | | | |
| Name of Informant: TONG TIEJUN | | Address: 47B LORONG 4 GEYLANG SINGAPORE 399291 | | |
| ID Type / ID No.: FIN NO / G8084373P | | Contact No.: Home/Office: Mobile: 83111970 | | |
| Nationality: CHINESE | | Email: | | |
| Sex: Male | Age: 47 | Date of Birth: 29/08/1970 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: Lorry driver | | 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: 06/06/2018 10:10 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY CTE(AYE) 10km Lamp post 235F Lamp Post Number: 235F | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|---------------------|-----------------|
| GBH1891Y | Lorry | | | | Slightly Damaged | 0 |
| SHC4698A | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180606/2065

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180606/2065

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|------------------|--|-----------------------------------|
| Name | TONG TIEJUN | ID No. | G8084373P |
| Related Vehicle | GBH1891Y (Lorry) | Contact No. | 83111970 |
| 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 the 6/6/2018 at about 1010 hrs, I was driving my lorry (GBH1891Y) along CTE(AYE) at around the 10km mark near lamp post 235F along the fourth lane. There was a taxi (SHC4698A) driving in front of me. Suddenly, the taxi did an emergency brake but I was unable to stop in time and I collided onto the rear of the taxi. Both the taxi driver and I came down and I realized that the taxi had a pregnant passenger on board. The taxi driver then called for the police. After awhile, both the police and ambulance came to the scene. The ambulance then conveyed the passenger to the hospital. The traffic police then advised me to lodge a report at the police station. I wish to state that I was not injured and the taxi driver complained of back pain. I also wish to state that there are scratches and a dent on the front portion of my vehicle. The taxi has scratches and the paint chipped off on the rear of the taxi.



**SINGAPORE
POLICE FORCE**



T/20180606/2065

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180606/2065

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 3 ONG YU XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/06/2018 12:17

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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