

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	22/05/2018 13:44
Date Of Accident	07/05/2018 17:00
Exact Location Of Accident	MCE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3355B
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Insured/Policyholder

Name Of Registered Owner	AQUATEMP PTE LTD
Co Reg No	201310647G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67852726

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	5087599956-01
Cover Note Number	-

Driver

Name of Driver	NG THIAN LAI
NRIC No	F7482476P
Date Of Birth	01/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86738864
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	123 SIMEI ST 1 #01-374
Postcode	520123
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	NO 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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT. REMARK: LATE REPORTING DUE TO VOTING AT MALAYSIA. THE AMBULANCE REACH THE SCENE AND THE PARAMEDIC REFUSE TO FETCH THE OTHER PARTY DUE TO THERE WAS NO INJURY. PARAMEDIC EVENTUALLY LEAVE THE SCENE WITHOUT ANY PATIENT.

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	SJK8689J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

Repper Rd

SKETCH PLAN

A= XD 3355 B
B= SJR 8689 J

MCE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

4/2/2018, 11:47:47 AM, 1.8

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/20180518/2099

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20180518/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 15:34	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: NG THIAN LAI			Address: 123 SIMEI ST 1 #01-374 HDB-TAMPINES SINGAPORE 520123	
ID Type / ID No.: FIN NO / F7482476P			Contact No.: Home/Office: Mobile: 86738864	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 49	Date of Birth: 01/08/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Further Information of the Accident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/05/2018 17:00	Type of Location: Expressway
Location: Along Road 1 EAST COAST EXPRESSWAY				
After MCE, the second ERP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJK8689J	Car				Slightly Damaged	0
XD3355B	Lorry			Blue	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/2018051

Police Station Of Origin:
Changi N.P.C.
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/2

CONTINUATION OF REPORT

Brief Details.

On 18/05/2018 at 1700hrs, I drove my lorry along MCE towards Tuas. I exited after MCE and was near the second ERP. There was a car behind me horn me. However, I slowed down and he over took me. The vehicle on hazard light and I stopped my vehicle also. There was ambulance and traffic police at scene. No one was injured and no government property damaged. There is no in car camera installed for my vehicle. I am lodging this report as requested by my supervisor.

POLICE REPORT

SINGAPORE
POLICE FORCE



T/20180518/2099

ation Of Origin:
N.P.C
ei Street 2 SINGAPORE 529914
No: 1800-5872999

3 of 3

Report No. T/20180518/2099

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 /

Staff Sgt KOH SIEN KHAI, KELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/05/2018 15:34

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

