

## 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	28/06/2018 17:42
Date Of Accident	27/06/2018 19:00
Exact Location Of Accident	T JUNC BETWEEN UPP CHANGI RD & EXPO DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9459Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEMPRINT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67428850

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCPHQ18-002044
Cover Note Number	-

### Driver

Name of Driver	CHAN WEI HENG
NRIC No	G2626984P
Date Of Birth	21/07/1993
Occupation	INDOOR
Date Of Driving Pass	23/09/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97558850
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3014 UBI ROAD 1 #01-278
Postcode	408702
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 - CROSS JUNCTION
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?	YES
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)	3
Passenger 1	NAME: : FOKE YAN JIE GENDER: : MALE
Passenger 2	NAME: : DELI ANAK MEROM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC501K
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)

#### DETAILS OF INJURED PERSON 1

Name CHAN WEI HENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA9459Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name FOKE YAN JIE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA9459Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DELI ANAK MEROM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA9459Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### 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
  - (ii) for complying with requirements under any regulations, laws or court orders.



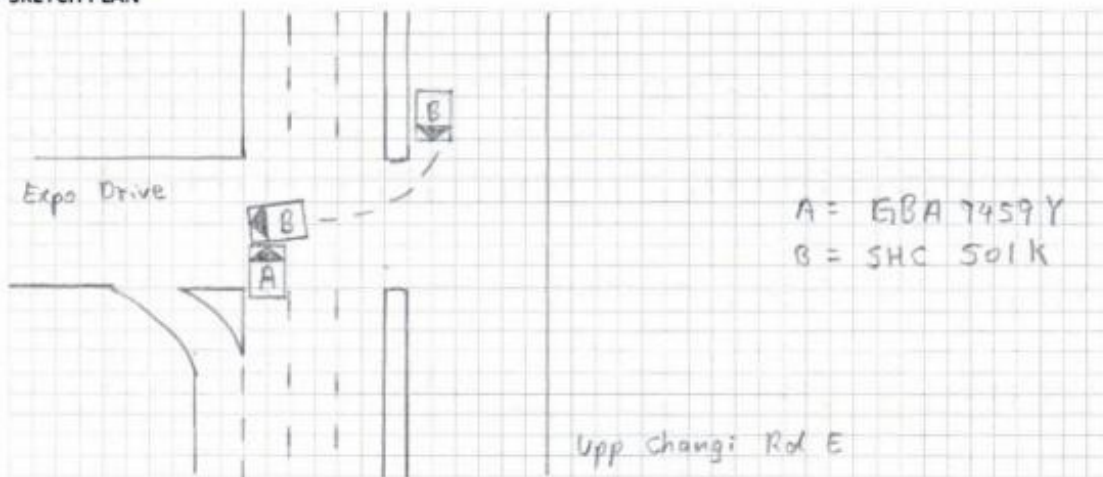
Policyholder's Signature  
Date & Time:

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



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 &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180628/2141

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180628/2141

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 17:12	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars			
Name of Informant: CHAN WEI HENG		Address: 304 Ubi Avenue 1 #01-127 SINGAPORE 400304	
ID Type / ID No.: FIN NO / G2626984P		Contact No.: Home/Office: Mobile: 97558850	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 24	Date of Birth: 21/07/1993	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRODUCTION AND GENERAL SUPERVISOR		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: 27/06/2018 19:00	Type of Location: T-Junction
Location: Along Road 1 UPPER CHANGI ROAD  Upper changi rd between expo drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9459Y	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Slightly Damaged	2
SHC501K	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Yellow	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
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132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180628/2141

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBA9459Y	EQ INSURANCE COMPANY LTD.	DMCPHQ18-002044	04/04/2018	06/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Passenger</b>				
Name	FOKE YAN JIE		ID No.	G8529009L
Related Vehicle	GBA9459Y (Lorry)		Contact No.	97558850
Hospital/Clinic	CARITAS CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2018		Date Discharge	28/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	CHAN WEI HENG		ID No.	G2626984P
Related Vehicle	GBA9459Y (Lorry)		Contact No.	97558850
Hospital/Clinic	CARITAS CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/06/2018		Date Discharge	28/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Passenger</b>				
Name	DELI ANAK MEROM		ID No.	G7127654L
Related Vehicle	GBA9459Y (Lorry)		Contact No.	97558850
Hospital/Clinic	CARITAS CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2018		Date Discharge	28/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
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Report No. T/20180628/2141

## CONTINUATION OF REPORT

Name	LIM SOON HOCK	ID No.	S1640864F
Related Vehicle	SHC501K (Car)	Contact No.	96283149
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 the 27/06/2018 at about 7:00pm I was driving my company vehicle a white mitsubitshi lorry bearing license number GBA9459Y along Upper changi rd and I was at the T-junction between Expo drive and upper changi rd. The traffic light was green at the time and as such I proceeded to drive straight when suddenly a yellow Hyundai taxi bearing license number SHC501K which was on the opposite direction, proceeded to make a right turn without checking for on-coming vehicles. As it happened to sudden, I did not have enough time to brake and stop fully, as such it resulted in me colliding into the left side of the taxi. My company vehicle damages are dents and scratches to the bumper, headlights was damaged and the vehicle's windscreen was shattered. We then proceeded to the side of the road and exchanged particulars. After the accident, myself and two other of my passenger felt slight discomfort after the accident as such we proceeded to see the doctor and was awarded a 3 days medical certificate.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180628/2141

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Report No. T/20180628/2141

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 TOO YONG FOOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2018 17:12
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo





Accident Photo

