

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 | 14/07/2018 12:03 |
| Date Of Accident | 13/07/2018 12:40 |
| Exact Location Of Accident | JURONG PORT ROAD (SPH PRINT CENTER 2) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBC1436E |
| Insured/Policyholder | |
| Name Of Registered Owner | HAO LING NEWSPAPER AGENCY |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97843047 |
| Alternative Phone No | OFFICE-97843047 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | HYUNDAI |
| Model | H-1 STAREX-2.5 D CRDI (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 18-MU006996-R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | GOH BOON HAO |
| NRIC No | S8302276J |
| Date Of Birth | 13/01/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/03/2003 |
| Driving Experience | 15 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97843047 |
| Fax Number | |
| Contact Number | OTHERS-97843047 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 210C COMPASSVALE LANE #10-186 |
| Postcode | 543210 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SERANGOON NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4880999 - FAX NO: 64883561 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180714/2030 (TYPE OF COLLISION IS HEAD TO SIDE)

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 | YP7441J |
| Vehicle Make/Model/Colour | MITSUBISHI FUSO |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | K MUGGUTHAN |
| NRIC/Passport Number | S9625474A |
| Contact Number | 87885999 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

| | |
|-------------------------------------|---------------|
| No. Of Passenger (Including Driver) | 2 |
| Passenger 1 | NAME: : |
| | GENDER: : |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------|
| Name | GOH BOON HAO |
| Approximate Age | |
| Injuries Sustain | NECK PAIN |
| Injured person in which vehicle? | GBC1436E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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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.



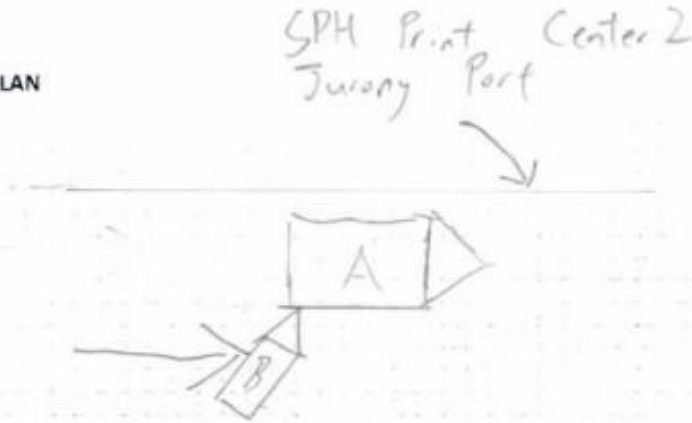
Policyholder's Signature
Date & Time:

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



Loading Bay | Loading Bay | Loading Bay

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This Accident on 13-07-2018 12.40pm. I was going straight and was on my right at my suddenly Car B YP7441J has knock onto my side Rear of the Car. Car B was driving against the traffic and did not check for incoming traffic. I do have a witness for this accident.

Police Report T20180714/2030

DECLARATION

We declare the foregoing particulars are true in every respect.



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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180714/2030

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20180714/2030

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|---|------------------------------|----------------------------|
| Date/Time Report Made: 14/07/2018 09:46 | | Vide Report No.: | | Station Diary No.: 32 |
| Informant's Particulars | | | | |
| Name of Informant: GOH BOON HAO | | Address: APT BLK 210C COMPASSVALE LANE #10-186 SINGAPORE 543210 | | |
| ID Type / ID No.: NRIC NO / S8302276J | | Contact No.: Home/Office: | | Mobile: 97846047 |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 13/01/1983 | Type of Informant: Driver | |
| Race: Chinese | | Language: | | Institution / School Name: |
| Occupation: DELIVERY MAN | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|-----------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/07/2018 12:40 | Type of Location: Car Park |
| Location: Along Road 1 JURONG PORT ROAD | | | | |
| At the vicinity of the Jurong Port Printing Center 2 Jurong Port Road | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: No Traffic |
| 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 |
|-------------|-------|------------|--|-------|---------------------|-----------------|
| GBC1436E | Van | HYUNDAI | H1 STAREX 2.5 CRDI MT ABS AIRBAG 2WD | White | Slightly Damaged | 0 |
| YP7441J | Lorry | MITSUBISHI | FUSO FM65FM2R DEB | White | Slightly Damaged | 1 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180714/2030

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20180714/2030

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | GOH BOON HAO | ID No. | S8302276J |
| Related Vehicle | GBC1436E (Van) | Contact No. | 97846047 |
| Hospital/Clinic | HEALTHWAY MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 13/07/2018 | Date Discharge | 13/07/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | K MUGGUTHAN | ID No. | S9625474A |
| Related Vehicle | YP7441J (Lorry) | Contact No. | 87885999 |
| 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 13/07/2018 at 1240hrs, I was driving my vehicle GBC1436E along Jurong Port Road. I was at the printing center located at 2 Jurong Port Road. I was travelling at the one way lane inside the printing center. Out of sudden, I felt an impact coming from the rear driver side. The impact was minor, I stopped my vehicle and came out to make a check. The lorry YP7441J had hit onto the rear right of my vehicle. I make a check with the driver and he informed that he just came out and did not notice there was a vehicle coming from the side. He could not stop in time as such he hit onto my vehicle.

No police and ambulance was involved at that time. We exchange particular and left the scene. I felt pain at the back of my neck, I went to see a doctor and was given a 3 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180714/2030

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20180714/2030

CONTINUATION OF REPORT

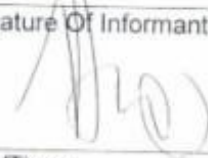
Sketch Plan

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: F / Sgt 2 LAM CHEW KIT |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 |

Authentication Stamp
NP168

| |
|---|
| Signature Of Informant:  |
| Date/Time: 14/07/2018 09:46 |
| Classification Of Case: |

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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