

## 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	23/07/2018 09:52
Date Of Accident	20/07/2018 02:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5251A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIT ENGINEERING PTE LTD
Co Reg No	199001213N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MV004902-R02
Cover Note Number	

### Driver

Name of Driver	JASON THIA ZHANG MING
NRIC No	S9990293J
Date Of Birth	03/08/1999
Occupation	INDOOR
Date Of Driving Pass	09/07/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87509516
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 42 BEO CRESCENT #02-101
Postcode	160042
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 - CHANGE/CROSS LANE
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)	7
Passenger 1	NAME: : VALERIE QUEK GENDER: : FEMALE
Passenger 2	NAME: : NUR VALERIE KHANG CHU XUAN GENDER: : FEMALE
Passenger 3	NAME: : DANIEL LIM CHIN TECK GENDER: : MALE
Passenger 4	NAME: : TAN WAI XIONG LAWRENCE GENDER: : MALE
Passenger 5	NAME: : ZEON ONG WEE GENDER: : MALE
Passenger 6	NAME: : LIM MING HENG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180721/7007

**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	SLJ8862G
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)	

**DETAILS OF INJURED PERSON 1**

Name	JASON THIA ZHANG MING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB5251A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	ZEON ONG WEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB5251A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	TAN WAI XIONG LAWRENCE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB5251A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


## Accident Sketch Plan

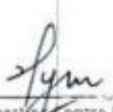
### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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 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 accept 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 stored / 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.

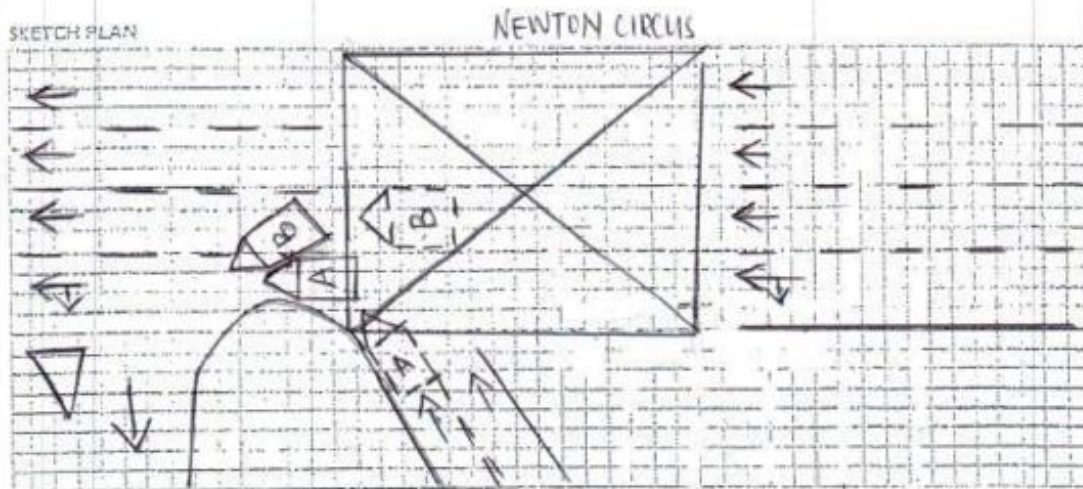
  
Policyholder's Signature  
Date & Time:

  
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



A: GBB5251A  
B: SLJ8862G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

I would like to declare there are 6 passengers with me.

- ① Valerie Quek (F) T0113681F
- ② Nur Valerie Khang Chu Xuan T0105783E (F)
- ③ Daniel Lim Chin Teck S9872325J (M)
- ④ Tan Wai Xiong Lawrence T0318075H (M)
- ⑤ Zeon Ong Wee T0318733G (M)
- ⑥ Lim Ming Heng T0223847G (M)

DECLARATION

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



Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Report Centre Personnel's Signature  
Name:  
NRIC/PIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180721/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180721/7007

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ZEON ONG WEE	ID No.	T0318733G
Related Vehicle	GBB5251A (Lorry)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	JASON THIA ZHANG MING	ID No.	S9990293J
Related Vehicle	GBB5251A (Lorry)	Contact No.	87509516
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Passenger</b>			
Name	TAN WAI XIONG LAWRENCE	ID No.	T0318075H
Related Vehicle	GBB5251A (Lorry)	Contact No.	92409244
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

### Brief Details.

On 20 July 2018 at 02:20am, I (GBB5251A), was driving along the left side of my lane along Newton Circus roundabout when Veh B(SLJ8862G), made a sudden turn into my lane and collided onto my front right side. I would like to declare there are 6 passengers with me. 1)Valerie Quek/T0113681F, 2) Nur Valerie Khang Chu Xuan/T0105783E, 3)Daniel Lim Chin Teck/ S9872325J, 4)Tan Wai Xiong Lawrence/T0318075H, 5) Zeon Ong Wee/ T0318733G, 6)Lim Meng Heng/T0223847G.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo









Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180721/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No: T/20180721/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2018 15:37	Video Report No.: T/20180721/7005	Station Diary No.:
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Informant's Particulars			
Name of Informant: JASON THIA ZHANG MING		Address: APT BLK 42 BEO CRESCENT #02-101 SINGAPORE 160042	
ID Type / ID No.: NRIC NO / S9990293J		Contact No.: Home/Office: Mobile: 87509516	
Nationality: SINGAPORE CITIZEN		Email: jasonthia1999@hotmail.com	
Sex: Male	Age: 18	Date of Birth: 03/08/1999	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Student		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: 20/07/2018 02:20	Type of Location: Roundabout
Location:  NEWTON CIRCUS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBB5251A	Lorry					0
SLJ8862G	Car	HONDA	STREAM	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180721/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180721/7007

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ZEON ONG WEE	ID No.	T0318733G
Related Vehicle	GBB5251A (Lorry)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	JASON THIA ZHANG MING	ID No.	S9990293J
Related Vehicle	GBB5251A (Lorry)	Contact No.	87508516
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Passenger</b>			
Name	TAN WAI XIONG LAWRENCE	ID No.	T0318075H
Related Vehicle	GBB5251A (Lorry)	Contact No.	92408244
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	21/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

### Brief Details

On 20 July 2018 at 02:20am, I (GBB5251A), was driving along the left side of my lane along Newton Circus roundabout when Veh B(SLJ8882G), made a sudden turn into my lane and collided onto my front right side. I would like to declare there are 6 passengers with me. 1)Valerie Quek/T0113681F, 2) Nur Valerie Khang Chu Xuan/T0105783E, 3)Daniel Lim Chin Teck/ S9872325J, 4)Tan Wai Xiong Lawrence/T0318075H, 5) Zeon Ong Wee/ T0318733G, 6)Lim Meng Hong/T0223847G.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180721/7007

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Report No. T/20180721/7007

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/07/2018 15:37

Classification Of Case: