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 witholding 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	25/07/2018 16:27
Date Of Accident	24/07/2018 16:45
Exact Location Of Accident	WEST COAST HIGHWAY TWDS KEPPEL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP7252M
Insured/Policyholder	
Name Of Registered Owner	OLIVINE ELECTRONICS PTE LTD
Co Reg No	-
Email Address	CHINGUAN@OLIVINE.COM
Mobile Phone No	(LOCAL) +65-91287743
Alternative Phone No	OFFICE-91287743
Vehicle Particulars	
Manufacturer	HINO
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29010988 MKC
Cover Note Number	
Driver	
Name of Driver	QUAY ENG HOO
NRIC No	S1312837E
Date Of Birth	09/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91287743
Fax Number	
Contact Number	OTHERS-91287743
EMail Address	CHINGUAN@OLIVINE.COM

Address	BLK 654 JALAN TENAGA #07-76
Postcode	410654
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 TO REAR
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?	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	TELOK BLANGAH NPP
Police Station Address	**ROAD**: 51 TELOK BLANGAH DRIVE #01-116 , **POSTCODE:** 100055 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180724/2172

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	JPA9760
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)

SKETCH PLAN

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 liability**.
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. 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 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.

OLIVINE ELECTRONICS PTE LTD

GOODS RECEIVED/ITEMS UNCHECKED

Policyholder's Signature:
Date & Time:

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

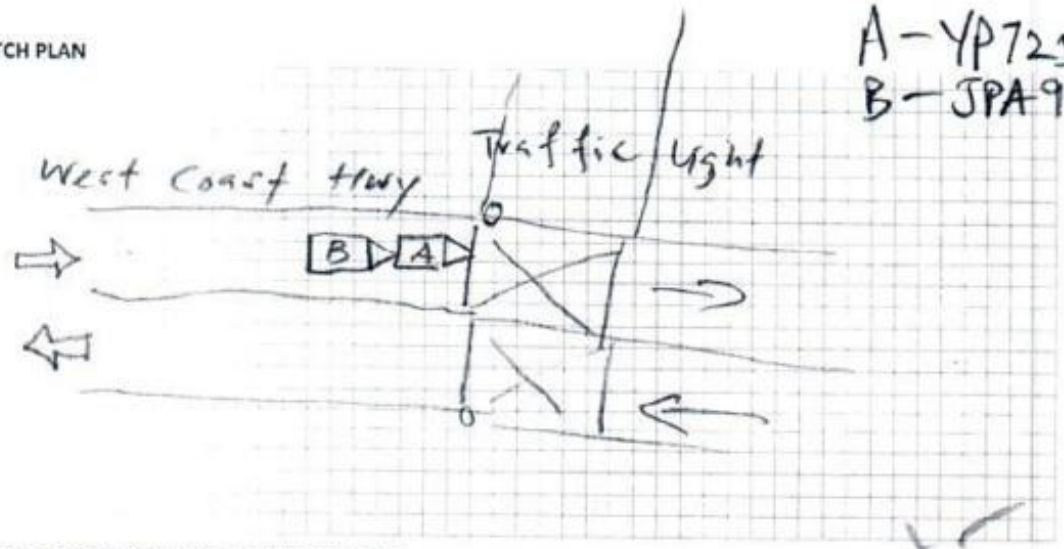
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

25/7/2018

Sketch Plan #2

SKETCH PLAN

A - YP7252M
B - JPA9760



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report T/20/80724/2172

P/S

OLIVINE ELECTRONICS PTE LTD

DECLARATION

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

X ..... GOODS RECEIVED/ITEMS UNCHECKED

Policyholder's Signature
Date & Time:

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

25/7/2018

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

Sketch Plan #3

SINGAPORE POLICE FORCE

T/20180724/2172

Report No. T/20180724/2172

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Driver			
Name	QUAY ENG HOO	ID No.	S1312837E
Related Vehicle	YP7252M (Lorry)	Contact No.	91287743
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	MOHD NAZRI BIN SADON	ID No.	A37892043
Related Vehicle	NIL	Contact No.	0137571080
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.

VIDE REPORT NO: D/20180724/0089. I am the mentioned informant and I am a lorry driver for the company OLIVNE ELECTRONICS PTE LTD. On 24/7/2018 at about 1645 hrs I was driving my company lorry bearing registration number YP7252M (lorry) along the West Coast Highway towards Keppel Road. I had no passenger with me. At one point in time I stopped my lorry behind the traffic stop line when the light turned red. All of a sudden I felt an impact from the rear of my lorry and realized that I was hit by another vehicle from the back. The vehicle is one foreign bus bearing registration number JPA9760 (bus). The impact caused damage to my lorry's box container and the glass in between the driver's side and the container box also shattered. I am also experiencing some chest pain.

I exchanged particulars with the Malaysian driver of the bus and will be claiming against his insurance company. The traffic police came down to scene and advised us to lodge a traffic accident report. The Traffic Police IO in charge of the case is LIM HONG LEE.

Sketch Plan #4

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: #D/20180724/0089

I, Sgt T03415 Sofian
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1X 16GB 1 micro SD (7cm) memory card
2
3
4
5
6
7
8
9
10

from S3128376 Quay Eng Hoo
(Name, NRIC or Passport No. / Rank and No.)

of BIK 654 Jalan Tenaga #07-76 S(410654)
(Address / Police Station / NPC / NPP)

on 24/7/18 (Date) at 1749 hrs (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

QUAY ENG HOO S3128376
(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

Sgt T03415 Sofian
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: YP 7252M

NP 323 (1/07)

Sketch Plan #5

TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: #D/20180724/0389

Traffic Accident along West Coast Highway

involving vehicles: X Science Park rd

on _____ at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (http://www.police.gov.sg/epc) within 24 hours.

You are required to be present at Traffic Police on _____ at about _____ am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your :-
   a) **Identity card/Passport/Work Permit**
   b) **Driving Licence/Vocational Licence**
   c) **Vehicle Insurance/Medical Certificate**
   d) **Any video footage**
   e) **Any other relevant documents/Witnesses (if any)**

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: To Lim Hong Lee

Contact: 65476438

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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Accident Photo

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Accident Photo

Accident Photo

Accident Photo

Police Report

SINGAPORE POLICE FORCE

T/20180724/2172

Report No. T/20180724/2172

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/07/2018 20:37	D/20180724/0089	56

Informant's Particulars

Name of Informant: QUAY ENG HOO			Address: APT BLK 654 JALAN TENAGA #07-76 SINGAPORE 410654	
ID Type / ID No.: NRIC NO / S1312837E			Contact No.: Home/Office: Mobile: 91287743	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 09/10/1958	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/07/2018 16:45	Type of Location: Straight Road

Location:
Along Road 1
WEST COAST HIGHWAY

ALONG WEST COAST HIGHWAY TOWARDS KEPPEL ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
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
JPA9760	Bus/Coach/Minibus			Green	Slightly Damaged	34
YP7252M	Lorry	HINO	HINO XZU710R-HKFMS3	White	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/20180724/2172

Report No. T/20180724/2172

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Driver			
Name	QUAY ENG HOO	ID No.	S1312837E
Related Vehicle	YP7252M (Lorry)	Contact No.	91287743
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	MOHD NAZRI BIN SADON	ID No.	A37892043
Related Vehicle	NIL	Contact No.	0137571080
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.

VIDE REPORT NO: D/20180724/0089. I am the mentioned informant and I am a lorry driver for the company OLIVNE ELECTRONICS PTE LTD. On 24/7/2018 at about 1645 hrs I was driving my company lorry bearing registration number YP7252M (lorry) along the West Coast Highway towards Keppel Road. I had no passenger with me. At one point in time I stopped my lorry behind the traffic stop line when the light turned red. All of a sudden I felt an impact from the rear of my lorry and realized that I was hit by another vehicle from the back. The vehicle is one foreign bus bearing registration number JPA9760 (bus). The impact caused damage to my lorry's box container and the glass in between the driver's side and the container box also shattered. I am also experiencing some chest pain.

I exchanged particulars with the Malaysian driver of the bus and will be claiming against his insurance company. The traffic police came down to scene and advised us to lodge a traffic accident report. The Traffic Police IO in charge of the case is LIM HONG LEE.

SINGAPORE POLICE FORCE

T/20180724/2172

Report No. T/20180724/2172

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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: D / Sgt 2 CHUA JUN QIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2018 20:37
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

SN 045
Signature:
Singapore Police Force

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09.00 – 17.00
UEN: S065S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAI1809625 ~~F/20180724/2172~~ Police Rpt No. Vehicle Registration No: YP7252M

Name (as shown in NRIC) : ~~Olivine Electronics Pte Ltd~~ QUAY ENG HOO NRIC/FIN/Passport No : S1312837E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 3 Kulei Bukit Crescent #05-01 Singapore(416237)

Contact (Tel) : 63830088 Mobile No. : 91287743

Email Address : chinguan@olivine.com

Date of Accident : 24/07/2015 Time of Accident : 16.45 HRS

Place of Accident : WEST COAST ~~HIGHWAY~~ TOWARD KEPPEL ROAD

Insurance Company : MSIG INSURANCE (S) PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

We like to addendum for own damage claim

OLIVINE ELECTRONICS PTE LTD

QUAY ENG HOO
~~Policyholder~~ / Driver's Signature
Date: n/a

3/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: