

## 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	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
<b>Insured/Policyholder</b>	
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	<b>ROAD:</b> 51 TELOK BLANGAH DRIVE #01-116 , <b>POSTCODE:</b> 100055 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <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/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

### SKETCH PLAN

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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.



GOODS RECEIVED/ITEMS UNCHECKED

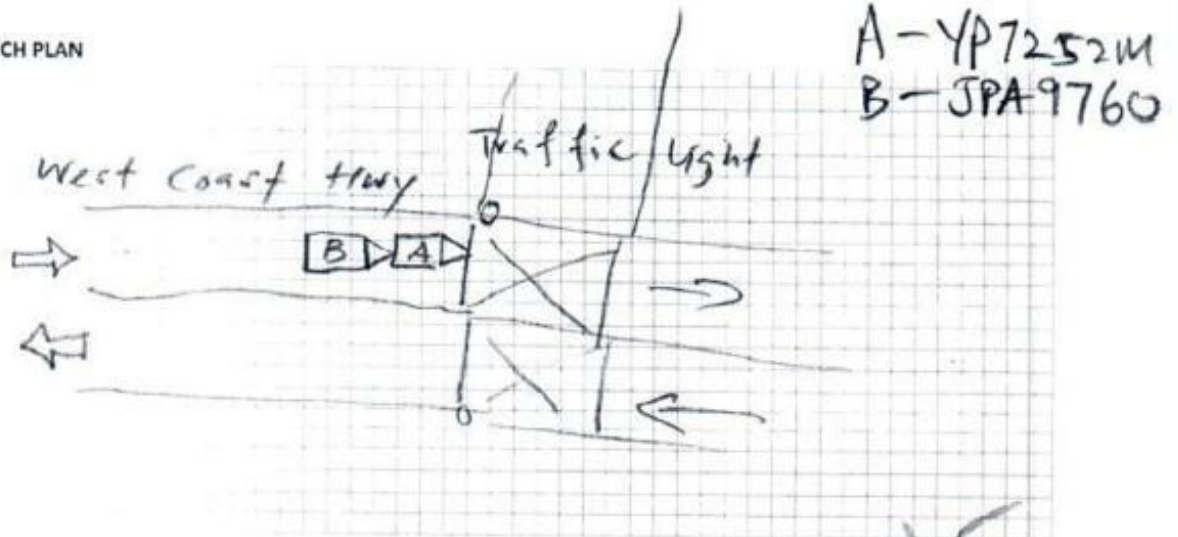
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report  
T/20180724/2172

pl'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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/7/2018



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180724/2172

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

2 of 3

Report No. T/20180724/2172

**CONTINUATION OF REPORT**

<b>Driver</b>			
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
<b>Driver</b>			
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**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: #D/20180724/0089

I, Sgt T03415 Sofon  
(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 (Term) memory card

2

3

4

5

6

7

8

9

10

from S13128376 Quay Eng Hoo  
(Name, NRIC or Passport No. / Rank and No.)

of B1K 654 Jalan Tenaga #07-76 S(410654)  
(Address / Police Station / NPC / NPP)

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

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

[Signature]  
(Signature)

Quay Eng Hoo S13128376  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
(Signature)

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

Other Remarks: YP 9252 M

## Sketch Plan #5



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474740

### CASE CARD

REPORT NO.: TD/20180724/0189

Traffic Accident along West Coast Highway

involving vehicles: X Science Pricer

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: PO 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



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo

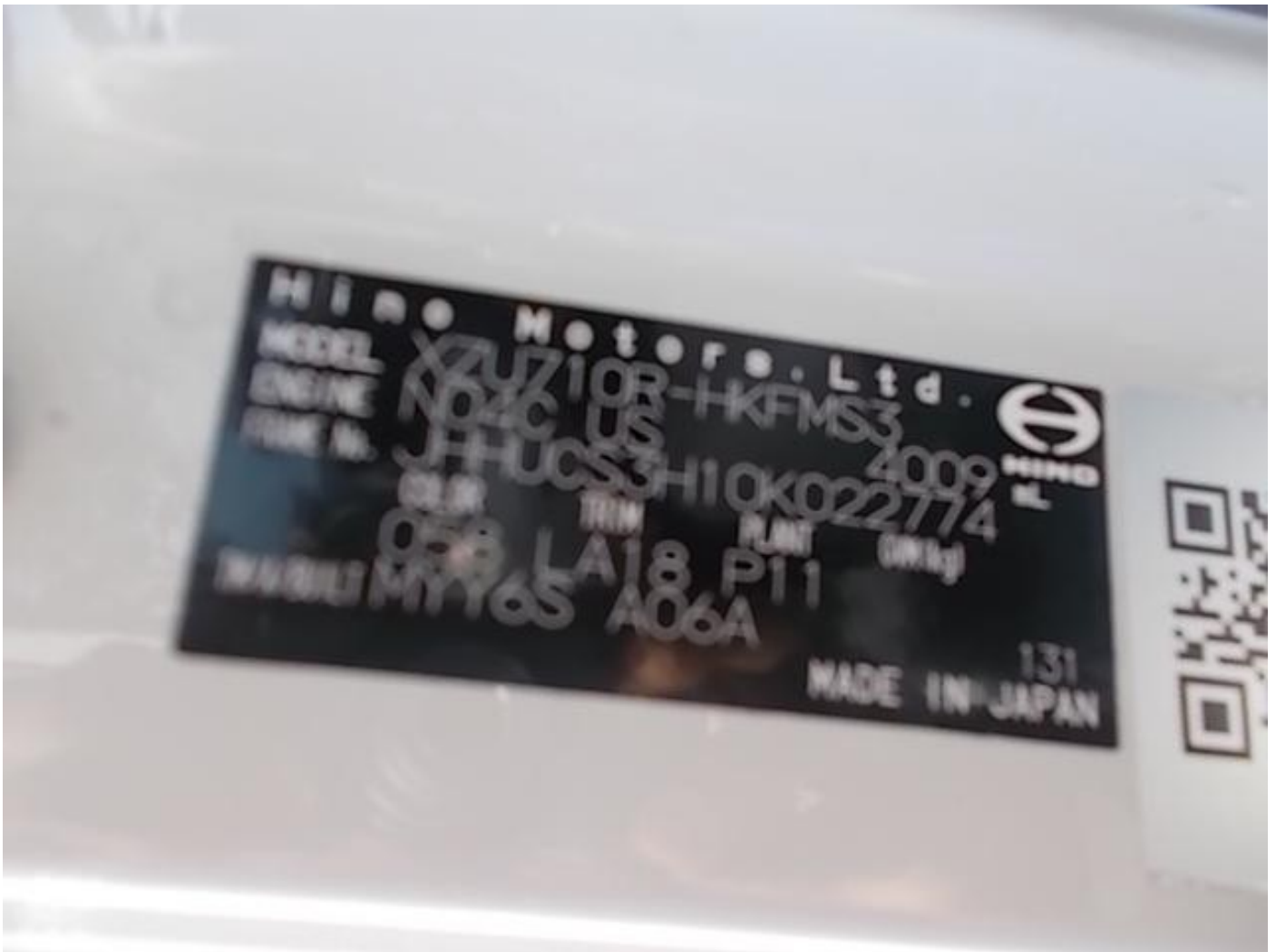


Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180724/2172

1 of 3

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: 24/07/2018 20:37	Vide Report No.: D/20180724/0089	Station Diary No.: 56
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### 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/Mi nibus			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

# Police Report



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POLICE FORCE**



T/20180724/2172

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51 Telok Blangah Drive #01-116  
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Report No. T/20180724/2172

## CONTINUATION OF REPORT

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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
<b>Driver</b>			
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
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T/20180724/2172

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SINGAPORE 100055  
Tel No: 1800-2729999

3 of 3

Report No. T/20180724/2172

## 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:

SN 045

Authentication Stamp

NP168



Signature:

Singapore Police Force