

## 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	14/08/2018 18:11
Date Of Accident	13/08/2018 08:00
Exact Location Of Accident	WOODLANDS AVE 12 AFTER JUNC WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2245M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KING JUICE MANUFACTURING PTE LTD
Co Reg No	200703810C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67525951

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
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	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	A28607995MKC
Cover Note Number	

### Driver

Name of Driver	OOI KUN HOOI
Passport No/FIN	G6996349N
Date Of Birth	13/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91456976
Fax Number	
Contact Number	OFFICE-91456976
E-Mail Address	NOEMAIL

Address	15 WOODLANDS LOOP #01-18
Postcode	738322
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180813/2097.

#### 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	SGV5410T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP SEE WAI
NRIC/Passport Number	S6869678Z
Contact Number	91280226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJL937R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver RAJESKHANA S/O CHANDRAN  
NRIC/Passport Number S7738475H  
Contact Number 82917907  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 4

Passenger 1  
NAME: :  
GENDER: :

Passenger 2  
NAME: :  
GENDER: :

Passenger 3  
NAME: :  
GENDER: :

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SCK4599U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEONG KAR WAI, MARC  
NRIC/Passport Number S9024291A  
Contact Number 82888916  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver) 1

# 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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  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.
- B. 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.

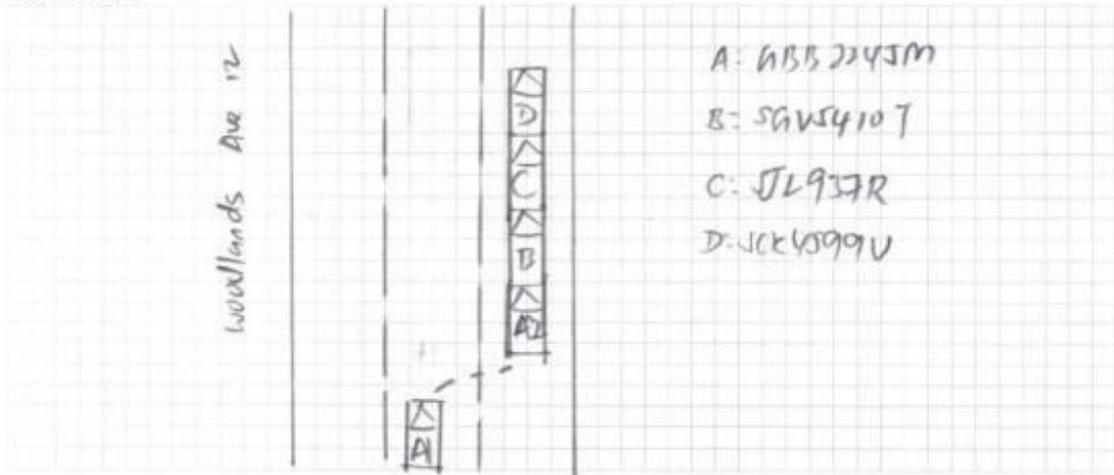
  
Policyholder's Signature  
Date & Time:

  
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

Refer to police report - 7/2080813/2047.

DECLARATION

I/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:

*[Handwritten signature]*

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

*[Handwritten signature]*



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180813/2097

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20180813/2097

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OOI KUN HOOI	ID No.	G6996349N
Related Vehicle	GBB2245M (Lorry)	Contact No.	91456976
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
<b>Driver</b>			
Name	LEONG KAR WAI MARC	ID No.	S9024291A
Related Vehicle	SCK4599U (Car)	Contact No.	82888916
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
<b>Driver</b>			
Name	YAP SEE WAI	ID No.	S6869678Z
Related Vehicle	SGV5410T (Car)	Contact No.	91280226
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

Police Report



SINGAPORE  
POLICE FORCE



T/20180813/2097

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20180813/2097

CONTINUATION OF REPORT

Name	REJESHKHANA S/O CHANDRAN	ID No.	S7738475H
Related Vehicle	SJL937R (Car)	Contact No.	82917907
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 13/08/2018 at about 0800hrs I was travelling along Woodlands Avenue 12 and I wanted to filter to lane 1 of the road. I was blindsided by a big lorry in front and as I was changing lane, I was unable to stop in time to prevent my lorry from the colliding with the rear of the car (SGV5410T) at lane 1. There was a chain collision whereby the said car collided with another car at the front which in turn collided with another car. No one was injured at that point of time.

Traffic police and ambulance arrived at scene. Paramedics checked the other passengers and drivers but none of them were conveyed to the hospital. Subsequently my lorry and the car in front of my lorry were towed away. The other 2 cars continued with their journey.

Police Report



SINGAPORE  
POLICE FORCE



T/20180813/2097

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20180813/2097

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: J / Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2018 15:20
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:

Authentication Stamp  
NP168

Signature:   
Singapore Police Force  
SN 126

Accident Photo



Accident Photo



Accident Photo



Accident Photo



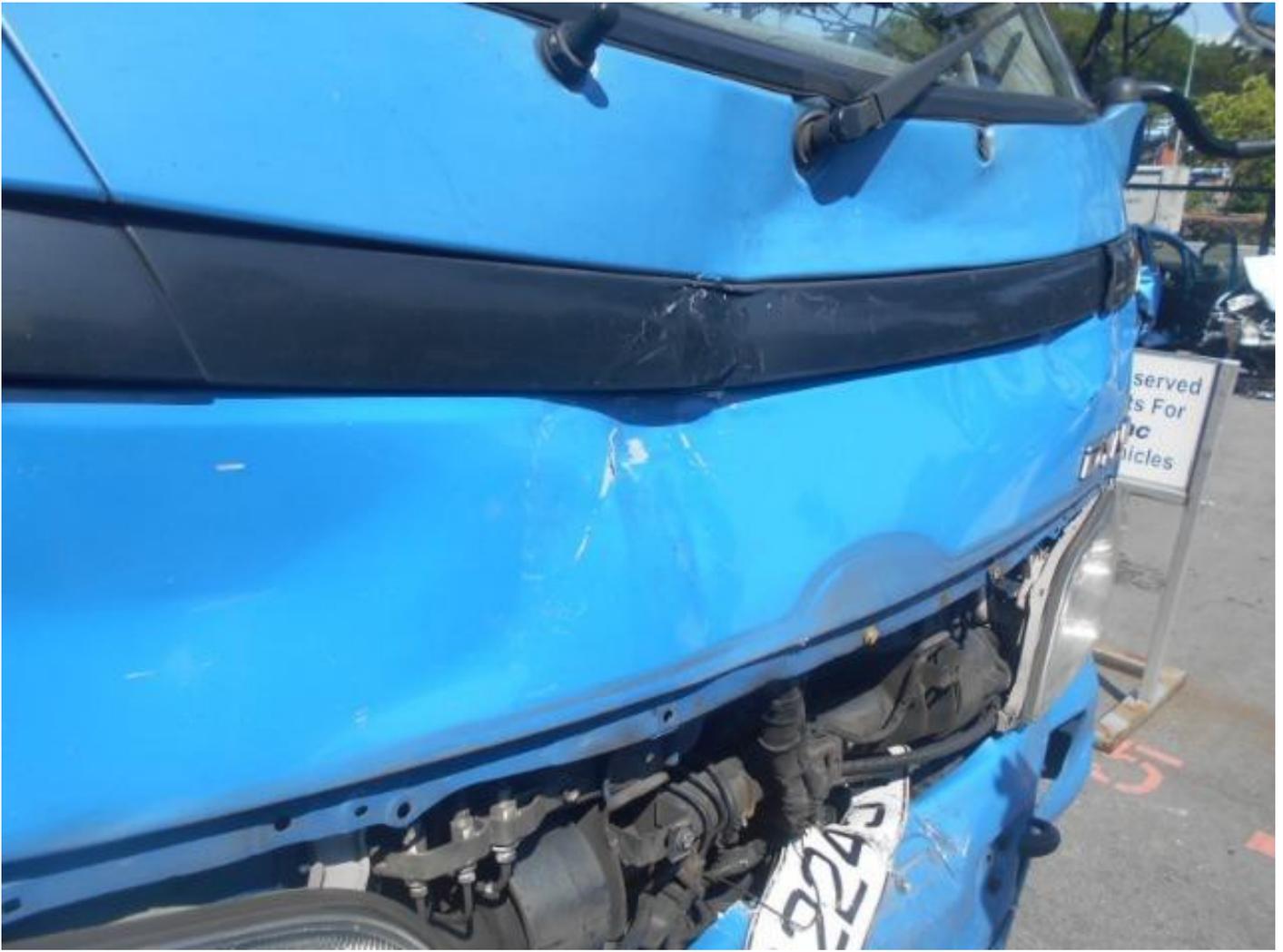
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