

## 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	10/08/2018 13:41
Date Of Accident	10/08/2018 09:45
Exact Location Of Accident	AIRPORT ROAD (INFRT OF BUS STOP 71031/B07)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5020T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SETELCO COMMUNICATIONS PTE LTD
Co Reg No	199406584N
Email Address	ANDY_LIM@SETELCO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98174554

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (M)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1819231800
Cover Note Number	21/06/2018 - 20/06/2019

### Driver

Name of Driver	ROMIE BIN ABU BAKAR
NRIC No	S7309470D
Date Of Birth	13/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93394929
Fax Number	
Contact Number	
Email Address	GIGGZLEFTY@GMAIL.COM

Address	BLK 521 WOODLANDS DRIVE 14 #04-355
Postcode	730521
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20180810/2048.

#### 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	GBG6588X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GU2754B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 DRIVER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GU2754B  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**SKETCH PLAN**

VEHICLE NO.: GBH 5020T  
INSURER : Ching  
DATE & TIME: 11/08/2018 @ 0945

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

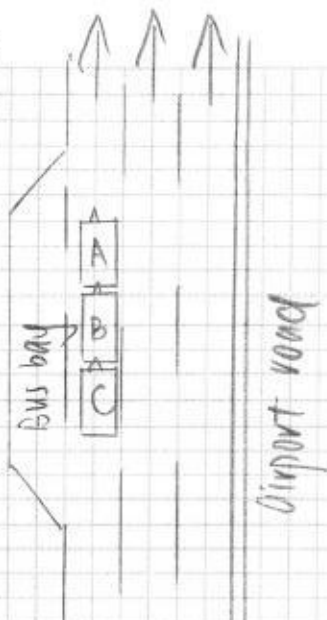


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Danyu (AMK)  
NRIC/FIN No.: 11/08/18

### SKETCH PLAN



A: 6BH50207  
(alone)

B: 969 6588X

C: 542754B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: 6BH 5020T (China)  
Date & Time: 10/08/2018 @ 0945 (clear day)  
refer to police report no: 7/201808/0/2048.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

( ) Claim Own Policy    (✓) Claim Third Party    ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



**SINGAPORE  
POLICE FORCE**



T/20180810/2048

1 of 3

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

Report No. T/20180810/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2018 12:47	Vide Report No.: F/20180810/0119	Station Diary No.: 11
<b>Informant's Particulars</b>		
Name of Informant: ROMIE BIN ABU BAKAR		Address: APT BLK 521 WOODLANDS DRIVE 14 #04-355 SINGAPORE 730521
ID Type / ID No.: NRIC NO / S7309470D		Contact No.: Home/Office: Mobile: 93394929
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 45	Date of Birth: 13/03/1973
Type of Informant: Driver		
Race: Malay		Language: Institution / School Name:
Occupation: Servicing Engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2018 09:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD KALLANG PAYA LEBAR EXPRESSWAY Airport Rd 71031/B07 (BUS STOP) SINGAPORE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG6588X	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver	Slightly Damaged	4
GBH5020T	Van	TOYOTA	HIACE VAN TURBO 5DR MT	Silver	Slightly Damaged	0
GU2754B	Lorry	MITSUBISHI	FB511B0JS RDE	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180810/2048

Police Station Of Origin:

Aljunied NPP

13 Joo Seng Road #01-69 SINGAPORE  
360013

Tel No: 1800-2809999

3 of 3

Report No. T/20180810/2048

**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:

E /

Sgt 2 MUHAMMAD ASH SHAHIDI BIN  
MOHAMED PADILLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

SN 029

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

10/08/2018 12:47

Classification Of Case:





Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

**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	ROMIE BIN ABU BAKAR	ID No.	S7309470D
Related Vehicle	GBH5020T (Van)	Contact No.	93394929
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/08/2018 at about 0945hrs, I was driving my company's van (GBH5020T) along Airport Road (towards Kallang-Paya Lebar Expressway), heading towards Punggol. Upon reaching near the traffic junction of Airport Road and Bartley Road East, the traffic light was 'red' and the traffic condition was heavy. I was formed up on Lane 2 (heading towards KPE). My van was stopped behind a vehicle and everything was in order.

Moments later, I felt an impact from the rear, causing my van to jerk forward. My van did not collide with the vehicle that was in front of me. I did not suffer any injuries from the impact. Upon alighting my van, I discovered that my van was involved in a three vehicle chain collision. There were 2 other lorries that was involved in the accident, GBG6588X (directly behind me) and GU2754B (behind the lorry GBG6588X).

I took photographs of the accident scene and Traffic Police and ambulance came in shortly after. I was given a case card with reference F/20180810/0119 and was advised to lodge Traffic Accident Report by the officer. As such, I am lodging this report to facilitate Traffic Police investigations.