

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	05/09/2018 10:21
Date Of Accident	31/08/2018 14:40
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7088L
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Insured/Policyholder

Name Of Registered Owner	M/S TOH KIM BOCK C-E CONTRACTOR PTE LTD
Co Reg No	198600003M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62535422

Vehicle Particulars

Manufacturer	ISUZU
Model	TFR86
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	DMCVSN1800521800
Cover Note Number	

Driver

Name of Driver	MALICDEM HAROLD ROSARIO
NRIC No	S7361466Z
Date Of Birth	23/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-81880463
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 851 YISHUN STREET 81 #02-58
Postcode	760851
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	DRIZZLING
Road Surface	WET

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?	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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180901/2040.

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	YN3143G
Vehicle Make/Model/Colour	VAN
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)	

SKETCH PLAN

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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.

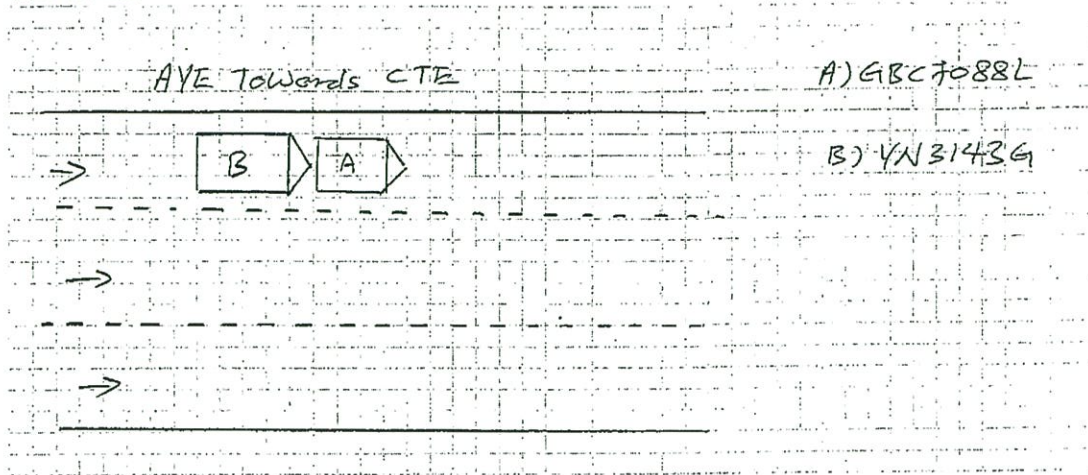

 Policyholder's Signature
 Date & Time: 


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 5 SEP 2018


 Reporting Centre Person's Signature
 Name: Peh Kwee Choo
 NRIC/FIN No.: S6840583A

16:21 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO : T/20180901/2040

DECLARATION

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

7/ we declare the foregoing to be true and correct.

[Signature]

RECEIVED
DIRECTOR OF PUBLIC SAFETY
JUL 10 1968

Policyholder's Signature
Date & Time:

Officer

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5 SEP 2018



Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A



**SINGAPORE
POLICE FORCE**



T/20180901/2040

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180901/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2018 10:07	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: MALICDEM HAROLD ROSARIO	Address: APT BLK 851 YISHUN STREET 81 #02-58 SINGAPORE 760851		
ID Type / ID No.: NRIC NO / S7361466Z	Contact No.: Home/Office: Mobile: 81880463		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 44	Date of Birth: 23/10/1973	Type of Informant: Driver
Race: Filipino	Language:		Institution / School Name:
Occupation: Horticulturist/Arborist	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: 31/08/2018 14:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY LOWER DELTA ROAD AYE towards CTE, before the overhead bridge at exit 3 of AYE towards Lower Delta				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBC7088L	Lorry	ISUZU			Seriously Damaged	0
YN3143G	Van				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20180901/2040

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180901/2040

CONTINUATION OF REPORT

Driver			
Name	MALICDEM HAROLD ROSARIO	ID No.	S7361466Z
Related Vehicle	GBC7088L (Lorry)	Contact No.	81880463
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/08/2018	Date Discharge	31/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Sakiren Bin Abdul Hamid	ID No.	S7027749B
Related Vehicle	YN3143G (Van)	Contact No.	NIL
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 31/08/2018 at about 1440hrs, I was in lane 1 of the Ayer Rajah Expressway (AYE) towards CTE. I was travelling towards Exit 3 at about 60km/h. Suddenly, the front of vehicle YN3143G collided with the back of my vehicle. I managed to hit the brakes after the collision however I lost consciousness temporarily for a few seconds. I also felt dizziness and was shaking. Both vehicles pulled to the road shoulder to assess the damage. The rear of my vehicle was severely dented. The front of YN3143G was also dented.

I called 995 for an ambulance and traffic police also came to scene. I was conveyed by ambulance to Singapore General Hospital. The doctor observed that there were no internal injuries and I was given 2 days' MC.

I am unsure of the reason why YN3143G collided with my vehicle however I was able to get the particulars of the other driver.



**SINGAPORE
POLICE FORCE**



T/20180901/2040

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Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180901/2040

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: F / Insp LEE MEI QING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2018 10:07
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force