

## 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             | 28/09/2018 16:09         |
| Date Of Accident           | 27/09/2018 14:15         |
| Exact Location Of Accident | EXIT 17 TOWARDS AYE CITY |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBG3385J              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | MING KEE EGG SUPPLIES |
| Co Reg No                   | 49916000B             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             |                       |
| Alternative Phone No        | OFFICE-90000000       |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | TOYOTA              |
| Model  | HIACE DX 3.0 MANUAL |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5101760771                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SEAH JIA HWA, MARCUS  |
| NRIC No              | S9500981F             |
| Date Of Birth        | 06/01/1995            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 02/01/2005            |
| Driving Experience   | 13 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93633792  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 108 JALAN BUKIT MERAH #02-1780 |
| Postcode  | 160108                             |
| 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?   | YES |
| 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                       | TRAFFIC POLICE DIVISION HQ                                    |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180928/2079

#### 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 | GBD675H                          |
| Vehicle Make/Model/Colour   | TOYOTA HIACE VAN TURBO 4 DR AUTO |
| Details Of Properties       |                                  |
| Vehicle Category            | COMMERCIAL VEHICLE               |
| Name of Driver              |                                  |
| NRIC/Passport Number        |                                  |
| Contact Number              |                                  |
| Address                     |                                  |
| Postcode                    |                                  |
| Insurance Company Name      | ERGO INSURANCE PTE. LTD.         |
| Nature Of Damage            |                                  |

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP766T  
Vehicle Make/Model/Colour MITSUBISHI CANTER FEB21ER4SDEB  
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 3

Vehicle Registration Number GBD3214K  
Vehicle Make/Model/Colour MITSUBISHI CANTER FEA01BR2SDEB (CBU)  
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 4

Vehicle Registration Number GBB3276S  
Vehicle Make/Model/Colour URVAN NISSAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD  
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 SEAH JIA HWA,MARCUS  
Approximate Age  
Injuries Sustain WHIPLASH  
Injured person in which vehicle? GBG3385J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Accident Sketch Plan Pg. 1

### 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.
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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.



Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT (VAC)**  
23 KAKI BUKIT AVE 4  
Reporting Centre Personnel's Signature  
Singapore 415935  
Name: Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
Email: vackb@singnet.com.sg



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180928/2079

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180928/2079

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>28/09/2018 13:58 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>SEAH JIA HWA, MARCUS |            |                              | Address:<br>APT BLK 108 JALAN BUKIT MERAH #02-1780 SINGAPORE 160108 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9500981F   |            |                              | Contact No.:<br>Home/Office: Mobile: 93633792                       |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                    |                            |
| Sex:<br>Male                               | Age:<br>23 | Date of Birth:<br>06/01/1995 | Type of Informant:<br>Driver  |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:   |                    | Institution / School Name: |
| Occupation:<br>MANAGER                     |            |                              | Driving Licence Information:<br>Class: Date of Expiry:              |                    |                            |

## General Information of the Accident

|   |                              |                                    |  |                                      |
|---|------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident:   | Injury Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/09/2018 14:15 | Type of Location:<br>Straight Road   |
| Location:<br>Along Road 1<br>AYER RAJAH EXPRESSWAY<br>TWDS CITY(EXIT17) |                              |                                    |  |                                      |
| Weather:<br>Clear   |                              | Road Surface:<br>Dry               | Road Speed Limit:                          |                                      |
| Traffic Flow:   |                              | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                      |
| Type of Collision:  |                              |                                    |  | Anyone conveyed by ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make | Model | Color | Condition         | No of Passenger |
|-------------|-------|------|-------|-------|-------------------|-----------------|
| GBD3214K    | Lorry |      |       |       |                   | 0               |
| GBD675H     | Van   |      |       |       |                   | 0               |
| GBG3385J    | Van   |      |       |       | Seriously Damaged | 0               |
| YP766T      | Lorry |      |       |       |                   | 0               |





**SINGAPORE  
POLICE FORCE**



T/20180928/2079

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180928/2079

## 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                              | SEAH JIA HWA, MARCUS | ID No.                                 | S9500981F                         |
| Related Vehicle                   | NIL                  | Contact No.                            | 93633792                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 02                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                      |  |                                   |
| Name                              | TAY CHEOW SIONG      | ID No.                                 | S7835022I                         |
| Related Vehicle                   | NIL                  | Contact No.                            | 97450859                          |
| Hospital/Clinic                   | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury                       | NIL                               |

**Brief Details.**

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 1415HRS.

I WAS DRIVING MY VAN ON A LANE 1 OF 3. LANE 1 WAS MOVING SLOWLY AND HAD A CLOSURE DUE TO ROAD WORKS. SO VEHICLES ON THE LANE 1 FILTERED TO LANE 2. IN FRONT OF ME WAS A VAN. AFTER THE VAN FILTERED, I SLOWLY MOVED TO LANE 2 AS WELL.

SUDDENLY THE VAN JAMMED BRAKED AND STOPPED. I STOPPED MY VEHICLE ON TIME BUT UNFORTUNATELY THE LORRY AND VAN AT THE BACK OF ME, COULDN'T BRAKE AND COLLIDED ON MY VAN. DUE TO THE HEAVY IMPACT, MY VAN MOVED FORWARD AND HIT THE VAN IN FRONT.

AFTER THE HIT, I WENT DOWN AND TOOK SOME PHOTOGRAPHS OF THE DAMAGED VEHICLE.

THAT'S ALL

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180928/2079

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Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180928/2079

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:  
TP /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN  
Contact No.: 65476236

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
28/09/2018 13:58

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:





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: S66550020G / 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 : \_\_\_\_\_ Vehicle Registration No: G86 3385  
Name (as shown in NRIC) : Leah Lin Hua NRIC/FIN/Passport No : 395 00981F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 108 Jalan Bukit Merah #02-1280 Singapore ( 16008 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 27.09.2018 Time of Accident : 14.15  
Place of Accident : Exit A 7 Ark City  
Insurance Company : LDC

**(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:

update driver name.

Policyholder / Driver's Signature  
Date:

**IDAC KAKI BUKIT (VAC)**

Reporting Centre: 23 Kaki Bukit Ave 4  
Name: Singapore 415933  
NRIC/FIN: 67416697 Fax: 67492305  
Date: Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)