

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 liability.
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	06/10/2018 14:25
Date Of Accident	31/08/2018 13:15
Exact Location Of Accident	BEDOK NORTH RD JUNCTION TO BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6065Z
Insured/Policyholder	
Name Of Registered Owner	FABBSTONE.PTE LTD.
Co Reg No	201415590E
Email Address	FABBSTONE@OUTLOOK.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94777098

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	DMCVSN3004081801
Cover Note Number	

Driver

Name of Driver	TAN LI GUAN
NRIC No	S1813256G
Date Of Birth	05/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87200185
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 252 BANGKIT RD #03-402
Postcode	670252
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	SIDE SWIPE
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?	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)	3
Passenger 1	NAME: : MAKCHURDUR GENDER: : MALE
Passenger 2	NAME: : ZAMAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180831/2119

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	FBB7938P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 FBM7636C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 UNKNOWN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBB7938P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBM7636C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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.

201416020E

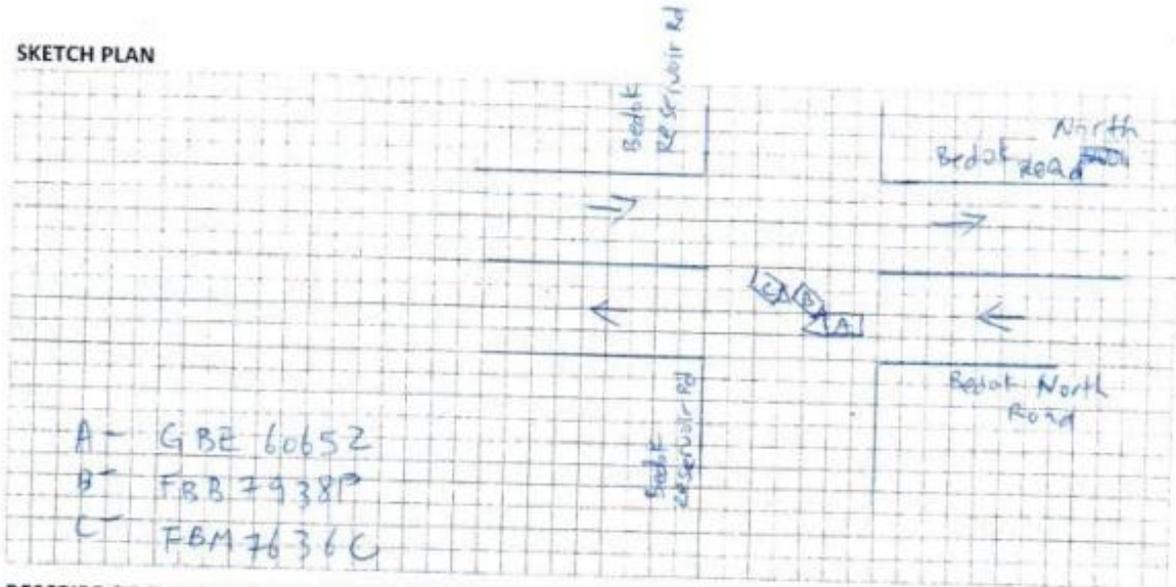
Policyholder's Signature
Date & Time:

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

As per police report T/2018 0831/2119.

DECLARATION

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

Labstone Pie Ltd
 201415500E

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

fyw 06/10/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180831/2119

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20180831/2119

CONTINUATION OF REPORT

Driver			
Name	TAN LI GUAN	ID No.	S1813256G
Related Vehicle	GBE6065Z (Lorry)	Contact No.	87200185
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 the 31/08/2018 at about 1314hrs, I was driving my vehicle "GBE6065Z" along Bedok North Road when I arrived to the junction of Bedok Reservoir Road. At that point traffic light was green, I then proceeded to travel straight. Suddenly a bike "FBB7938P" came from the right side of my vehicle and collided into my lorry. There was also another bike that came and collided to the side of lorry, "FBM7636C". I then alighted my vehicle to make a check on the riders. The passer by then called for ambulance. I wish to state that I am not injured and both the rider were conveyed by ambulance. There is traffic camera at the junction. I am lodging a report vide incident G/20180831/0116.

Accident Photo



TOYOTA MOTOR CORPORATION JAPAN
 MODEL KDY231B-1
 ENGINE 1KD-FETV
 FRAME No. JTF-AT35Y40K205733 2982 ML
 COLOR 058 EA13 P11
 TRIM A06B
 TRANS. AXLE R451 707

0.5
 XJ 74567-25041

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License



Police Report



**SINGAPORE
POLICE FORCE**



T/20180831/2119

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No: T/20180831/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2018 17:58	Video Report No.: G/20180831/0118	Station Diary No. 106
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Informant's Particulars

Name of Informant: TAN LI GUAN		Address: APT BLK 252 BANGKIT ROAD #03-402 SINGAPORE 670252	
ID Type / ID No.: NRIC NO / S1813258G		Contact No.: Home/Office: Mobile: 87200185	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 05/07/1967	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Renovation		Driving Licence Information: Class: 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 13:15	Type of Location: T-Junction
Location: Along Road 1 BEDOK NORTH ROAD				
Junction to Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7938P	Motorcycle				Slightly Damaged	0
FBM7636C					Slightly Damaged	0
GBE6085Z	Lorry				Slightly Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180831/2119

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8928899

2 of 3
Report No. T/20180831/2119

CONTINUATION OF REPORT

Driver			
Name	TAN LI GUAN	ID No.	S1813256G
Related Vehicle	GBE6065Z (Lorry)	Contact No.	87200185
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

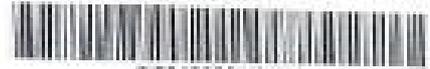
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Police Report



SINGAPORE
POLICE FORCE



T/20180831/2119

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929009

3 of 3

Report No: T/20180831/2119

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 /

Sgt 3 CHUA CHUEN LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/08/2018 17:58

Officer In Charge Of Case:

TP / GIT /

SING CHWEE THENG

Contact No.: 65476397

SN 117

Classification Of Case:

Authentication Stamp

NPI05

Signature:

Singapore Police Force