

## 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	03/10/2018 10:02
Date Of Accident	01/10/2018 10:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH OUTSIDE CALTEX STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3639F
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KOK KHIM
NRIC No	S1608809I
Email Address	CKLIM188@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97745556
Alternative Phone No	OTHERS-97745556

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1663301802
Cover Note Number	

### Driver

Name of Driver	NG KOK KHIM
NRIC No	S1608809I
Date Of Birth	15/03/1963
Occupation	INDOOR
Date Of Driving Pass	28/05/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97745556
Fax Number	
Contact Number	OTHERS-97745556
Email Address	CKLIM188@GMAIL.COM

Address	33 WEST COAST ROAD #08-24
Postcode	127476
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	NO
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	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181001/2146

#### 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	GBG4153E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD SYAAFUDDIN BIN ABDUL SAMAD
NRIC/Passport Number	S9036923G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

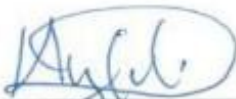
#### IMPORTANT NOTICE

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.
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. 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:

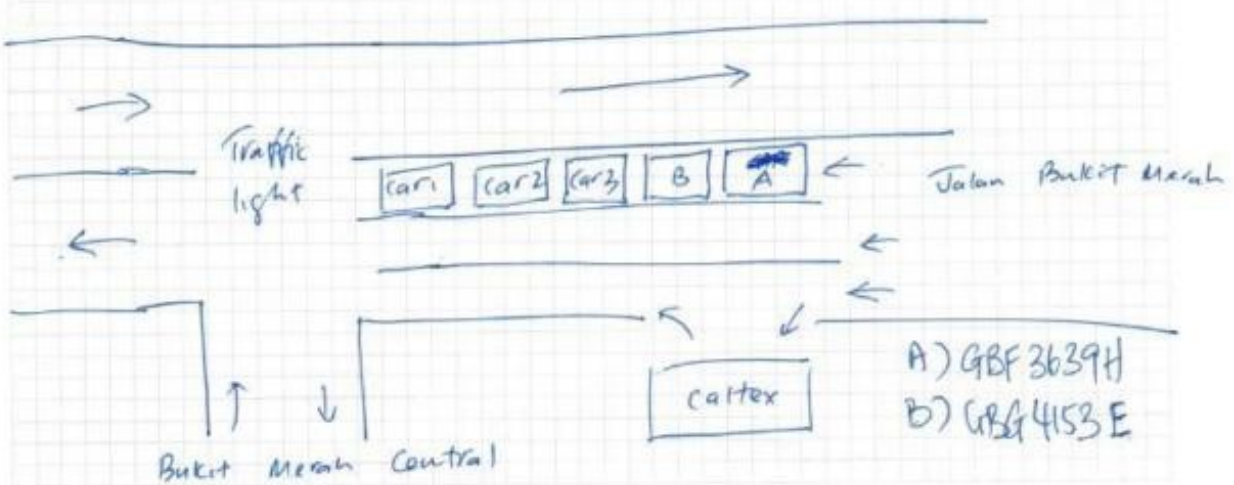
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. On 01/10/2018 at about 10.00 hrs, I was driving lorry A stop at traffic junction of Jalan Bukit Merah and Bukit Merah central as showed in the map.
2. My lorry A was at stop position. Estimate 6 to 7 vehicle away from the red light traffic junction.
3. All sudden, my lorry A moved in front and slightly knock the front van B. as showed in the map.
4. Lorry A number : GBF 3639H.  
Lorry Van B Number : GBG 4153E.
5. I have notice CCTV cameras on the caterx petrol station. hope it can help to witness the unfortunate accident.

POLICE REPORT T12081001/2146

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

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

CCSR/RTI/2018/001/2146



# POLICE REPORT



**POLICE FORCE**



T/20181001/2146

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20181001/2146

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 18:37	Vide Report No.:	Station Diary No.: 45
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: NG KOK KHIM			Address: 33 WEST COAST RISE #08-24 SINGAPORE 127476		
ID Type / ID No.: NRIC NO / S1608809I			Contact No.: Home/Office: Mobile: 97745556		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 15/03/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Fishmonger			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Traffic light located outside of Caltex				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBF3639H	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	Slightly Damaged	0
GBG4153E	Van				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF3639H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSN16633018 02	19/09/2018	14/09/2019

# POLICE REPORT



**POLICE FORCE**



T/20181001/2146

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3

Report No. T/20181001/2146

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG KOK KHIM	ID No.	S1608809I
Related Vehicle	GBF3639H (Lorry)	Contact No.	97745556
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
Name			
MUHAMMAD SYAAFUDDIN BIN ABDUL SAMAD		ID No.	S9036923G
Related Vehicle	GBG4153E (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 01/10/2018 at about 1000hrs, I was driving my lorry (GBF3639H) along Jalan Bukit Merah towards Alexandra Road. I was driving at the 3rd lane of the said road. I was looking at my delivery order with regards to the location I will be heading to. When I put the said delivery order aside, suddenly, I noticed that there is a yellow coloured van (GBG4153E) that was stopped at the traffic light located outside of Caltex. Subsequently, I applied my brake however my vehicle could not stop in time. As a result, the head of my lorry collided to the rear of the said mentioned van (GBG4153E). After the accident, I went out of my vehicle to make a check on the damages. I discovered that there is a minor dent at the front of my lorry number plate area. I also noticed that there is a minor dent at the rear of the said van (GBG4153E). I wish to add that ambulance was activated and the driver of the mentioned van was conveyed to hospital for treatment.

POLICE REPORT



POLICE FORCE



T/20181001/2146

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20181001/2146

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:  
D /  
Sgt 1 PHOON KOK WAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/10/2018 18:37

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168



PHOTO



*08/10/2018  
Roshan*

ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1608809I



Name

NG KOK KHIM

黄国钦

Race

CHINESE

Date of birth

15-03-1963

Country of birth

SINGAPORE

Sex

M



4940320



NRIC No. S1608809I

Date of issue

25-02-2013

Address

33 WEST COAST RISE  
#08-24  
SINGAPORE 127476

ID



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

