SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	17/10/2018 10:05
Date Of Accident	13/10/2018 11:40
Exact Location Of Accident	ROUNDABOUT AT TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE6328R
Insured/Policyholder	
Name Of Registered Owner	KIREI JAPANESE FOOD SUPPLY PTE LTD
Co Reg No	198201112K
Email Address	CHHONGTIAN125@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81806899
Alternative Phone No	OFFICE-67792128
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29067863 MKC
Cover Note Number	
Driver	
Name of Driver	CHUA HONG TIAN
NRIC No	S1155693J
Date Of Birth	18/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1979
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806899

OFFICE-67792128

CHHONGTIAN125@GMAIL.COM

BLK 13 TECK WHYE LANE Address

#13-210

Postcode 680013

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

SIDE SWIPE Type Of Accident Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

YES NO

2

NAME: : YEOH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: 1800-4719999 - **FAX NO**: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POICE REPORT T/20181013/2098

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 SKP8260Z MAZDA 6 Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver HENG YU DA, KENNY

NRIC/Passport Number S9010688J **Contact Number** 82827877

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - 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:
 - 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 Fersonnel's Signature

NRIC/FIN No

Accident Sketch Plan

SKETCH PLAN	and the second	
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	Po	July 1
	Cuffer 10,810	13/2098
And see Color		
DECLARATION We declare the foregoing particular	ulars are true in every respect.	al intrologio
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reposting Centre Personnel 9 Signature Name: NRIC/FIN No.: KON WOVEN

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 1 of 3 Report No. T/20181013/2098

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 13/10/2018 14:49			Vide Report No.: Station L			
Informa	nt's Particu	lars	AND SECURITION OF THE PARTY OF	日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日		
Name of Informant: CHUA HONG TIAN			Address: APT BLK 13 TECK WHYE LANE #13-210 SINGAPORE 680013			
ID Type / ID No.: NRIC NO / S1155693J			Contact No.: Home/Office:	Mobile: 81806899		
National		AND THE RESERVE OF THE PERSON	Email:			
Sex: Age: Date of Birth: Male 62 18/03/1956		Date of Birth:	Type of Informant: Driver			
Race: Chinese			Language: Chinese	Institution / School Name:		
Occupation: DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2018 11:40	Type of Location Roundabout	
Round-about	l OULEVARD along Temasek Bould	evard, in front of Towe	r 3	Road Speed Limit:	
Weather: Raining		Road Surface: Wet			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Colli	sion: ving Vehicles - Head	To Side		Anyone conveyed by ambulance: No	

Details of Vo	Туре	Make	Model	Color	Condition	No of Passenger
GBE6328R	Lorry	ТОУОТА	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	1
SKP8260Z	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.5L SP.6EAT SR HID		Slightly Damaged	0

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

T/20181013/2098

2 of 3

Report No. T/20181013/2098

CONTINUATION OF	REPOR	Т
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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE6328R	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

Details of Perso	n Involved	ELCSVL?	THE RESERVE	E COLUMN	i dhilita	THE PROPERTY OF THE PARTY OF TH
Any Pedestrian Ir	rvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	ta Gliffichiet (S. A. Jakobie)	MARTINE AND	TO AND LONG THE	Stu Biology		Office of the Navarantics
Name	CHUA HONG TIAN			ID No.	8	S1155693J
Related Vehicle	GBE6328R (Lorry)			Conta	ct No.	81806899
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	
Driver	ACTION COMPLETE STATE OF THE PARTY OF THE PA	de algemente	No extra edal to	(C) interior	AZIEN.	Section States
Name	HENG YU DA, KENNY			ID No.		S9010688J
Related Vehicle	SKP8260Z (Car)			Conta	ct No.	82827877
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ited Medical Leave	NIL	Degree o	Degree of Injury NIL		

Brief Details.

On the 13th October 2018, at about 1143am, I was with my partner, driving the company lorry along Temasek Boulevard roundabout, just after a delivery at Suntec City. As I was in front of Suntec tower 3, I was driving along the roundabout heading towards Pan Pacific direction. I then notice a car coming in from my left and cutting into my lane. I then pressed on the horn and stepped hard on the brake, however was unable to stop in time. Front of my lorry then hit onto the other car driver side door. We then made a check on all, no one injured. My vehicle left mudguard had some scratches and a little dislodged. The other vehicle's driver door had a dent. We then exchange particulars and left the location.

POLICE REPORT





3 of 3

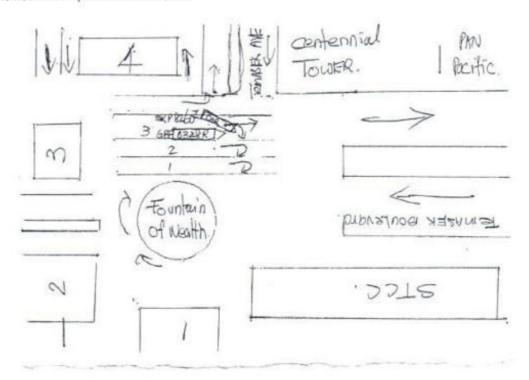
Report No. T/20181013/2098

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

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 Red D / Sgt 3 NG YONG XIN, Al		Signature Of Informant:		
Signature Of Interpreter Not applicable		Date/Time: 13/10/2018 14:49		
Officer In Charge Of Ca TP / GIA / Staff Sgt WONG SIEU I Contact No.: 65476151		Classification Of Case:		
Authentication Stamp	STATE SINGAPORE	SN 47		
NP168	SIGNAT	URE		

ACCIDENT SCENE



Dat : of Accordent = 13/10/2018 @11.40.a.m. Vehicle No: 48E 6328 R.







