

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 | 30/10/2018 17:22 |
| Date Of Accident | 29/10/2018 15:20 |
| Exact Location Of Accident | ALONG PASIR RIS GREEN |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | GBC4435M |
| Insured/Policyholder | |
| Name Of Registered Owner | EAGLE EQUIPMENT SUPPLIES & SERVICES PTE LTD |
| Co Reg No | 200700610D |
| Email Address | MAGGIE@PREMAT.COM.SG |
| Mobile Phone No | (LOCAL) +65-90074995 |
| Alternative Phone No | OFFICE-66511329 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV200 |
| 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|-------------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCPHQ18-006915 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOH KIAH LIANG |
| NRIC No | S1379901F |
| Date Of Birth | 07/09/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/10/1981 |
| Driving Experience | 37 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90074995 |
| Fax Number | |
| Contact Number | OFFICE-66511329 |
| Email Address | MAGGIE@PREMAT.COM.SG |

| | |
|---|--|
| Address | BLK 531 BUKIT BATOK STREET 51 #06-138 |
| Postcode | 650531 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

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? | 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 | HONG KAH NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5679999 - FAX NO: 65652508 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181030/2095

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 | SJN8578E |
| Vehicle Make/Model/Colour | MITSUBISHI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SABRIL OSAN |
| NRIC/Passport Number | |
| Contact Number | 84682820 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|----------------|
| Name | LOH KIAH LIANG |
| Approximate Age | |
| Injuries Sustain | SERIOUS INJURY |
| Injured person in which vehicle? | GBC4435M |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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;

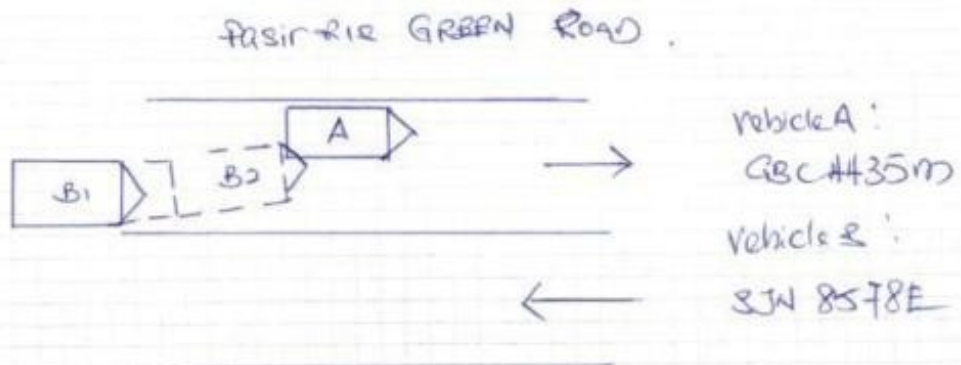

Policyholder's Signature
Date & Time: _____


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


Responding Centre
Name: _____
N4-C-File No: _____

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20181030/2018

Damages: Rear Door, Rear Fender, Rear Bumper, Rear Tyre L/R
Front Tyre L/R, Rear Inner Panels.

DECLARATION

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


Name:
Date & Time:



Name:
Date & Time:


Name:
Date & Time:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181030/2095

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

1 of 3

Report No. T/20181030/2095

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/10/2018 15:12 | Vide Report No.: | Station Diary No.: 13 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: LOH KIAH LIANG | Address: APT BLK 531 BUKIT BATOK STREET 51 #06-138 SINGAPORE 650531 | | |
| ID Type / ID No.: NRIC NO / S1379901F | Contact No.: Home/Office: Mobile: 90074995 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 59 | Date of Birth: 07/09/1959 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: DRIVER | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------------------|-----------------------|---|-------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 29/10/2018 15:20 | Type of Location: |
| Location: Along Road 1 PASIR RIS DRIVE 3 ALONG PASIR RIS GREEN | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: No Traffic | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------|-------|-------|----------------------|-----------------|
| GBC4435M | Van | NISSAN | NV200 | White | Seriously Damaged | 0 |
| SJN8578E | Car | MITSUBISHI | | Blue | Seriously Damaged | 1 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181030/2095

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T/20181030/2095

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------------|--|---------------------------------|
| Name | LOH KIAH LIANG | ID No. | S1379901F |
| Related Vehicle | GBC4435M (Van) | Contact No. | 90074995 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 29/10/2018 | Date Discharge | 29/10/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Serious |

Brief Details.

On the above mentioned date, time and location. I parked my van, V1) GBC4435M at the roadside to clean up the back of my van, suddenly I felt something collided onto V1 that caused me to suffer a fall at the back of the van and my head was knock onto something causing it to bleed. I discovered that a car, V2) SJN8578E collided onto the rear right side of V1 and cause V1 to hit the kerb at the roadside. V1 rear door, rear fender, rear bumper, rear left and right tyre, left front tyre and rear inner panels were damaged. Police and ambulance then came to scene. Paramedic made a check on me however at that moment I am still feeling ok thus I do not require to be conveyed. Traffic police than interviewed me and informed me that subsequently If I went to see a doctor and get 3 days or more MC I need to lodge a traffic accident report.

On the same day at about 1600hrs when I arrived home, I felt pain at my head and back area thus I proceeded to Ng Teng Fong General Hospital and was given 3 days of MC.

V1 does not have in car camera installed.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181030/2095

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

3 of 3

Report No. T/20181030/2095

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 2 TAN HUAY HOCK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2018 15:12

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

SN 16

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of LOH KIAH LIANG

Licence Number: **S1379901F**
Name: **LOH KIAH LIANG**

Birth Date: **07 Sep 1959**
Issue Date: **05 Nov 2003**

Barcode: 000979077H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1379901F**

Portrait of LOH KIAH LIANG

Name: **LOH KIAH LIANG**
盧家樑

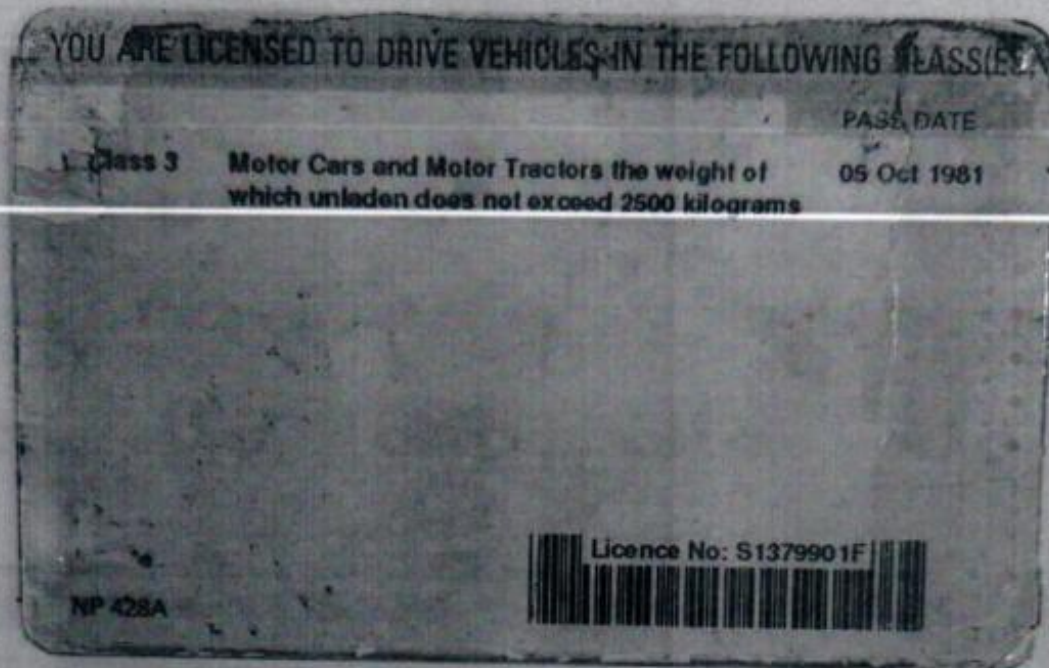
Race: **CHINESE**

Date of birth: **07-09-1959**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Coat of arms of Singapore



Accident Photo



Accident Photo



Accident Photo



EAGLE EQUIPMENT SUPPLIES & SERVICES P/L
48 TOH GUAN ROAD EAST
#06-107 ENTERPRISE HUB
SINGAPORE 608586
REG.NO: 200700610D 1 DRIVER 1 OTHERS

Accident Photo



Accident Photo



Accident Photo

