

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	07/11/2018 14:11
Date Of Accident	05/11/2018 19:30
Exact Location Of Accident	TANAH MERAH COAST RD ALONG TANAH MERAH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7022K
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64874646

Vehicle Particulars

Manufacturer	VOLVO
Model	FMX420 84RT SC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1804891800
Cover Note Number	

Driver

Name of Driver	ZHAO JUNLIANG
Passport No/FIN	G8230879U
Date Of Birth	21/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90365563
Fax Number	
Contact Number	OFFICE-90365563
Email Address	NOEMAIL

Address	27 PANDAN CRESCENT
Postcode	128476
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181105/2182.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6939Y
Vehicle Make/Model/Colour	
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)	

Accident Sketch Plan

SKETCH PLAN

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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 as aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, and 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) 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 claim including the settlement of the claim and any necessary lawyer's fees relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim 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/parcel paper(s); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes")
- (b) all Insurers 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 third 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.



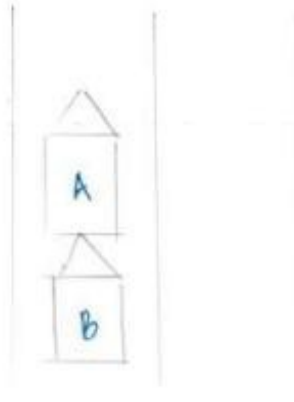
Policyholder's Signature
Date & Time:

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



A - XD7022K

B - YP6939Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Report No. T/2018110512182.

DECLARATION

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

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181105/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20181105/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2018 23:35	Vide Report No.: G/20181105/0187	Station Diary No.: 148
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Informant's Particulars

Name of Informant: ZHAO JUNLIANG			Address: C/O 27 PANDAN CRESCENT SINGAPORE 128476		
ID Type / ID No.: FIN NO / G8230879U			Contact No.: Home/Office: Mobile: 90365563		
Nationality: CHINESE			Email:		
Sex: Male	Age: 49	Date of Birth: 21/02/1969	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: TIPPER LORRY DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/11/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 XILIN AVENUE TANAH MERAH COAST ROAD along Tanah Merah Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
XD7022K	Lorry	VOLVO		White	Slightly Damaged	0
YP6939Y	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD7022K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSN18048918 00	07/02/2018	09/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181105/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181105/2182

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHAO JUNLIANG	ID No.	G8230879U
Related Vehicle	XD7022K (Lorry)	Contact No.	90365563
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SIDDIQUI MD RUBEL	ID No.	G8112723P
Related Vehicle	YP6939Y (Lorry)	Contact No.	91665141
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 05/11/2018 at about 1927hrs, I was driving my company Tipper lorry, XD7022K, along Xilin Avenue towards Tanah Merah Coast Road when I met up with an accident involving another vehicle YP6939Y along Tanah Merah Flyover. I was on the left lane behind 2 moving buses when I noticed that the buses were signaling to their right. When the bus in front of me started to move into the right lane then I noticed that there was a breakdown vehicle, SKM218R parking on the left lane of the road with the boot opened up and a triangular breakdown sign placed behind the car. As there were oncoming vehicles on the right thus I signal to the right waiting to cut into the right lane. While waiting within a few seconds, I felt an impact from the rear of my vehicle. After which, I alighted from my vehicle and realized that the accident vehicle is a lorry ferrying workers. The driver and some passengers of the other party were injured and conveyed to the hospital by ambulance. I do not know how many passengers were there in the other vehicle involved. There is a front CCTV inside my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181105/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181105/2182

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:

G /

SI SAW KIAN HOCK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2018 23:35

Officer In Charge Of Case:

TP / GIT /

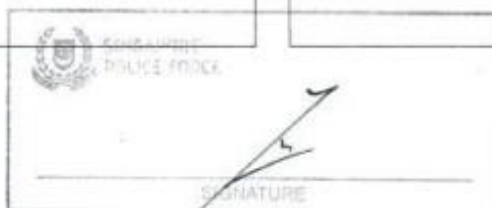
SI NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



