

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	08/11/2018 15:06
Date Of Accident	08/11/2018 07:40
Exact Location Of Accident	PIE(TUAS) NEAR EXIT 26A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9613H
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Insured/Policyholder

Name Of Registered Owner	SHIPBLAST MARINE P/L
Co Reg No	199500203D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91143340
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01B (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1410481804
Cover Note Number	

Driver

Name of Driver	TAN KOK KWEE
NRIC No	S0253378B
Date Of Birth	28/03/1942
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1965
Driving Experience	53 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96836606
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 28D DOVER CRESCENT #07-75
Postcode	134028
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : HO SIEW HWA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO: T/20181108/2068

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	SHC4712S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN WILLIAM
NRIC/Passport Number	S1505040C
Contact Number	
Address	
Postcode	

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

DETAILS OF INJURED PERSON 1	
Name	HO SIEW HWA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBC9613H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 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.

SHIPBLAST MARINE PTE LTD
No. 9 TECH PARK CRESCENT
SINGAPORE 638123
TEL: 68978226 FAX: 68978086

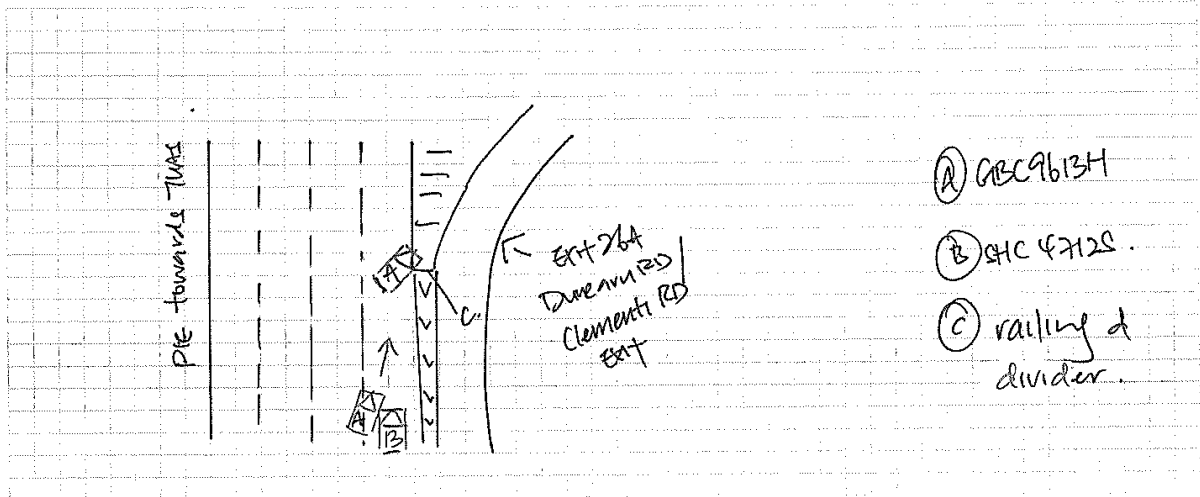
Policyholder's Signature
Date & Time:


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


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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report No: 7/2018/1108/2268

DECLARATION

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

SHIBU BLAST MARINE PTE LTD
No. 9 TECH PARK CHESCENT
SINGAPORE 638123
TEL: 68978226 FAX: 68978086

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.:

☒ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other works hop
☐ For record purpose
Policy No. DMCVSN141047804
Insurer China Veh. No. ABC9613H

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中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0557A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMCVSN1410481804	Engine No :4P10800448 Chano:FEA018A00149
1. Index Mark and Registration Number of Vehicle	GBC9613H	AUTOSAFE =====
2. Name of Policy Holder	M/S SHIPBLAST MARINE PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 March 2018	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	18 March 2019	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use:	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover. (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: LIM SHU MIN
Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S0253378B**

Name
TAN KOK KWEE

Birth Date **28 Mar 1942**
Issue Date **30 Jun 2003**

000611103C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0253378B



Name
TAN KOK KWEE
陳 國 貴

Race
CHINESE

Date of birth
28-03-1942

Country/Place of birth
SINGAPORE

Sex
M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles <= 250 CC	19 Aug 1965
Class 2A	Motorcycles between 201 CC and 400 CC	19 Aug 1965
Class 2	Motorcycles > 400 CC	19 Aug 1965
Class 3	Motor cars <= 3000 kg nett <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	19 Aug 1965


S0253378B

S / No. 9000073746


Licence No. S0253378B

NP 428A

5677261



NRIC No. **S0253378B**



Date of issue
16-11-2016

Address
**APT BLK 28D DOVER CRESCENT
#07-75
SINGAPORE 134028**



**SINGAPORE
POLICE FORCE**



T/20181108/2068

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

1 of 3

Report No. T/20181108/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 12:54		Vide Report No.: D/20181108/0031		Station Diary No.: 10
Informant's Particulars				
Name of Informant: TAN KOK KWEE		Address: APT BLK 28D DOVER CRESCENT #07-75 SINGAPORE 134028		
ID Type / ID No.: NRIC NO / S0253378B		Contact No.: Home/Office: 94779923 Mobile: 96836606		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 76	Date of Birth: 28/03/1942	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2018 07:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY PIE EXIT OF CLEMENTI RD>TUAS				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9613H	Lorry	MITSUBISHI		White	Slightly Damaged	1
SHC4712S	Taxi	TOYOTA			Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20181108/2068

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

2 of 3

Report No. T/20181108/2068

CONTINUATION OF REPORT

Driver			
Name	TAN KOK KWEE		ID No. S0253378B
Related Vehicle	GBC9613H (Lorry)		Contact No. 94779923
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Taxi			
Name	TAN WIL LIAM		ID No. S1505040C
Related Vehicle	SHC4712S (Taxi)		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 08.11.2018 at 0740hrs, I was driving my company lorry "Shipblast Marine P/L Registration Number GBC9613H along PIE towards Tuas. When I was driving on the second right lane and I was about to exit to Clementi Rd (EXIT 26A), I decided to make a lane change to the extreme right lane. Before changing to other lane, I saw a Taxi Registration number SHC4712S and my view to the taxi was distance away and safe for me to make a lane change to the right lane. I also made a checked on my right side and everything was clear from vehicle. Suddenly when I was changing to the right lane (EXIT 26A) the taxi that I saw had collided on the right side of my lorry. My wife who was seated on the left passenger seat sustain injury on her fore head and swollen left leg due to the incident.

The Police came down to the scene and subsequently they call for ambulance as my wife was injured during the incident. I was informed by the Police Office to lodge Traffic Accident Report reference to D/20181108/0031, I.Case IO Sharul Office number 65476904.



**SINGAPORE
POLICE FORCE**



T/20181108/2068

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3

Report No. T/20181108/2068

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 2 YUSMAN BIN SURAINÉ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

SINGAPORE

SN 51

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

08/11/2018 12:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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