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 <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

aforesaid.	iona to the distinting of this report at the contact and to copies of the report soring made available
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 16:39
Date Of Accident	23/11/2018 06:45
Exact Location Of Accident	JUNCTION OF SENGKANG WEST ROAD/FERNVALE ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7001R
Insured/Policyholder	
Name Of Registered Owner	DYNAMEX ENGINEERING PTE LTD
Co Reg No	200007451G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98503722
Alternative Phone No	OFFICE-98503722
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800103666
Cover Note Number	
Driver	

Name of Driver SEE TOW CHEE CHIEW

NRIC No S1649582D

Date Of Birth 15/07/1964

Occupation OUTDOOR

Date Of Driving Pass 04/11/2003

Driving Experience 15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98503722

Fax Number

Contact Number OTHERS-98503722

EMail Address NOEMAIL

Address 30 TUAS VIEW SQUARE

#01-05

Postcode 637071

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 SIDE SWIPE
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

NO

YES

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TECK GHEE NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4599999 - FAX NO: 64574478

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181123/2046

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 SLS2120R

Vehicle Make/Model/Colour HONDA STREAM

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

SEE TOW CHEE CHIEW Name

Approximate Age

Injuries Sustain Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SLIGHT INJURY

GBG7001R

YES

YES

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Bersonsel' Name:

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN	1 3 TO 1 T		S ()	engkeng west Road X Junesion (B) SLS 21206
				0
		-		
DESCRIBE CIRCUMSTAN	ICES OF THE ACC	IDENT		
Refer to pol	ia report	T 2018 1	23/2046	
DECLARATION /We declared white spoing :	particulars are true	in every respect.		/11.0
P P P P P P P P P P P P P P P P P P P		man X	_ ov	>6/4/2018
olicyholder's Signature vate & Time:		Signature or is not the policyholder)	Reporti Name:	ng Centre Personnel's Signature

POLICE REPORT





Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE

Report No. T/20181123/2046

1 of 3

560321

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.:

23/11/20	18 12:10		F/20181123/0080	9	
Informa	nt's Partic	ulars	HE TO SHIP THE PARTY OF	Amerikan di Karamatan di Salah Karamatan di Karamatan di Karamatan di Karamatan di Karamatan di Karamatan di K	
	f Informant: W CHEE C		Address: APT BLK 568 HOUGANG ST 530568	REET 51 #12-79 SINGAPORE	
	/ ID No.: D / S16495	82D	Contact No.: Home/Office:	Mobile: 98503722	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 54	Date of Birth: 15/07/1964	Type of Informant: Driver	(i. b)	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SITE COORDINATOR		OR	Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive; No	Date/Time of Accident: 23/11/2018 06:4	Type of Location X-Junction
	oad 1 and Road 2 WEST ROAD ROAD			
Weather: Clear	* v	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wor	rking	Traffic Volume: No Traffic
Type of Collis	Anyone conveyed by ambulance:			

Details of V	ehicle Involved			The same of the same of	THE PARTY NAMED IN	CONTRACTOR OF THE PARTY OF THE
Vehicle No	Туре	Make	Model	Color	Condition	No of Passenge
GBG7001R	Lorry	TOYOTA	Dyna	Silver	Seriously Damaged	0
SLS2120G	Car	HONDA	Stream	Grey	Seriously Damaged	1.00

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

POLICE REPORT



T/20181123/2046

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321 Tel No: 1800-4599999 2 of 3 Report No. T/20181123/2048

CONTINUATION OF REPORT

			The second second second second			
Name	SEE TOW CHEE CHIEW			ID No		S1649582D
Related Vehicle	GBG7001R (Lorry)			Conta	ct No.	98503722
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE.			Class Drivin Licene Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/11/2018 Date Disc			harge	23/11	/2018
No. of Days granted Medical Leave 03			Degree o	flnjury	Slight	() +

Brief Details.

On 23/11/2018 at about 0645hrs, I was driving my silver colour Toyota Dyna lorry (GBG7001R) and travelling along Sengkang West Road, I saw that the traffic light at the cross junction of Sengkang West Road and Fernvale Road was green in my favour. As such, I drove straight. Suddenly, one dark grey colour Honda Stream (SLS2120G), which was travelling from Fernvale Road on my left, turned right and its rear left portion hit onto my lorry's front right portion.

Due to this, my lorry's front right portion was damaged. Traffic police and ambulance came to scene. I felt giddy while the other driver had difficulty in hearing on his right ear due to the air bag. He admitted that it was his fault as he was confused. I was then conveyed to Sengkang General Hospital and was issued 3 days of Medical Leave.

POLICE REPORT



T/20181123/2046 Police Station Of Origin: Teck Ghee NPP Report No. T/20181123/2046

560321 CONTINUATION OF REPORT Tel No: 1800-4599999

Sketch Plan

Informant is not able to provide sketch plan

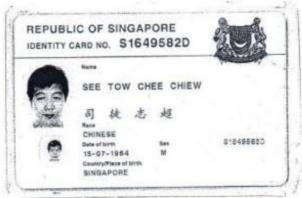
321 Ang Mo Kio Street 31 SINGAPORE

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.

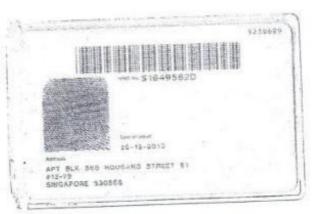
Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD AZRI BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2018 12:10
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	III

3 of 3





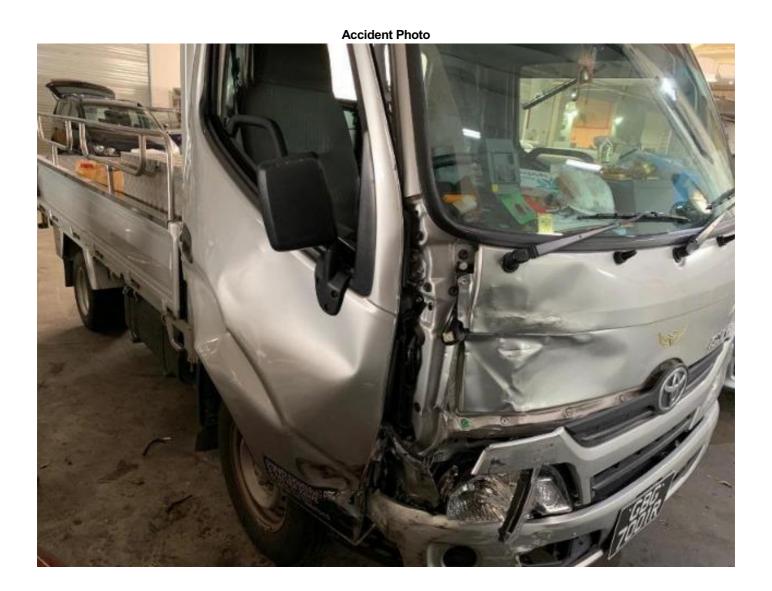


















Addendum Sheet



-RANK specimens

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: 5665500108 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: Original Report No NRIC/FIN/Passport No (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Contact (Tel) Email Address Time of Accident: Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personn Policyholder / Driver's Signature Date:

Date: 26/U/2000

NRIC/FIN No .: