

## 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	29/11/2018 17:03
Date Of Accident	27/11/2018 01:45
Exact Location Of Accident	CTE (AYE) NEAR AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8641C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAPHIC-TECH CONSTRUCTION
Co Reg No	52853331B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68441022

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004612
Cover Note Number	

### Driver

Name of Driver	LIM SOW WOEI
NRIC No	S1609205C
Date Of Birth	18/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96320628
Fax Number	
Contact Number	OFFICE-96320628
Email Address	NOEMAIL

Address	BLK 204A COMPASSVALE DRIVE #16-451
Postcode	541204
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?	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)	4
Passenger 1	NAME: : ABEDIN JOYNAL GENDER: : MALE
Passenger 2	NAME: : YU FEIXIANG GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181129/2070.

#### 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	XD2800P
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

**DETAILS OF INJURED PERSON 1**

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

LIM SOW WOEI

BODY

YN8641C

YES

YES

**DETAILS OF INJURED PERSON 2**

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

ABEDIN JOYNAL

BODY

YN8641C

YES

YES

**DETAILS OF INJURED PERSON 3**

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

YU FEIXIANG

BODY

YN8641C

YES

YES

## Accident Sketch Plan

### SKETCH PLAN

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#### 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:

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

CTE (A/E)

A

B

C

A: YH8641C

B: YD18 DDP.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2281129/2020.

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### 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/20181129/2070

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20181129/2070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 14:46	Vide Report No.:	Station Diary No.: 81
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### Informant's Particulars

Name of Informant: LIM SOW WOEI	Address: APT BLK 204A COMPASSVALE DRIVE #16-451 SINGAPORE 541204		
ID Type / ID No.: NRIC NO / S1609205C	Contact No.:	Mobile: 96320628	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 55	Date of Birth: 18/10/1963	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: LORRY DRIVER	Driving Licence Information: Class:	Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2018 01:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  ALONG CTE TOWARDS CITY NEAR TO ANG MO KIO AVE 5 EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN6641C	Lorry				Seriously Damaged	0

### Details of Person Involved

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

# Police Report



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POLICE FORCE**



T/20181129/2070

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20181129/2070

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	ABEDIN JOYNAL	ID No.	G2234794U
Related Vehicle	YN8641C (Lorry)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	27/11/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM SOW WOEI	ID No.	S1609205C
Related Vehicle	YN8641C (Lorry)	Contact No.	96320628
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	28/11/2018
No. of Days granted Medical Leave	16	Degree of Injury	Slight
<b>Passenger</b>			
Name	YU FEIXIANG	ID No.	G2105342U
Related Vehicle	YN8641C (Lorry)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	SAJAL ABU YOUSUF	ID No.	G2165417K
Related Vehicle	NIL	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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181129/2070

Police Station Of Origin:  
Sengkang N.P.C  
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545025  
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Report No. T/20181129/2070

### CONTINUATION OF REPORT

#### Brief Details.

On 27/11/2018 at about 0145hrs, I was driving my lorry bearing registration number YN8641C along CTE towards City area near to Ang Mo Kio Ave 5 exit on the 3rd lane. From a distance, I saw there is a road works on my lane and I've decided to change lane when I get nearer to the aforesaid road works. Out of a sudden, I dozed off and was awoken by one of my passenger as I got too close to the road works. I am unable to stop in time and hit onto it. 2 passenger and myself are being conveyed to Sengkang General Hospital. I've sustained abrasions on both legs and was given a 16 days MC. I am unsure of my passenger's injuries.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181129/2070

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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20181129/2070

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:

F /

Sgt 3 YE WEIJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2018 14:46

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP165

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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