

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	04/12/2018 12:11
Date Of Accident	03/12/2018 17:55
Exact Location Of Accident	TPE (SLE) NEAR L/P: 96
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5241H
Insured/Policyholder	
Name Of Registered Owner	M/S AS LIMOUSINE TRANSPORT SERVICE
Co Reg No	53344274E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90036271
Alternative Phone No	OFFICE-90036271

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
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	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3062601800
Cover Note Number	

Driver

Name of Driver	TAI BOONG PING (ZHENG WENBIN)
NRIC No	S7233935E
Date Of Birth	16/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90036271
Fax Number	
Contact Number	OFFICE-90036271
Email Address	NOEMAIL

Address	BLK 17 MARSILING LANE #03-241
Postcode	730017
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	RAINING
Road Surface	WET

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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181203/2163.

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	S1515A
Vehicle Make/Model/Colour	NISSAN QASHAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH POH CHOO
NRIC/Passport Number	S6918786B
Contact Number	82331133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AHCHAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC5241H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ASIAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC5241H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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.

ASLH
02/17
WGS
01/11

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/20181203/2163

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20181203/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 20:28		Vide Report No.: G/20181203/0155	Station Diary No.: 59
Informant's Particulars			
Name of Informant: TAI BOONG PING		Address: APT BLK 17 MARSILING LANE #03-241 SINGAPORE 730017	
ID Type / ID No.: NRIC NO / S7233935E		Contact No.: Home/Office:	Mobile: 90036271
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 16/09/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2018 17:55	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY ALONG TPE TOWARDS SLE AFTER EXIT 2 Lamp Post Number: 96				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		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
PC5241H	Van				Seriously Damaged	5
S1515A	Car				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/20181203/2163

Police Station Of Origin:
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27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20181203/2163

CONTINUATION OF REPORT

Driver			
Name	TAI BOONG PING		ID No. S7233935E
Related Vehicle	PC5241H (Van)		Contact No. 90036271
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KOH POH CHOO		ID No. S6918786B
Related Vehicle	S1515A (Car)		Contact No. 82331133
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 03/12/2018 at about 1750hrs, I was driving my company van V1)PC5241H and was heading to send the workers. I was travelling on TPE heading towards SLE. It was a 3-lane road and I was on the middle lane. The traffic was heavily congested, weather was drizzling and the road floor was wet. As the vehicles in front of me slowed down and came to a stop, I stopped behind them. After I stopped my van, a few seconds later, I felt an impact from my rear. I then got down from my van only to discover that a car V2) S1515A had collided onto the rear of V1. Subsequently, one of my passenger called for Traffic Police and Ambulance. V1 sustain major dents on the rear portion of the van while V2 sustain major dents on its front portion. Moments later, one of my passenger informed me that another passenger of mine that sat at the rear of my van got injured due to the impact thus he was conveyed to Sengkang Hospital via Ambulance.

Traffic Police and Ambulance was at scene, and the ambulance conveyed one of my passenger. There is an in-car camera in my van and I handed over the memory card to the attending Traffic Police officer and NP 323 was issued to me. No Government property damaged. No Pedestrian/Cyclist involved.

Police Report



SINGAPORE
POLICE FORCE



T/20181203/2163

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3

Report No. T/20181203/2163

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: L / Sgt 2 MOHAMED FAEZ BIN MOHAMED SAHID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 20:28
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



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