

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	08/12/2018 14:22
Date Of Accident	07/12/2018 07:50
Exact Location Of Accident	ALEXANDRA RD > GANGES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4882K
Insured/Policyholder	
Name Of Registered Owner	KHOO YEOW KUN
NRIC No	S1700162J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96660350
Alternative Phone No	OTHERS-96660350

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059519500-05
Cover Note Number	

Driver

Name of Driver	MA SHU GUO
Passport No/FIN	G2100365X
Date Of Birth	24/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98834369
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 TANJONG PAGAR PLAZA #01-115 ENTERPRISE HUB
Postcode	082001
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20181207/2077

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	SLC9097D
Vehicle Make/Model/Colour	MERCEDES BENZ A180 FL STYLE (R17 HLG)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENNY LIM SUE GUAN
NRIC/Passport Number	S8014173D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJE2268L
Vehicle Make/Model/Colour	TOYOTA LEXUS ES250 LUXURY AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MA SHU GUO
Approximate Age	45
Injuries Sustain	SHOULDERS AND BACK
Injured person in which vehicle?	GBB4882K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	1 TANJONG PAGAR PLAZA #01-115 ENTERPRISE HUB
Postcode	082001

SKETCH PLAN

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. 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.
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.

08 DEC 2018

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Reporting Centre Singapore
Name: Singapore 45933
Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



- ① GBB 4882K.
- ② SLC 9097D.
- ③ SJE 2268L.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07 DEC 2018 @ 0750HRS I WAS AT ALEXANDRA RD TWNS
GANGES AVE. AS I WAS APPROACHING THE TRAFFIC LIGHT, I
SLOW DOWNTY. SUDDENLY VEHICLE B COLLIDED INTO ME AND PUSHED
ME FORWARD HITTING THE FRONT VEHICLE.

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:

08 DEC 2018
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67413697
Fax: 67492305
Email: vackb@singnet.com.sg
Reporting Centre Name:
NRIC/FIN No:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181207/2077

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1 800-2519999

Report No. T/20181207/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 13:54		Vide Report No.:		Station Diary No.: 121	
Informant's Particulars					
Name of Informant: MA SHUGUO			Address: 1 TANJONG PAGAR PLAZA #01-115 ENTERPRISE HUB SINGAPORE 082001		
ID Type / ID No.: FIN NO / G2100365X			Contact No.: Home/Office: Mobile: 98834369		
Nationality: CHINESE			Email:		
Sex: Male	Age: 45	Date of Birth: 24/02/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B,3		Date of Expiry: 29/11/2022

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2018 07:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ALEXANDRA ROAD GANGES AVENUE ALEXANDRA ROAD TOWARDS GANGES AVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB4882K	orry	NISSAN		Silver	Slightly Damaged	0
SJE2268L	car	LEXUS		Silver	Slightly Damaged	0
SLC9097D	car	MERCEDES BENZ		Blue	Totally Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181207/2077

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 3

Report No. T/20181207/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MA SHUGUO	ID No.	G2100365X
Related Vehicle	GBB4882K (Lorry)	Contact No.	98834369
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 29/11/2022
Date Treatment	07/12/2018	Date Discharge	07/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KENNY LIM SUE GUAN	ID No.	S8014173D
Related Vehicle	SLC9097D (Car)	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 07/12/18 at about 0750hrs, I am driving my company lorry (GBB4882K), approaching a traffic light along Alexandra Road towards Ganges Ave. Since the traffic light is red, I slowed down preparing to stop. At that point of time, there was a car (SJE2268L) in front of me. Suddenly, a car (SLC9097L) coming at high speed from the rear hit onto the rear of my lorry. The impact from the rear caused my lorry to hit onto the car in front.

This resulted in a chain collision between 3 vehicles. The first car suffered dents on the rear right bumper of his car. My lorry's left door became non-functional, and rear tail board was damaged too. The last car suffered a major impact on the front of the vehicle, and it had to be towed away subsequently.

After the accident, I felt pain on my shoulders and back. Hence I went to the clinic 'FINEST Health Medical Centre' and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20181207/2077

3 of 3

Report No. T/20181207/2077



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1 800-2519999

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: E / Sgt 2 LIN XUETONG, TOM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 13:54
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 168
Authentication Stamp NP168	 SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



