

## 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 14:22
Date Of Accident	24/11/2018 14:00
Exact Location Of Accident	PIE FILTERING CTE/CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4157U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	N.A

### Driver

Name of Driver	CHER ENG SIANG VINCENT
NRIC No	S0143833F
Date Of Birth	13/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82664912
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
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 [OTHER]	UBI TRAFFIC POLICE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report Ref: T/20181124/2135 lodged at Ubi Traffic Police. On the above mention date, time and location. The traffic flow was moderate and the road surface was dry. I was travelling along PIE(City) Slip road into CTE(City), I was driving on the extreme right lane out of 3 lanes. I was stay in my lane and I noticed there was a van travelling very fast on the middle lane and he was getting very close to my vehicle. I swerve my vehicle away from him but he still collided onto my side mirror. My side mirror was damaged and we both stop our vehicle at the road shoulder. I try to ask him if we could he could just repair the side mirror but he refused and keep complaining that I cut into his lane, when he was travelling behind my vehicle from the start. He refused to exchange any particulars with me and inform me that his company will contact me. That's all.

#### 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	GBD7965A
Vehicle Make/Model/Colour	TOYOTA DYNA 150 MANUAL / BLU
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## IMPORTANT NOTICE

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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 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.
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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

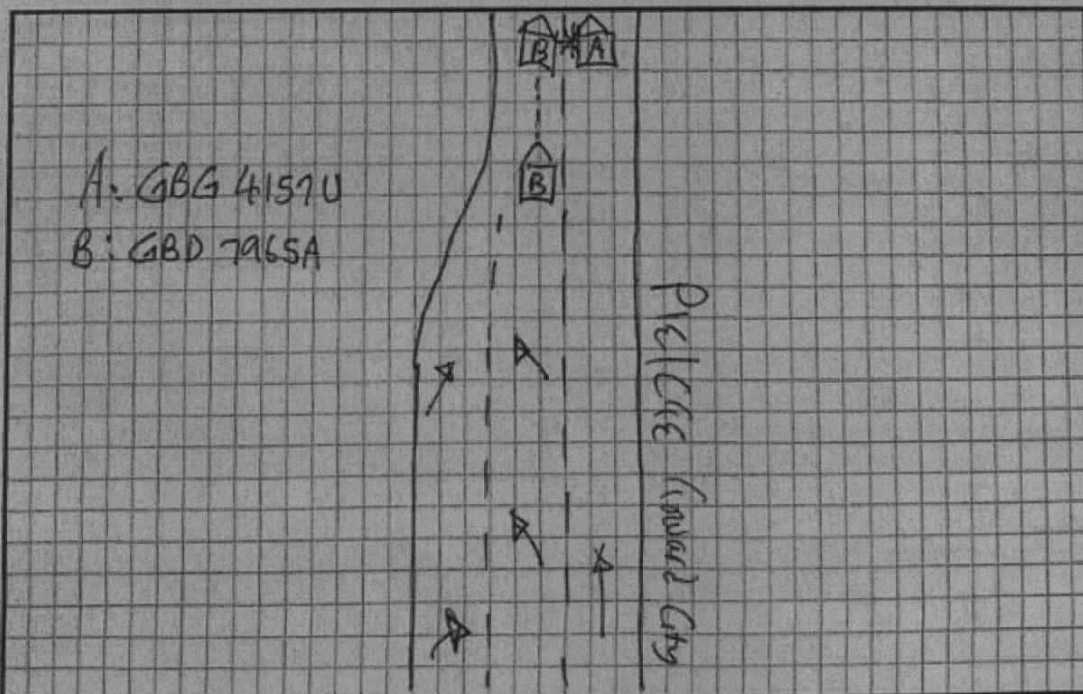
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20181124/2135

1 of 3

Report No. T/20181124/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2018 23:10	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHER ENG SIANG VINCENT @ RUEBEN IRWANTO			Address: APT BLK 105 JALAN BUKIT MERAH #11-1946 TIONG BAHRU ORCHID SINGAPORE 160105		
ID Type / ID No.:			Contact No.:		
NRIC NO / S0143833F			Home/Office: Mobile: 82664912		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 13/10/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/11/2018 14:00	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY CENTRAL EXPRESSWAY PIE(CITY) TOWARDS CTE(CITY)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBD7965A	Van				No Damage	0
GBG4157U	Van				Slightly Damaged	0

**Details of Person Involved**

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



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181124/2135

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181124/2135

## CONTINUATION OF REPORT

Driver Name	CHER ENG SIANG VINCENT @ RUEBEN IRWANTO	ID No.	S0143833F
Related Vehicle	GBG4157U (Van)	Contact No.	82664912
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTION DATE, TIME AND LOCATION.  
THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING ALONG PIE(CITY) SLIP ROAD INTO CTE(CITY). I WAS DRIVING ON THE EXTREME RIGHT LANE OUT OF 3 LANES. I WAS STAY IN MY LANE AND I NOTICED THERE WAS A VAN TRAVELLING VERY FAST ON THE MIDDLE LANE AND HE WAS GETTING VERY CLOSE TO MY VEHICLE. I SWERVE MY VEHICLE AWAY FROM HIM BUT HE STILL COLLIDED ONTO MY SIDE MIRROR. MY SIDE MIRROR WAS DAMAGE AND WE BOTH STOP OUR VEHICLE AT THE ROAD SHOULDER. I TRY TO ASK HIM IF WE COULD HE COULD JUST REPAIR THE SIDE MIRROR BUT HE REFUSED AND KEEP COMPLAINING THAT I CUT INTO HIS LANE. WHEN HE WAS TRAVELLING BEHIND MY VEHICLE FROM THE START. HE REFUSED TO EXCHANGE ANY PARTICULARS WITH ME AND INFORM ME THAT HIS COMPANY WILL CONTACT ME.  
THAT S ALL

Police Report



SINGAPORE  
POLICE FORCE



T/20181124/2135

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20181124/2135

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:

TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/11/2018 23:10

Classification Of Case:

