

## 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	07/01/2019 11:29
Date Of Accident	04/01/2019 14:30
Exact Location Of Accident	AYE TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1180S
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#### Insured/Policyholder

Name Of Registered Owner	OVERSEAS RESOURCES PTE LTD
Co Reg No	197800760Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96267175
Alternative Phone No	OFFICE-96267175

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D28720181MKC
Cover Note Number	

#### Driver

Name of Driver	OW CHONG MENG
NRIC No	S1245325F
Date Of Birth	19/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90672703
Fax Number	
Contact Number	OFFICE-90672703
EEmail Address	NOEMAIL

Address	BLK 8 ST. GEORGE'S LANE #04-257
Postcode	320008
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190105/2057.

#### 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	SHD3483D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KOK TONG
NRIC/Passport Number	
Contact Number	93982421
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 OW CHONG MENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBC1180S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

OVERSEAS RESOURCES PTE LTD  
NO. 131 KANG BUNN AVENUE 1  
SHUN LI INDUSTRIAL PARK  
SINGAPORE 41003  
TEL: 6744 3471 FAX: 6744 8533  
Email: [overseas@overseas.com.sg](mailto:overseas@overseas.com.sg)

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

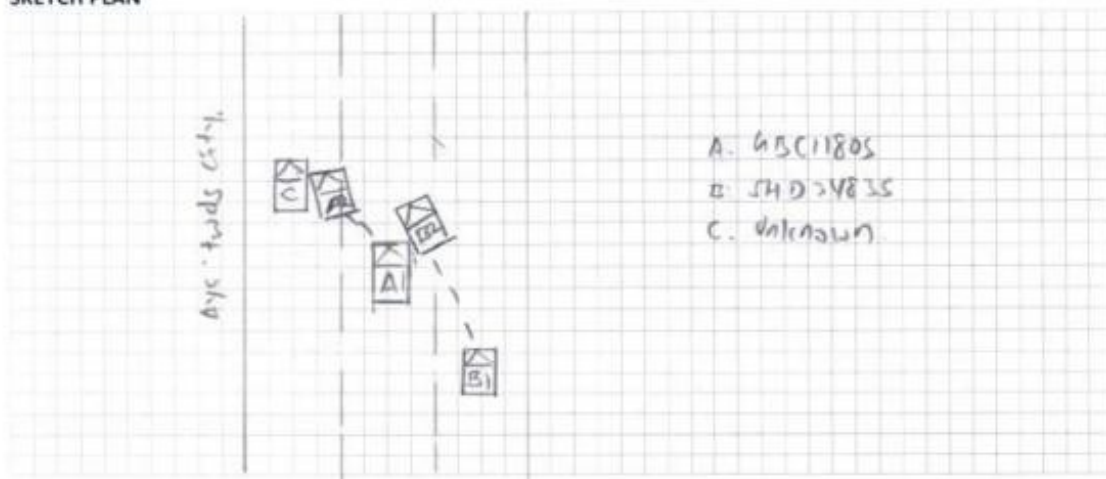
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2019-105/2057.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

OVERSEAS RESOURCES PTE LTD  
NO. 131 KAKI BUKIT AVENUE 1  
SHUN LI INDUSTRIAL PARK  
SINGAPORE 410000

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/20190105/2057

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

1 of 4

Report No: T/20190105/2057

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2019 12:13	Vide Report No.:	Station Diary No.: 60
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### Informant's Particulars

Name of Informant: OW CHONG MENG	Address: APT BLK 8 ST. GEORGE'S LANE #04-257 SINGAPORE 320008		
ID Type / ID No.: NRIC NO / S1245325F	Contact No.:	Mobile: 90672703	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 61	Date of Birth: 19/11/1957	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2019 14:30	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE (Keppel) towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
GBC1180S	Truck	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO	Silver	Slightly Damaged	0
SHD3483D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190105/2057

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 4

Report No. T/20190105/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OW CHONG MENG	ID No.	S1245325F
Related Vehicle	GBC1180S (Truck)	Contact No.	90672703
Hospital/Clinic	ST GEORGES CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG KOK TONG	ID No.	S1882150A
Related Vehicle	SHD3483D (Car)	Contact No.	93982421
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 04/01/2019 at about 2:30PM, I was travelling along AYE (Keppel) towards the City in my company's truck GBC1180S. I was on 2nd Lane, the traffic was moderate, and with clear weather.

While travelling, one taxi (SHD3483D), which was on the 1st Lane (with heavy traffic), suddenly swerved into my lane without and pre-alert or signal. The taxi was quite close to me and I was not able to react on time, which cause my truck to collide onto the taxi. Due to the impact, I lost control of my truck and it collided with a green-colored Double-decked bus on the 3rd Lane.

My truck sustained damages on both sides of the front bumper. The taxi (SHD3483D) sustained damages on the left side passenger door. The bus left immediately from the scene as the driver was ferrying passengers. The said bus driver did went down to take my particulars however I did not manage to take down the bus driver's particulars. I do not recall the Bus Service Number of the said bus. I do not have any In-Vehicle Camera installed.

After exchanging particulars with the other driver, we departed with our own journeys. On 05/01/2019, I visited St Georges Clinic and Surgery as I was feeling pain on my right leg due to the accident. I was given 3 days o Medical Leave. I am lodging this report to seek Traffic Police Investigations.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190105/2057

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

3 of 4

Report No. T/20190105/2057

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190105/2057

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

4 of 4

Report No. T/20190105/2057

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 MUHAMMAD ASH SHAHIDI BIN  
MOHAMED PADILLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/01/2019 12:13

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

SN 168

Contact No: 65476436

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



CHASSIS NO: JN1SC2F24Z0801743  
U.L.W : 1780 KGS  
M.L.W : 3500 KGS  
P. CAP : F: 1 DRIVER, 2 OTHER  
R: 00  
TYRE SIZE : F: 175 x 80 15PLY  
R: 155 x 13 8PLY (D)