

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	11/01/2019 17:01
Date Of Accident	10/01/2019 16:10
Exact Location Of Accident	20 JURONG PORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8557T
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Insured/Policyholder

Name Of Registered Owner	VIGCON CONSTRUCTION PTE LTD
Co Reg No	199001297Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63291330

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MV007194-R02
Cover Note Number	

Driver

Name of Driver	TAN EWE BOON
NRIC No	S1519128G
Date Of Birth	22/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-96651906
Fax Number	
Contact Number	OFFICE-96651906
Email Address	NOEMAIL

Address	BLK 658 HOUGANG AVENUE 8 #05-441
Postcode	530658
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	SIDE SWIPE
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	
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)	2
Passenger 1	NAME: : CHIN CHEN FOONG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190111/2115.

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	FORKLIFT
Vehicle Make/Model/Colour	SINGAPORE CABLES MANUFACTURERS
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	LEE WAI MUN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIN CHEN FOONG
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	GY8557T
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.



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 7/2019211/2115.

[The remaining lines of the section are crossed out with a diagonal line.]

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/20190111/2115

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20190111/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2019 16:45		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: TAN EWE BOON			Address: APT BLK 658 HOUGANG AVENUE 8 #05-441 SINGAPORE 530658		
ID Type / ID No.: NRIC NO / S1519128G			Contact No.: Home/Office: Mobile: 96651906		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 22/11/1962	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:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/01/2019 16:10	Type of Location: Straight Road
Location: Along Road 1 JURONG PORT ROAD 20 JURONG PORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Rear to Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY8557T	Lorry	TOYOTA	DYNA 150 D	Silver	Slightly Damaged	1
	FORKLIFT					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190111/2115

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20190111/2115

CONTINUATION OF REPORT

Brief Details.

On the 10th of January 2019 at about 1610hrs, I was driving my vehicle bearing registration plate GY8557T, inside the vicinity of No. 20 Jurong Port Road. I was driving my vehicle at a slow speed. As I was driving, all of a sudden, a forklift which I had saw on the front passenger side, reversed and collided onto my vehicle. The impact caused my vehicle to sway to the side and the damages as follows:

- 1) GY8557T - rear left portion dented
- 2) Forklift - no visible damages

I wish to state that my sister, Chin Chen Foong, NRIC: S1752648J, F/1966, residing at Block 25 Teck Whye Lane #09-158, contact: 83211779, was sitting at the front passenger seat. I only managed to get the name and office number of the forklift driver - Lee Wai Mun, contact: 62650707 from Singapore Cables Manufacturers, located at 20 Jurong Port Road. I also wish to state that there is no in-car camera installed in my vehicle.

On 11th of January 2019, as I was lodging the police report, my sister informed me that she felt some pain at her lower back area and is currently seeing the doctor.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190111/2115

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20190111/2115

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:

G /

Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2019 16:45

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo





Singapore Manufacturers'
Federation

Cert No.

FD/06-0180

(A Ministry of Manpower Accredited Training Provider)

Certificate Of Completion

This is to certify that

LEE WAI MUN

has successfully completed the

Forklift Driver's Training Course

on 12 April 2006

Mr Lew Sym Pau
President
Singapore Manufacturers'
Federation

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119005054 Vehicle Registration No: GY8557T
Name (as shown in NRIC) : TAN EWE BOON NRIC/FIN/Passport No : S1519128G
(*Vehicle Driver, ~~(Vehicle Owner)~~ (*) Please delete as appropriate
Address : BLK 658 HOUGANG AVENUE 8 #05-441 Singapore (530658)
Contact (Tel) : _____ Mobile No. : 96651906
Email Address : _____
Date of Accident : 10/01/2019 Time of Accident : 16:10
Place of Accident : 20 JURONG PORT RD
Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend name of injured person

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: