#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY8557T
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
NDIC No.	\$1510128G

Name of Driver TAN EWE BOOM
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

**BLK 658 HOUGANG AVENUE 8** Address

#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** 

SIDE SWIPE Type Of Accident 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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

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

Page 2 of 34

#### **DETAILS OF INJURED PERSON 1**

**CHIN CHEN FOONG** Name

Approximate Age

Injuries Sustain **BACK** Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

GY8557T

NO

#### Accident Sketch Plan

#### 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)
  - (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
- 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.
- 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:

Name:

NRIC/FIN No.:

Reporting Centre Page

onnel's Signature

#### **Accident Sketch Plan**

SKETCH PLAN				
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DECLARATION				
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	Date	& Time:	NRIC/FIN No.:	

#### Police Report





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		Made:	Vide Report No.:	Station Diary No. 35	
Informa	nt's Partic	ulars			
	f Informant: VE BOON		Address: APT BLK 658 HOUGANG AVENUE 8 #05-441 SINGAPO 530658		
	/ ID No.: O / S15191;	28G	Contact No.: Home/Office: Mobile: 96651906		
National SINGAP	ity: ORE CITIZ	EN.	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:	

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 PO 20 JURONG I		n Tr		4.5 E	
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:	

Details of Vehicle Involved							
Vehicle No.	Туре	Moles	Media	COL		Condition	No of Passenger
GY8557T	Lorry	ТОУОТА	DYNA 150 D	Silver		Slightly Damaged	1
	FORKLIFT		1 1	2	5 7		0

#### **Police Report**





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

2 of 3 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**





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

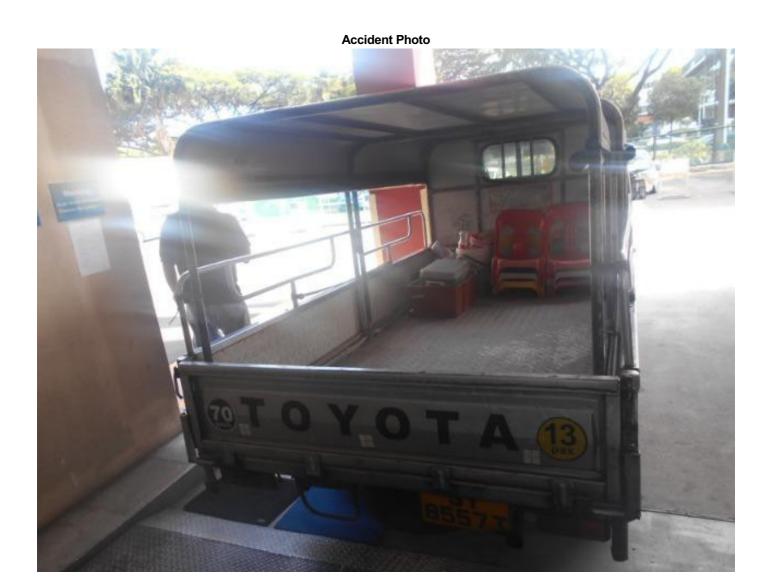
CONTINUATION OF REPORT

#### 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:	Signature Of Informant:
Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN	033
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2019 16:45
Officer In Charge Of Case: TP:/ GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp .	∠.





















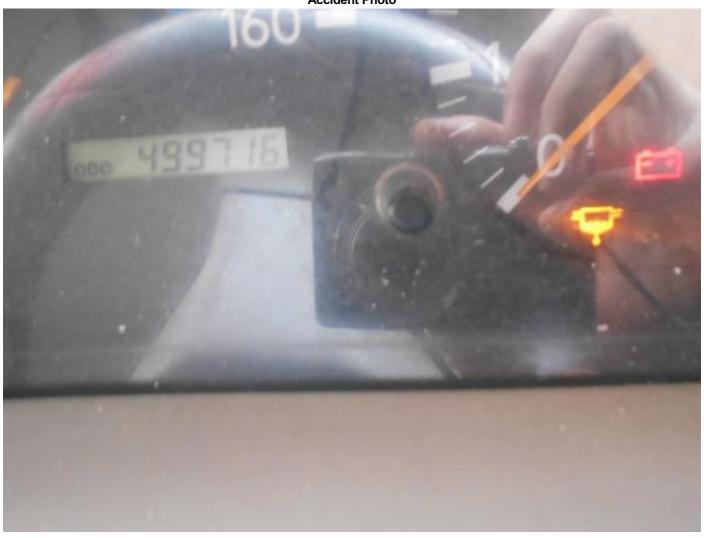
















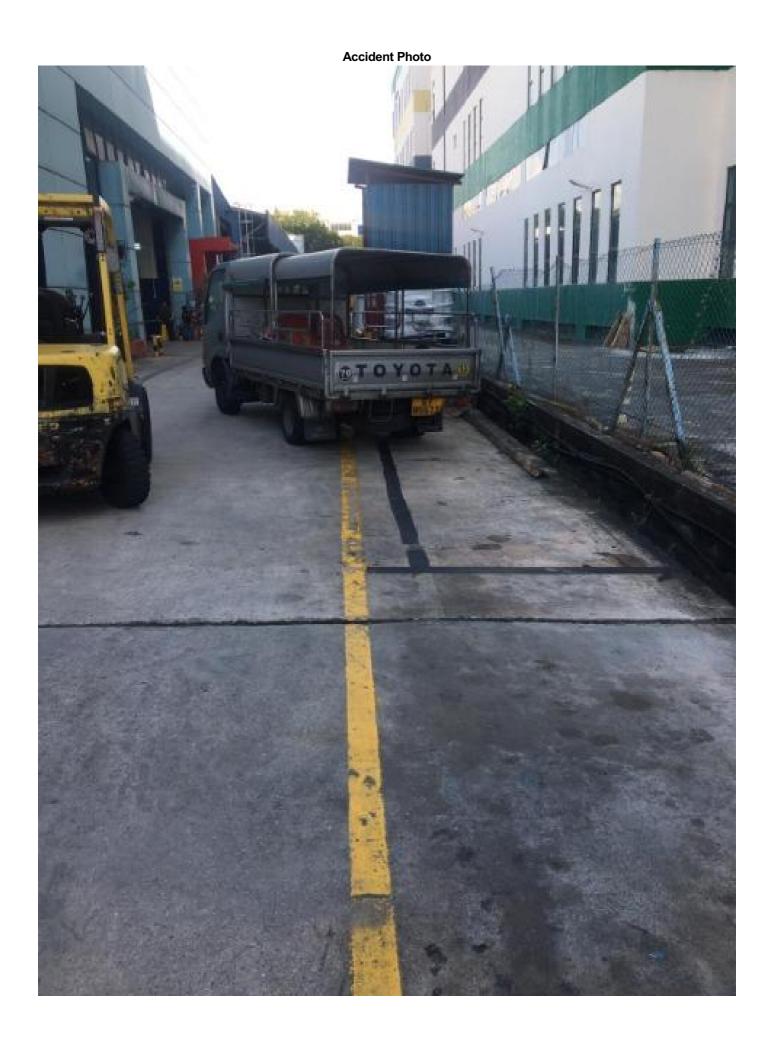














#### **Addendum Sheet**



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Fridey, 09:00 – 17:00 UEN: 566550020C / G5T Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> 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 : \$1519128G (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate BLK 658 HOUGANG AVENUE 8 Address #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) ADDITIONALINFORMATION / 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 Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:

Date: