

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	16/01/2019 14:22
Date Of Accident	12/01/2019 07:45
Exact Location Of Accident	JUNC OF BEDOK RESERVOIR RD & BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5111U
Insured/Policyholder	
Name Of Registered Owner	M/S JUHO CONSTRUCTION PTE LTD
Co Reg No	198301427E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1756431801
Cover Note Number	

Driver

Name of Driver	LAU MOOK LIN@NGUNG ENG HUAT
NRIC No	S0931933F
Date Of Birth	21/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1981
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82003883
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520 JELAPANG ROAD #02-287
Postcode	670520
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 - HEAD TO REAR
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	2
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: : KALAIMANI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190114/2091

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	XD6513S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHUVAIRRU AMBALAM RAJA
NRIC/Passport Number	F7876330L
Contact Number	64418818

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LAU MOOK LIN@NGUNG ENG HUAT

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? GBG5111U

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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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.



Policyholder's Signature
Date & Time:

[Signature]

[Signature]

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

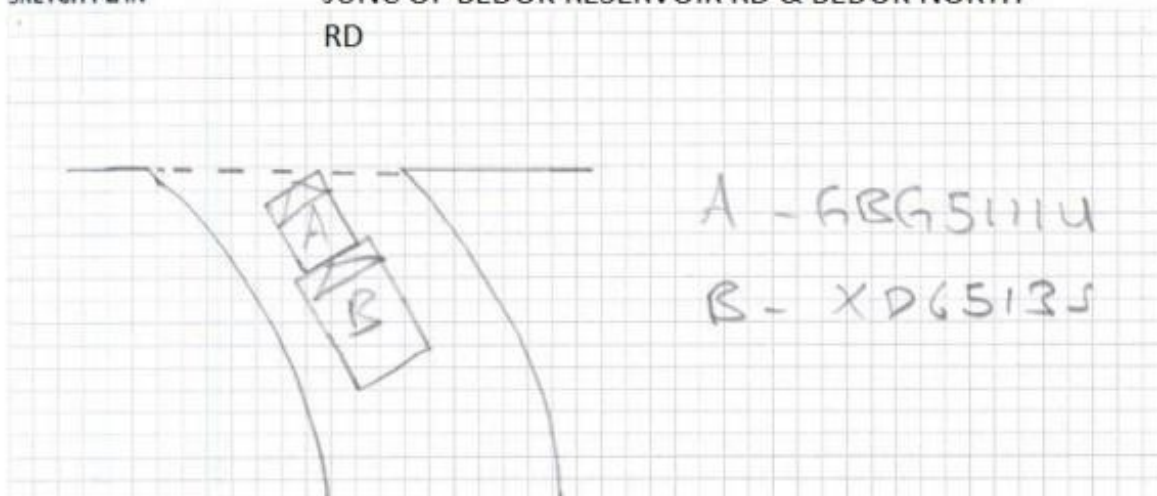
[Signature] 16/01/19

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

Accident Sketch Plan

- SKETCH PLAN

JUNC OF BEDOK RESERVOIR RD & BEDOK NORTH
RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190114/2091

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20190114/2091

CONTINUATION OF REPORT

Driver			
Name	LAU MOOK LIN	ID No.	S0931933F
Related Vehicle	GBG5111U (Lorry)	Contact No.	82003883
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/01/2019	Date Discharge	12/01/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	MUTHUVAIRRU AMBALAM RAJA	ID No.	F7876330L
Related Vehicle	XD6513S (Lorry)	Contact No.	64418818
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 the above 12/01/2019 at about 0745hrs, I was driving along Bedok Reservoir towards Tampines Ave 1. I entered the left filter lane towards Bedok North Road and I stopped at the dotted line to check for on-coming traffic. I then heard a loud bang from behind and a jerk forward. I alighted and saw that a lorry bearing license plate number XD6513S with the company name "Shin Khai Construct" printed at the side had hit me from the rear. Traffic police attended to the incident and took my particulars before instructing me to seek medical attention at a hospital. I sustained some slight injuries on both my calves and neck. I have been given a total of 6 days MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20190114/2081

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529514
Tel No: 1800-5872969

Report No: T20190114/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 15:18		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: LAU MOOK LIN			Address: APT BLK 520 JELAPANG ROAD #02-287 SINGAPORE 670520		
ID Type / ID No.: NRIC NO / S0931933F			Contact No.: Home/Office: Mobile: 82003883		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 21/10/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/01/2019 07:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK RESERVOIR ROAD BEDOK NORTH ROAD LEFT FILTER LANE TOWARDS BEDOK NORTH ROAD FROM BEDOK RESERVOIR ROAD TOWARDS TAMPINES AVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
GBG5111U	Lorry				Slightly Damaged	1
XD8513S	Lorry				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**



T201901142091

Police Station Of Origin:
Changi N.P.C
8 Simei Street 2 SINGAPORE 529914
Tel No: 1800-6872098

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Report No. T201901142091

CONTINUATION OF REPORT

Driver			
Name	LAU MOOK LIN	ID No.	S0831833F
Related Vehicle	GB05111U (Lorry)	Contact No.	62003883
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/01/2019	Date Discharge	12/01/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	MUTHUVAIRRU AMBALAM RAJA	ID No.	F7876330L
Related Vehicle	XD6513S (Lorry)	Contact No.	64418818
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

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190114/2091

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529814
Tel No: 1800-5872990

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Report No: T/20190114/2091

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 / Insp LIM JIAN YANG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt SHAFUL NEEZAM BIN ABDUL SAMAD Contact No.: 65476180

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 14/01/2019 15:16
Classification Of Case:

Identification Card



Driving License

