

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	08/02/2019 12:22
Date Of Accident	08/02/2019 09:30
Exact Location Of Accident	SEBBAWANG RD TURNING LEFT INTO BAH SOON PAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU4637T
Insured/Policyholder	
Name Of Registered Owner	TONG 33 FURNITURE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98253205

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3023081802
Cover Note Number	

Driver

Name of Driver	LEE JIM TONG
NRIC No	S1131928I
Date Of Birth	18/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98253205
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 729 YISHUN ST 71 #10-109
Postcode	760729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/201980208/2031

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	FBL6336E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL6336E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

TONG 33 FURNITURE

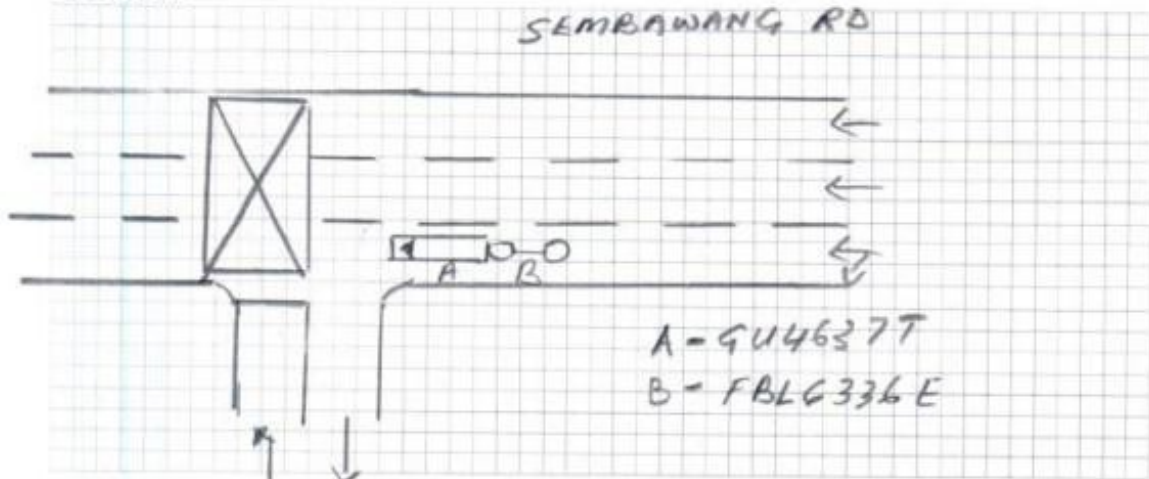
Policyholder's Signature
Date & Time:

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

Pls refer to the police report: T/20190208/2031

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/20190208/2031

2 of 3

Report No. T/20190208/2031

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver			
Name	LEE JIM TONG		ID No. S1131928I
Related Vehicle	GU4637T (Lorry)		Contact No. 98253205
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 08/02/2019 at about 9.30am, I was driving my lorry GU4637T on the left-most lane along Sembawang Rd heading towards the direction of Mandai. As I was approaching the entrance into Bah Soon Pah Rd on the left, I slowed down my vehicle and signaled my intention to turn left into the said road. I also noticed that there was a dump truck exiting from the said road and thus, I decided to allow it to move out first as the said road was too narrow to accommodate to the both of us. At this juncture, I suddenly heard a loud bang coming from the rear of my lorry. As such, I immediately stopped my lorry to make a check and discovered that a motorcycle, FBL6336E had collided head on onto my lorry's rear and the impact had caused its rider, a male Chinese to land onto my lorry's deck. He was subsequently conveyed to a hospital by an ambulance and 5 traffic police officers later arrived at the scene. I was not injured in the said accident. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION JAPAN

MODEL

ENGINE

VIN

COLOR

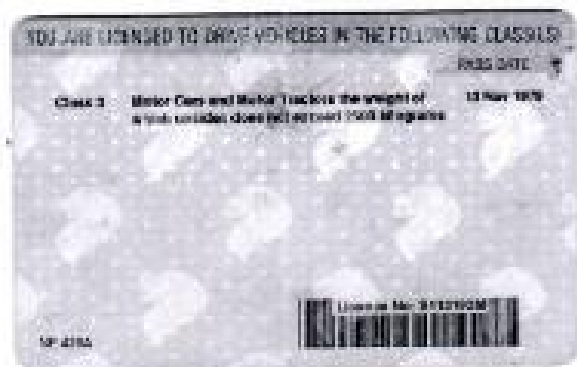
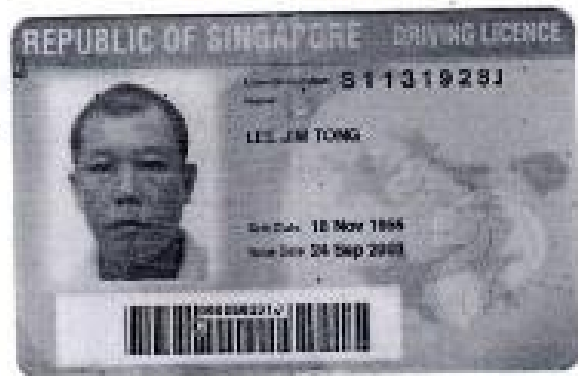
TRIM

COUNTRY

トヨタ自動車株式会社

C

Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



1/20190208/2031

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529699

1 of 3
Report No: 1/20190208/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 11:18	Video Report No.: U20190208/0050	Station Diary No.: 43
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Informant's Particulars

Name of Informant: LEE JIM TONG			Address: APT BLK 729 YISHUN STREET 71 #10-100 SINGAPORE 760729		
ID Type / ID No.: NRIC NO / S11319281			Contact No.: Home/Office: Mobile: 98253205		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 18/11/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/02/2019 09:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 SEMBAWANG ROAD				
Along Sembawang Road, turning left into Bah Soon Pah Rd.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBL6336E	Motorcycle				Seriously Damaged	0
GU4637T	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**



T/20190308/2031

2 of 3

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529989

Report No: T/20190308/2031

CONTINUATION OF REPORT

Driver			
Name	LEE JIM TONG	ID No.	S1131928I
Related Vehicle	GU4637T (Lorry)	Contact No.	98253205
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 08/02/2019 at about 9.30am, I was driving my lorry GU4637T on the left-most lane along Sembawang Rd heading towards the direction of Mandai. As I was approaching the entrance into Bah Soon Pah Rd on the left, I slowed down my vehicle and signaled my intention to turn left into the said road. I also noticed that there was a dump truck exiting from the said road and thus, I decided to allow it to move out first as the said road was too narrow to accommodate to the both of us. At this juncture, I suddenly heard a loud bang coming from the rear of my lorry. As such, I immediately stopped my lorry to make a check and discovered that a motorcycle, FBL8336E had collided head on onto my lorry's rear and the impact had caused its rider, a male Chinese to land onto my lorry's deck. He was subsequently conveyed to a hospital by an ambulance and 5 traffic police officers later arrived at the scene. I was not injured in the said accident. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190208/2031

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768927
Tel No: 1800-8529889

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Report No: T/20190208/2031

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: SI KHAIRUL ANUAR BIN MOHD HAMIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 11:18
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp
NP158

Accident Photo



Accident Photo



Accident Photo

