SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	18/02/2019 15:56
Date Of Accident	18/02/2019 08:20
Exact Location Of Accident	JUNC OF LOWER DELTA RD & JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD6056U
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910
Vehicle Particulars	
Manufacturer	VOLVO
Model	FMX37064R SLEEPER CAB
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
f No, Please state action to be taken	REPORTING ONLY
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	DMCVSN1804871800
Cover Note Number	-
Driver	
Name of Driver	LIU YUKUN
NRIC No	G5262985W
Date Of Birth	22/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82453628
Fax Number	

NOEMAIL

Address BLK 510 OLD CHOA CHU KANG ROAD #09-107 SUNGEI TENGAH LODGE

Postcode 69890

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

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 MOUNTBATTEN NEIGHBOURHOOD POLICE POST

NO

NO

2

Police Station Address ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215, POSTCODE: 390060,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-3449999 - **FAX NO**: 64474185

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ2220Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 incerested parties.
- 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)

Lunderstand, 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 end/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:
 - 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: Orlver's Signature

Liu yukun

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Accident Sketch Plan

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CLARATION			
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111	lig yakan	Just	
cyholder's Signature e & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Person Name: NRIC/FIN No.:	onnel's Signature

POLICE REPORT





1 of 3

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060

Tel No: 1800-3449999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No.:

Station Diary No.:

Report No. T/20190218/2074

18/02/2019 13:50				12	
Informa	nt's Partic	ulars	THE RESIDENCE THE PARTY AND ADDRESS OF THE PAR	FIGURE Design Tiber AND	
Name of Informant: LIU YUKUN			Address: APT BLK 510 OLD CHOA CHU KANG ROAD #09-107 SUNGEI TENGAH LODGE SINGAPORE 698904		
	/ ID No.: / G526298	5W	Contact No.: Home/Office: Mobile: 82453628		
Nationality: CHINESE			Email:		
Sex: Male	Age: 39	Date of Birth: 22/01/1980	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Other heavy truck and lorry drivers		nd lorry drivers	Driving Licence Information: Class: 3,4	Date of Expiry: 18/06/2022	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/02/2019 08:20	Type of Location X-Junction	
JALAN BUKIT		Road 2			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow:	2.470	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Dual Carriage Type of Collisi	,	Traffic Light - Wor	NII I	loderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
XD6056U	Lorry				Mark Addition and	o
	Car	MERCEDES BENZ		Black		0

POLICE REPORT



T/20190218/2074

2 of 3

Report No. T/20190218/2074

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060 Tel No: 1800-3449999

CONTINUATION OF REPORT

Brief Details.

On 18/02/2019 at about 0820hrs I was driving along Lower Delta before the junction of Jalan Bukit Merah. While I was at the said junction and wanted to move off, one black Mercedes Benz car which was on the left side of my vehicle had side swipe my lorry. The said car right side mirror had hit on to the rear wheel mud guard of my lorry. The said Mercedes car right side mirror cover had dropped off but he did not stopped after the accident. I have camera installed in my lorry but it was not able to capture the registration number of the said Mercedes car. There are no damages to my vehicle. I am lodging this report incase the said Mercedes driver were to claim from my insurance for the side mirror damage.

POLICE REPORT





Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE 390060 Tel No: 1800-3449999

3 of 3 Report No. T/20190218/2074

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 / Staff Sgt AHMAD SALLEH BIN RAHMAN	Signature Of Informant:
Signature Of Interpreter; Not applicable	Date/Time: 18/02/2019 13:50
Officer In Charge Of Case:	Clearity
TP/HRT/	Classification Of Case:
Sr Staff Sgt ESTHER CHONG	
Contact No.: 65476368	
Authentication Stamp NP168	
SIGNATURE	

DRIVING DOC





VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with == 7 19 Jun 2012 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Class 4

Notor vehicles which are constructed to carry load for passengers and the unladen weight >= 2500kg 17 Aug 2012 of passengers and the unladen weight >= 2500kg load or passengers and the unladen weight >= 2500kg load or passengers and the unladen weight >= 7250kg

Licence No: 952629965W























