#### 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	19/02/2019 14:01
Date Of Accident	18/02/2019 18:45
Exact Location Of Accident	PIE TWDS CHANGI ( AFTER EXIT 26B ) LAMP POST 1310
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD5289G
Insured/Policyholder	
Name Of Registered Owner	TOMY HUI ELECTRICAL ENGINEERING PTE LTD
Co Reg No	199401959G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97950177
Alternative Phone No	OFFICE-62611117
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	WORK
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0011919-MVA-R003
Cover Note Number	
Driver	

Name of Driver

LIM BENG HUA

NRIC No

S1293382G

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

LIM BENG HUA

S1293382G

INDOOR

30/06/1980

Driving Experience 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97950177

Fax Number

Contact Number OTHERS-97950177

EMail Address NOEMAIL

Address BLK 1 ST. GEORGE'S ROAD

#11-37

Postcode 320001

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 CHAIN COLLISION

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

3

Was any body injured in the Accident? NO

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 1

YES

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

Police Station Address 470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20190218/2219

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YP8312S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number PA3543K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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.
- 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.
- 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
  interested 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)

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:
  - 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:
  - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

	1	A = GBD 52899	
		3= YP83125	
	6	C= PA 3543K	
	TB)(A)	PIE towards Chang:	
1	1 1 1	(After exit 26B)	
DESCRIBE CIRCUMSTA	NCES OF THE ACC	DENT	

/
Refer to police Report
Report NO: T/20190218/2219
Meport NO: 7/20190218/2219

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.:

#### Sketch Plan #3





2 of 3

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 Report No. T/20190218/2219
CONTINUATION OF REPORT

Details of V	eniciennao	Ived				
Vehicle No	Type	Make	Model	Color	Gondition	No of Passenge
YP8312S	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Seriously Damaged	1

No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver		STATE OF THE STATE OF	<b>的数据的 的</b>		n de la	
Name	LIM BENG HUA			ID No		S1293382G
Related Vehicle	GBD5289G (Lorry)			Conta	ct No.	97950177
Hospital/Clinic	NIL			Class Drivin Licens Expin	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
	ted Medical Leave	NIL	Degree of			

#### Brief Details.

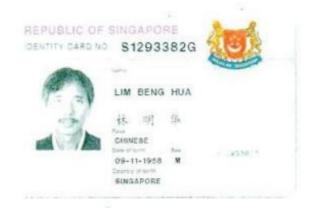
On 18/2/2019 at around 1840hrs, I was driving my vehicle bearing registration number: GBD5289G on the second right lane on Pan-island expressway towards Changi, after exit 26b. There was a lorry bearing registration number: YP8312S driving on the second right most lane made a sudden change to the third right lane without knowing that there was a bus bearing registration number PA3543K that broke down on the lane. Upon seeing that, the lorry then made a sudden turn back to the second right lane without signaling. The said lorry front right side then collided into the front left side of my vehicle and we proceeded to come to stop. The driver of the lorry was subsequently conveyed into hospital.

Damages to my lorry as follows:

- 1) Windscreen broken
- 2) Passenger door dented
- 3) Left side mirror broken
- 4) Left signal Light broken
- 5) Left portion damaged.

I wish to state that I am not injured.

#### Sketch Plan #4



GBD5289G driver



#### Sketch Plan #5



6305289G









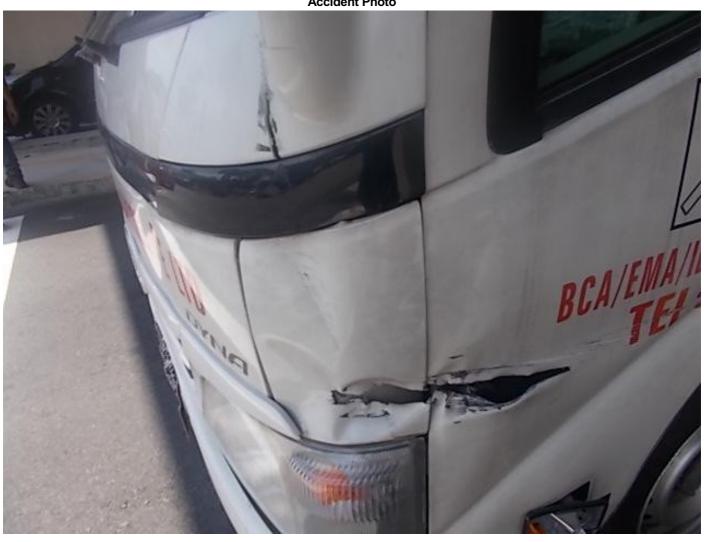














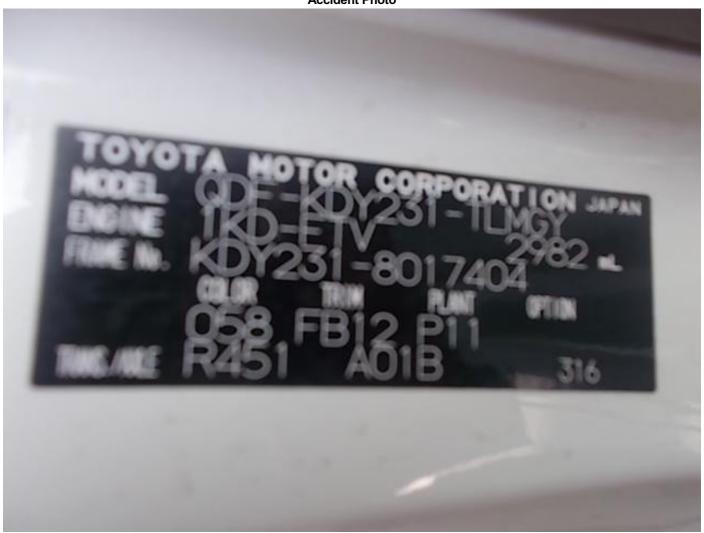












#### Police Report





Police Station Of Origin: Euros NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 1 of 3 Report No. T/20190218/2219

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/02/2019 22:05	1 - 507000 - 50700 - 50	44

10/02/20	019 22.00		44				
Informa	nt's Partic	ulars		SAME PERSONAL PROPERTY.			
	f Informant: NG HUA		Address: APT BLK 1 ST. GEORGE'S ROAD #11-37 SINGAPORE 320001				
ID Type / ID No.: NRIC NO / S1293382G			Contact No.: Home/Office:	Mobile: 97950177			
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age: 60	Date of Birth: 09/11/1958	Type of Informant:				
Race: Chinese			Language: English	Institution / School Name:			
Appropriate the second second second	Occupation: Electrician		Driving Licence Information: Class: 3,4	Date of Expiry:			

	nation of the Accident Injury	Drink	Date/Time of	Town of Leasting	
Type of Accident:	Conveyed By Ambulai	1000000	Accident: 18/02/2019 18:4	Type of Location Straight Road	
		Road Surface:		Road Speed Limit:	
Clear	D11.000.000.000.000.000.000.000.000.000.			Tribut opera Linic	
Traffic Flow: One Way	100	Traffic Control: Not Controlled	Traffic Volume: Heavy		
One may	ion:			Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
GBD5289G	Lorry	ТОУОТА	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY	White	Seriously Damaged	The second secon		
PA3543K	Bus/Coach/Mi nibus	ISUZU	LT133P	Multi-Colored		2		

#### **Police Report**





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 2 of 3 Report No. T/20190218/2219

#### CONTINUATION OF REPORT

Details of V	ehicle involv	ed				
Vehicle No.	Type Ma	Make	Model	Color	Condition	No of Passenge
YP8312S	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Seriously Damaged	

No. of Pedestriar	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	THE PERSON NAMED IN	1 TO SECURE THE	DE LA CONTRACTOR	THE SAME	-	1000 THE TAXABLE SERVICES
Name	LIM BENG HUA			ID No		S1293382G
Related Vehicle	GBD5289G (Lorry)			Conta	ct No.	97950177
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of			

#### Brief Details.

On 18/2/2019 at around 1840hrs, I was driving my vehicle bearing registration number: GBD5289G on the second right lane on Pan-island expressway towards Changi, after exit 26b. There was a lorry bearing registration number: YP8312S driving on the second right most lane made a sudden change to the third right lane without knowing that there was a bus bearing registration number PA3543K that broke down on the lane. Upon seeing that, the lorry then made a sudden turn back to the second right lane without signaling. The said lorry front right side then collided into the front left side of my vehicle and we proceeded to come to stop. The driver of the lorry was subsequently conveyed into hospital.

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#### **Police Report**





3 of 3

Report No. T/20190218/2219

Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

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-	20	76	п	-	-1	п.

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 TAN MENG LIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 22:05
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	