

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	19/02/2019 16:35
Date Of Accident	18/02/2019 09:00
Exact Location Of Accident	23 KIAN TECK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD839C
Insured/Policyholder	
Name Of Registered Owner	M/S HONG AIK PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68980438

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	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	DMCVSN3034171800
Cover Note Number	

Driver

Name of Driver	WANG HUI SHENG
NRIC No	S9174392B
Date Of Birth	10/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88229819
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 319 UBI AVE 1 #03-517
Postcode	400319
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20190218/2075

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	FBD8295T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMED FAZLI BIN MOHAMED SHADAN
NRIC/Passport Number	S8241354E
Contact Number	91596752
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED FAZLI BIN MOHAMED SHADAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD8295T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



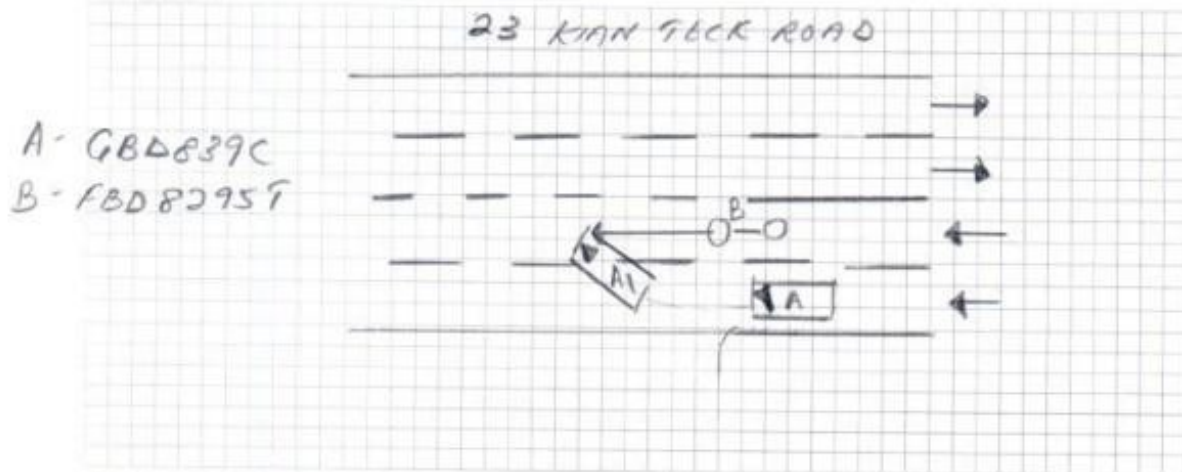
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/02/2019

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: J/20190218/2075

DECLARATION

I/We declare the foregoing particulars are true in every respect.

PAIK PTE LTD
1201770
Policyholder's Signature
Date: 19/02/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/02/2019

Reporting Centre Personnel's Signature
Name: 19/02/19
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



J/20190218/2075

1 of 2

POLICE REPORT (NP299)

Report No. J/20190218/2075

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 18/02/2019 17:35	Vide Report No. J/20190218/0039	Station Diary No. 153
Name Of Informant WANG HUISENG	Address APT BLK 319 UBI AVENUE 1 #03-517 SINGAPORE 400319	
ID Type / ID No. NRIC NO / S9174392B	Contact No. Home/Office	Mobile 88229819
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DORMITORY OPERATION MANAGER	Sex Male	Age 27
Institution/School Name	Date of Birth 10/07/1991	Race Chinese
Date/Time Of Incident 18/02/2019 09:00 - 18/02/2019 09:30	Location Of Incident 23 KIAN TECK ROAD UNNAMED SINGAPORE 628774	

Brief details.

On 18/02/2019 at about 0900hrs, I was travelling in my silver Toyota Dyna (GBD 839C) along Kian Teck road towards First Lok Yang Road. I was on the left lane intending to make a U-turn to the opposite side of the road. I slowed down my vehicle and signaled right. I checked my vehicle blind spots and check incoming traffic before proceeding. As I was making a turn, a motorcycle (FBD8295T) suddenly came from my right towards my vehicle. The rider pressed the horn and I immediately applied my vehicle brakes. The motorcycle could not stop in time and subsequently hit the front right side of my vehicle. The rider then fall towards the ground. I then stopped my vehicle at the road side to avoid obstruction of traffic

Signature Of Officer Recording The Report: J / Sgt 2 LIM MING YAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 17:35
Officer In-Charge Of Case: J / Bukit Panjang N.P.C / Sgt 2 CHIN WEI JIE Contact No.: 67910000	Classification Of Case:

Authentication Stamp



Individual Statement



**SINGAPORE
POLICE FORCE**



J/20190218/2075

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190218/2075

and proceeded out of the vehicle to check on the damage. My vehicle front right light and front right cover was damaged. The motorcycle right side mirror and rear storage box was damaged. The rider right arm and left leg was injured. The rider was subsequently conveyed to the hospital through an ambulance. This is the first time such incident had happened. I am lodging this report for insurance purpose. I was informed by the traffic police to come to the police station to lodge a traffic accident report, vide: J/20190218/0039 under IO Farhan, Hp:65976224

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Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 17:35
Officer In-Charge Of Case: J / Bukit Panjang N.P.C / Sgt 2 CHIN WEI JIE Contact No.: 67910000	Classification Of Case:
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



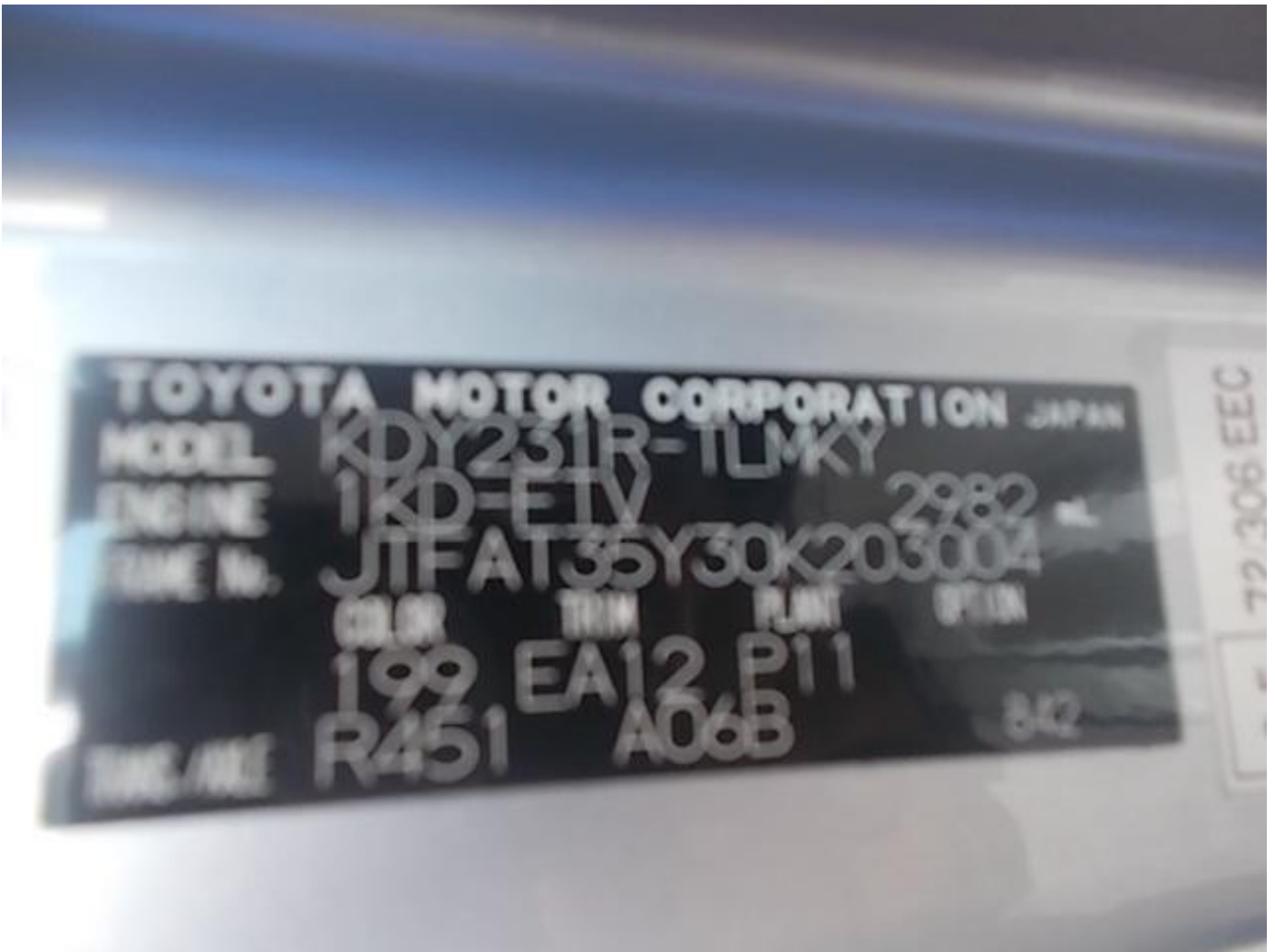
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



J/20190218/2075

1 of 2

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Officer In-Charge Of Case: J / Bukit Panjang N.P.C / Sgt 2 CHIN WEI JIE Contact No.: 87910000	Classification Of Case:

Authentication Stamp



Police Report



**SINGAPORE
POLICE FORCE**



J/20190218/2075

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POLICE REPORT (NP289)

CONTINUATION OF REPORT

Report No. J/20190218/2075

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Identification Card

