#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number 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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	21/02/2019 13:32			
Date Of Accident	20/02/2019 17:10			
Exact Location Of Accident	EDGEDALE PLAINS TWDS PUNGGOL FIELD SINGAPORE			
Country/State of Loss				
D	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBA6492U			
Insured/Policyholder				
Name Of Registered Owner	2ND WAY TRANSPORT & TRADING			
Co Reg No	-			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-91889995			
Vehicle Particulars				
Manufacturer	SUZUKI			
Model	EVERY			
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			
If No, Please state action to be taken	THIRD PARTY			
Vehicle Category	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD			
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	D-18091706MCVP			
Cover Note Number	-			
Driver				
Name of Driver	KOH CHOON KHIANG			
NRIC No	S1491908B			
Date Of Birth	21/05/1961			
Occupation	OUTDOOR			
Date Of Driving Pass	20/12/1978			
Driving Experience	40 YEARS AND 2 MONTHS			
Gender	MALE			
Mobile Number	+65-91889995			

**NOEMAIL** 

Address BLK 170A PUNGGOL FIELD #09-709

Postcode 821170

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

-

NO

#### **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

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

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

I WAS TRAVELLING ALONG EDGEDALE PLAINS TWDS PUNGGOL FIELD, I SLOW DOWN AND STOP MY VEH DUE TO VEH INFRONT STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBC1466T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### 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? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBC1466T

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)

#### **Accident Sketch Plan**

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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.

2nd Whi 1/2

Policyholder's Signature Date & Time:

and Way Transport & Frading

(If

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

NRIC/FIN No.:

a Frading

## **Accident Sketch Plan**

A	P= 548 6492 V P= 589 1966 T
8	Edgedalo Plains fords Punggol Field
RIBE CIRCUMSTANCES O	F THE ACCIDENT
01	
Please	Refer to Statement
RATION	
	ars are true in every respect.

#### **POLICE REPORT**

### CONFIDENTIAL

#### CONFIDENTIAL

Annex E

#### NOTICE OF COMPLIANCE



This is to confirm that Koh Choon Khiang, NRIC/FIN <u>\$1491908B</u>, has reported to the Police a non-injury traffic accident which occurred along <u>Edgedale Plains towards</u>

Punggol Field on 20/02/2019 at about <u>05.08 am/pm</u> involving the following vehicles:

- a) GBA 6492 U
- b) GBC 1466 T
- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

0

Rank/Name of Issuing Officer: Staff Sergeant Mohamad Radzif

Date: 20/02/2019 Time: 1807 hrs

S/D Ref: 48

Police Post/Unit: Punggol Neighbourhood Police Centre

Punggol NPC 21A Tebing Lane 5 (828837) Tel: 1800-604-9999

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

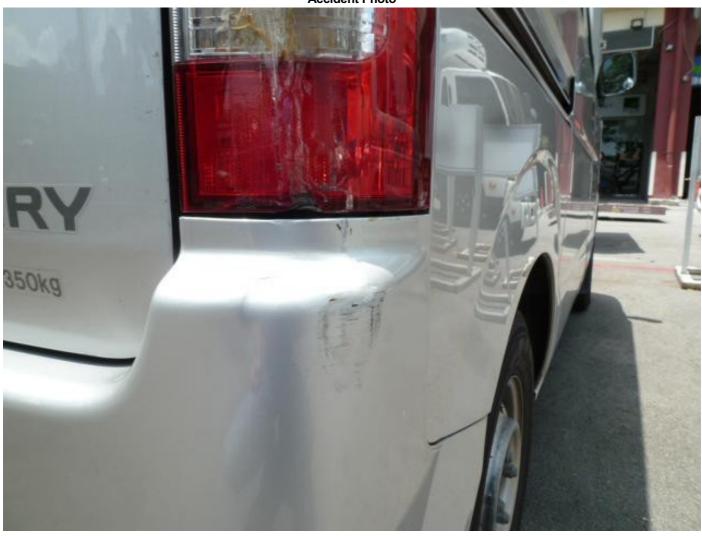
Version as of 15 Jan 2002

CONFIDENTIAL











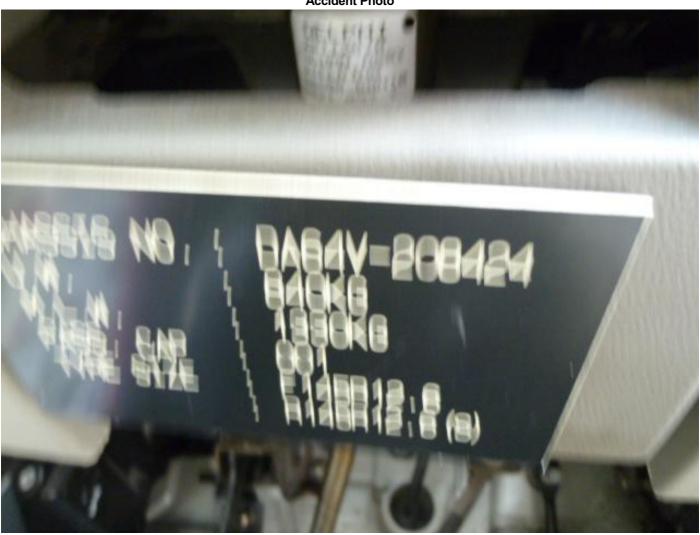














#### **Addendum Sheet**



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 utn. 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			ADDEND	M			
(A)	PARTICULARS OF PERS	ONMAKINGTHEA	MENDMENTS	i:			
	Original Report No :_	Mun 1190242	245.	_Vehicle Re	egistration No:	68A 6492U	
	Name(as shown in NRIC) : _	Koh Choon	Khrang	NRIC/FIN/Passport No : _		51491908 B.	
	(*Vehicle Driver/Vehi	cle Owner) (*) Pleas	e delete as ap	propriate			
	Address :_					Singapore(	
	Contact (Tel) :_			_Mobile N	0.: 9182	9995.	
	Email Address :_						
	Date of Accident :_	2012119		_Time of A	cident:	17:10	
	Place of Accident :_	Edge dale	plains	twds	Punggal	freed	
	Insurance Company : _				200		
		Λ - ∈ en	(12011				
	A= 68A 6492U						
		8 = 68c	1466T				
	0 100						
	B						
	1				,		
	1X				ful		
	Policyholder / Driver's S	ignature		Reporti	ng Centre Perso	onnel's Signature	
	Date:			Name: NRIC/FII		anner a signature	
	2nd Way	- Frading			21/2/19.		
1100	2nd W2	rading					
4							
	and Way Transport	a raung					
		-					