

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	25/02/2019 15:31
Date Of Accident	19/02/2019 06:55
Exact Location Of Accident	COMPOUND OF BLK 3017 CARPARK / UBI ROAD 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6599A
Insured/Policyholder	
Name Of Registered Owner	MASINDO LOGISTIC PTE. LTD.
Co Reg No	200301939M
Email Address	LCL.OPS.MSI@MASINDOLOGISTIC.COM.SG
Mobile Phone No	(LOCAL) +65-97515068
Alternative Phone No	OFFICE-97515068

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101145685
Cover Note Number	

Driver

Name of Driver	TAN WEI KWANG (CHEN WEIGUANG)
NRIC No	S7302242H
Date Of Birth	24/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97515068
Fax Number	
Contact Number	OTHERS-97515068
EEmail Address	LCL.OPS.MSI@MASINDOLOGISTIC.COM.SG

Address	BLK 282A COMPASSVALE STREET #11-123
Postcode	541262
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	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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190223/2016

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 Witness 1

Name	ROYSTON
Phone Number	93851966
Email Address	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3481U
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 INJURED PERSON 1	
Name	TAN WEI KWANG (CHEN WEIGUANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE6599A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

MASINDO LOGISTIC PTE LTD
3017 UBI ROAD 1 #02-131 KAMPONG UBI
INDUSTRIAL ESTATE, SINGAPORE 408708
Tel: 6842 7228 Fax: 6842 7278
http://www.masindologistics.com

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.:

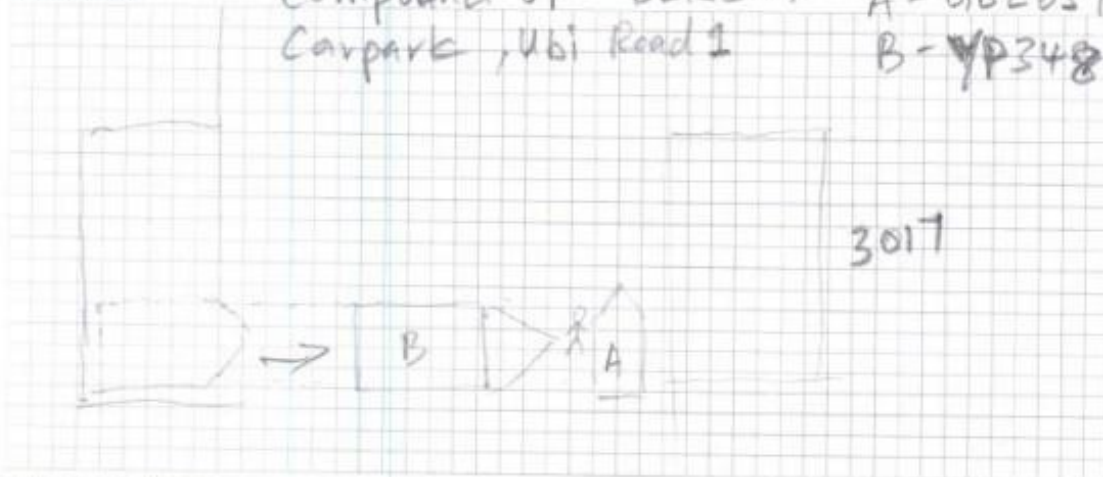
25/2/2019

Sketch Plan #2

SKETCH PLAN

Compound of BLK 3017
Carpark, Ubi Road 1

A - GBE6599A
B - ~~YP~~34814



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190222/2016

DECLARATION

MASINDO LOGISTICS PTE LTD
3017 UBI ROAD 1 #02-131 KAMPONG UBI
INDUSTRIAL ESTATE, SINGAPORE 408708
Tel: 6842 7228 Fax: 6842 7278
<http://www.masindologistics.com>
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.:

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Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190223/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190223/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Vehicle Owner			
Name	TAN WEI KWANG	ID No.	S7302242H
Related Vehicle	GBE6599A (Van)	Contact No.	97515068
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/02/2019	Date Discharge	20/02/2019
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

On 19/02/2019 at about 0655hrs I parked my vehicle (plate number: GBE6599A) at the loading bay of Blk 3017 carpark along Ubi Road 1. I alighted from my vehicle and went to the passenger side of my vehicle to collect my documents. While I was retrieving my documents, there was a vehicle (plate number: YP3481U) that suddenly came from the back and hit me. I did not manage to see how the vehicle hit me. Subsequently an ambulance arrived and conveyed me to Tan Tock Seng Hospital. I was hospitalized for 2 days, I was discharged on 20/02/2019 and was issued 18 days of medical leave. I have a witness, which is my colleague, Royston HP: 93851966. I am lodging this report as instructed by TP IO. I am also lodging this report for insurance claims.

Accident Photo



Accident Photo



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**



T/20190223/2016

Police Station Of Origin:
Sengkang N.P.C
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545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20190223/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 02:14	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: TAN WEI KWANG			Address: APT BLK 262A COMPASSVALE STREET #11-123 SINGAPORE 541262		
ID Type / ID No.: NRIC NO / S7302242H			Contact No.: Home/Office: Mobile: 97515068		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 24/01/1973	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/02/2019 06:55	Type of Location: Loading bay
Location: Along Road 1 UBI ROAD 1				
Compound of Blk 3017 carpark, Ubi Road 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6599A	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver		0
YP3481U	Lorry	ISUZU	NPR75UH5A	White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190223/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190223/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Vehicle Owner			
Name	TAN WEI KWANG	ID No.	S7302242H
Related Vehicle	GBE6599A (Van)	Contact No.	97515068
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/02/2019	Date Discharge	20/02/2019
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

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Police Report



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T/20190223/2016

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190223/2016

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:

F /

Sgt 2 LEE LI TING, JOLYNE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/02/2019 02:14

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168