

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	04/03/2019 09:25
Date Of Accident	01/03/2019 20:50
Exact Location Of Accident	MCE TOWARDS EAST COAST PARKWAY (TUNNEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5611P
Insured/Policyholder	
Name Of Registered Owner	TAKAI YAMA AIR-CON ENGINEERING PTE LTD
Co Reg No	200402364H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63660925

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN-2.4 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN6031321812
Cover Note Number	

Driver

Name of Driver	TOH WEI LOON
NRIC No	S8367804F
Date Of Birth	09/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-94492737
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	63660925
Postcode	
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	
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)	2
Passenger 1	NAME: : CHEW GUI CONG GENDER: : MALE

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

PLEASE REFER TO POLICE REPORT NO. T/20190301/2183

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	PC7927A
Vehicle Make/Model/Colour	TOYOTA HIACE
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	PC943Z
Vehicle Make/Model/Colour	TOYOTA HIACE
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 3

Vehicle Registration Number	SHC1977P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	CHEW GUI CONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GY5611P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TOH WEI LOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GY5611P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

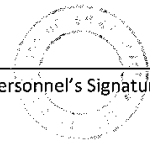
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



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.:



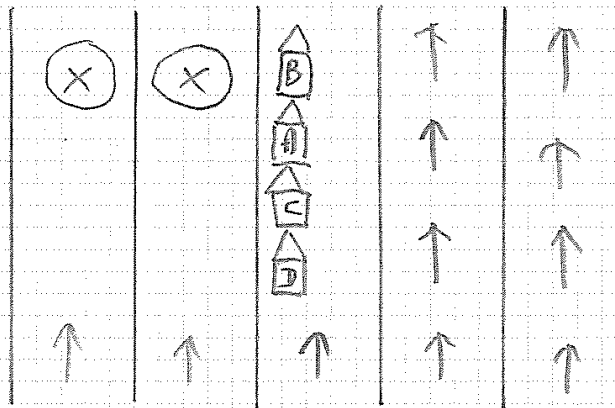
SKETCH PLAN

A) GY5611P

B) JHC 1977P

c) PC 7927-A

D) PC 943 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report # T/20190301/2183

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.:



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
R SN
AN0420A
CoV.Type: F

MOTOR COMMERCIAL VEHICLE

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN6031321812

Engine No : ZD30047456

ChaNo: JN1MG4E25Z0712974

1. Index Mark and Registration
Number of Vehicle

GY5611P

2. Name of Policy Holder

M/S TAKAI YAMA AIR-CON ENGINEERING PTE LTD

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

20 May 2018

4. Date of Expiry of Insurance

19 May 2019

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover.
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: _____
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory



**SINGAPORE
POLICE FORCE**



T/20190301/2183

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20190301/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2019 20:51	Vide Report No.:	Station Diary No.: 162
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Informant's Particulars			
Name of Informant: TOH WEI LOON		Address: APT BLK 556 HOUGANG STREET 51 #11-352 SINGAPORE 530556	
ID Type / ID No.: NRIC NO / S8367804F		Contact No.: Home/Office: Mobile: 94492737	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 09/10/1983	Type of Informant: Driver
Race: Chinese		Language: Mandarin	Institution / School Name:
Occupation: AIRCON TECHNICIAN		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/03/2019 11:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST PARKWAY MARINA COASTAL EXPRESSWAY TOWARDS EAST COAST PARKWAY (TUNNEL)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY5611P	Van	NISSAN	URVAN	Silver	Slightly Damaged	1
PC7927A	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0
PC943Z	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0
SHC1977P	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190301/2183

2 of 4

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190301/2183

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHEW GUI CONG	ID No.	G8743558Q
Related Vehicle	GY5611P (Van)	Contact No.	94868603
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TOH WEI LOON	ID No.	S8367804F
Related Vehicle	GY5611P (Van)	Contact No.	94492737
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MOHAMED RASHEED BIN MOHD GANI	ID No.	S1702292Z
Related Vehicle	PC7927A (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190301/2183

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20190301/2183

CONTINUATION OF REPORT

Driver			
Name	SATHEESH KUMAR S/O THANASEKARAN	ID No.	S7890015F
Related Vehicle	PC943Z (Van)	Contact No.	87264746
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/03/2019 at about 1140hrs, I was driving my company van (GY5611P, V1) along Marina Coastal Expressway, with my colleague in the front passenger seat. There were 5 lanes in total, however the 4th and 5th lanes were closed.

I was travelling on the 3rd lane when I discovered that the vehicles ahead in my lane had came to a complete stop, as such I followed suit. I had stopped my van in front of a taxi (SHC1977P, V2). Suddenly, I felt an impact on the rear of my van, before my van surged forward and collided onto V2, due to the impact of the collision from the rear of my van.

I alighted and discovered that there were in fact 2 vans (PC7927A, V3 and PC943Z, V4) behind my van that were involved in the chain collision.

The drivers of each vehicles got down and exchanged particulars. I was in a rush as such I left thereafter. I am unsure if Traffic Police or ambulance came to scene. No one was badly injured. There is a front camera in my van.

My colleague and I felt discomfort after the accident as such we went to consult the doctor and was given 5 days of medical leave each.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190301/2183

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20190301/2183

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:

E /

Sgt 2 SHALYN GOH HWEE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2019 20:51

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication
NP168

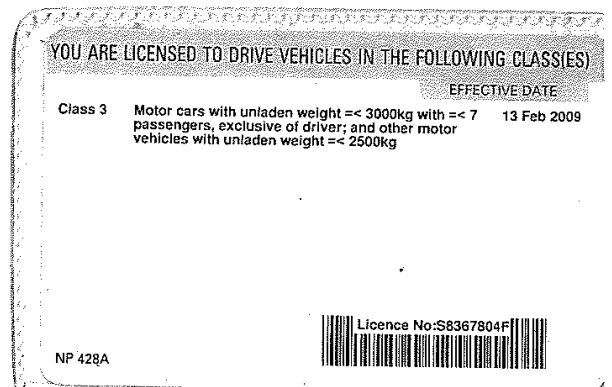
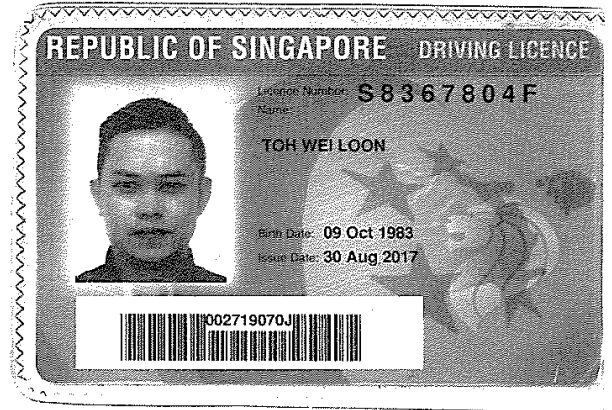


SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

Accident Sketch Plan Pg. 1



Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8367804F**



Name

TOH WEI LOON

卓 伟 伦

Race

CHINESE

Date of birth

09-10-1983

Sex

M

S8367804F

Country/Place of birth

MALAYSIA



944316



NRIC No. **S8367804F**



Nationality

MALAYSIAN

Date of issue

28-04-2017

Address

**APT BLK 556 HOUGANG STREET 51
#11-352
SINGAPORE 530556**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



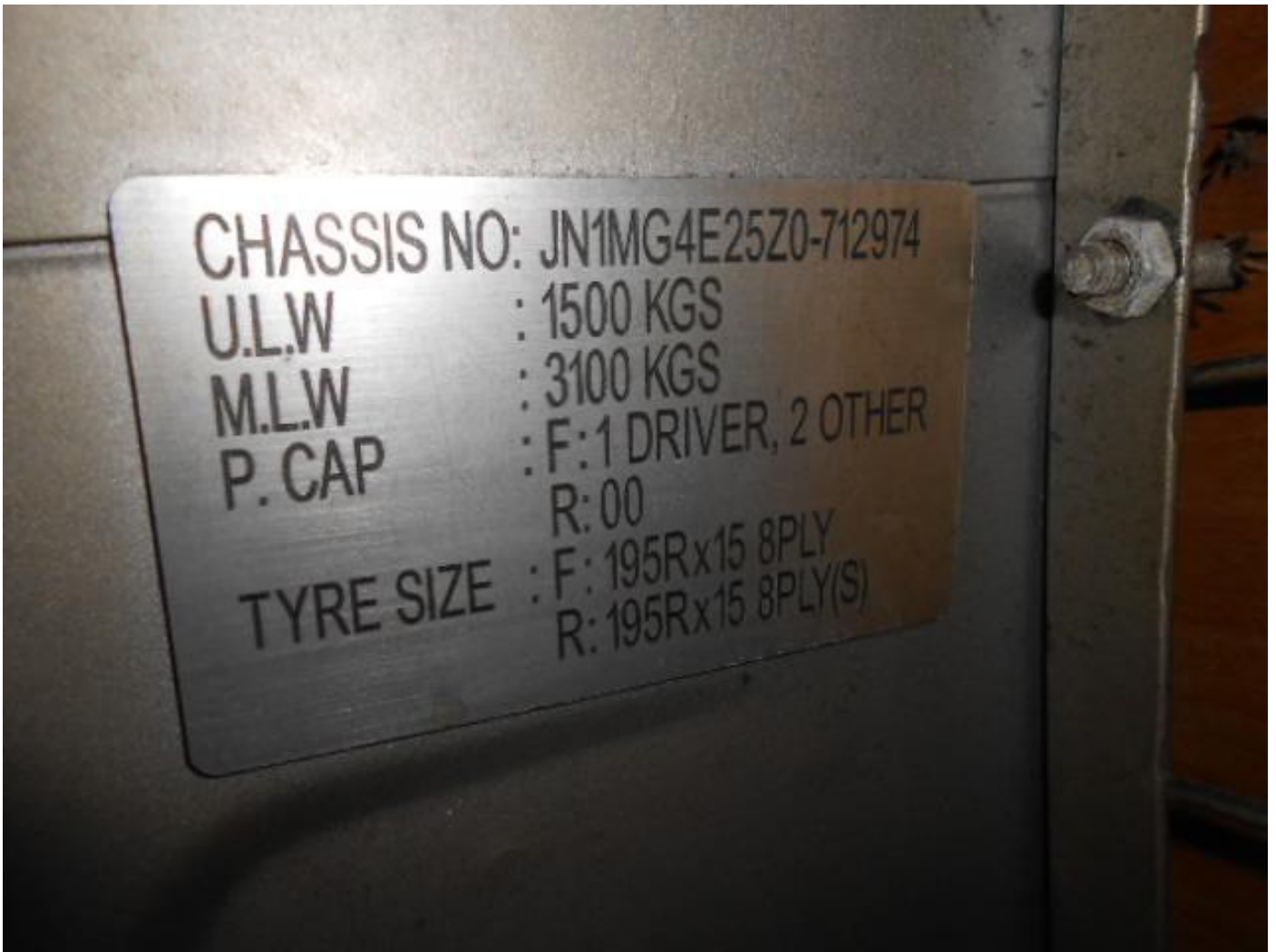
Accident Photo



Accident Photo



Identification Card





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSYH19058899 Vehicle Registration No: GY5611P
 Name(as shown in NRIC) : TAKAI YAMA AIR CON ENGINEERING PTE LTD NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : 63660925 Mobile No. : _____
 Email Address : No email
 Date of Accident : 01/03/2019 Time of Accident : 20.31
 Place of Accident : MCE towards East Coast Parkway (Tunnel)
 Insurance Company: China Taiping Insurance (S) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Additional Injury
TOH WEI LOON
Hospital : MOUNT ALVERNIA HOSPITAL
Medical leave : 5 Days

 Policyholder / Driver's Signature
 Date:

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