

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	20/03/2019 15:37
Date Of Accident	20/03/2019 09:30
Exact Location Of Accident	SLIP ROAD TOA PAYOH LOR 6 TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2362S
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Insured/Policyholder

Name Of Registered Owner	KACHI GLOBAL PTE. LTD.
Co Reg No	201001098C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93221693

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA002478
Cover Note Number	

Driver

Name of Driver	DESMOND TAN JIAN MING
NRIC No	S9314236E
Date Of Birth	30/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81895836
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 123 RIVERVALE DRIVE #15-119
Postcode	540123
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	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	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)	1

Details of Police Action

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

Circumstances of Accident

I WAS DRIVING VEHICLE BEARING GBE2362S ALONG LORONG 6 TOA PAYOH GOING TOWARDS PAN ISLAND EXPRESSWAY. I THEN STOPPED AT THE FILTER LANE AS I WAS GIVING WAY TO VEHICLE FROM THE MAIN ROAD. AFTER WHICH I FELT AN IMPACT FROM MY VEHICLE REAR SIDE. I THEN GOT DOWN THE VEHICLE AND DISCOVERED A WHITE BEARING SGB33L HAD BANGED ONTO MY REAR SIDE OF MY VEHICLE. I THEN ASKED HIM HOW COULD HE HAD BANGED ONTO MY VEHICLE AND HE REPLIED THAT HE DID NOT SAW AS SUCH BANGED ONTO MY VEHICLE. AFTER WHICH WE EXCHANGE PARTICULARS AND LEFT THE SCENE. I HAD ALSO VISITED THE HOSPITAL AND GOTTEN THREE DAYS OF MEDICAL CERTIFICATE FROM SENGKANG GENERAL HOSPITAL. I AM SUFFERING PAIN AT MY LOWER BACK. MY VEHICLE REAR LEFT SIDE HAVE DENT AND SCRATCHES.

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	SGB33L
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DON LOO CHAN KAH
NRIC/Passport Number	S7048392J

Contact Number 98588600
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBE2362S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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.



Policyholder's Signature

Date & Time: 2013/19



Driver's Signature

(If driver is not the policyholder)

Date & Time: 2013/19



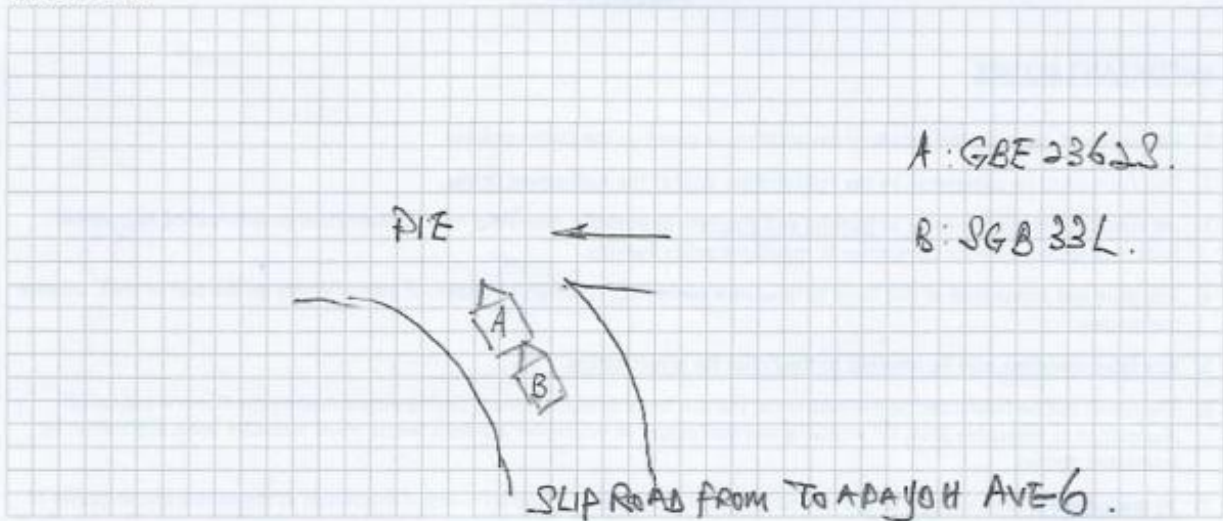
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

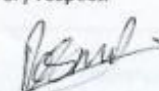
Please refer to The Police Report.

DECLARATION

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



 Policyholder's Signature
 Date & Time: 2013/19


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 2013/19



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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190320/2147

1 of 3

Report No. T/20190320/2147

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 17:16	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars

Name of Informant: DESMOND TAN JIAN MING		Address: APT BLK 123 RIVERVALE DRIVE #15-119 SINGAPORE 540123	
ID Type / ID No.: NRIC NO / S9314236E		Contact No.: Home/Office: Mobile: 81895836	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 30/04/1993	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2019 09:30	Type of Location: Bend
Location: Along Road 1 LORONG 6 TOA PAYOH PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBE2362S	Van					0
SGB33L	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190320/2147

2 of 3

Report No. T/20190320/2147

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

CONTINUATION OF REPORT

Driver's Name		DESMOND TAN JIAN MING		ID No.	S9314236E
Related Vehicle		GBE2362S (Van)		Contact No.	81895836
Hospital/Clinic		SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		NIL		Date Discharge	NIL
No. of Days granted Medical Leave		03		Degree of Injury	NIL
Name		DON LOO CHAN KAH		ID No.	S7048392J
Related Vehicle		SGB33L (Car)		Contact No.	98588600
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 the above mention date and time, I was driving vehicle bearing GBE2362S along Lorong 6 Toa Payoh going towards Pan Island Expressway. I then stopped at the filter lane as I was giving way to vehicle from the main road. After which I felt an impact from my vehicle rear side. I then got down the vehicle and discovered a white BMW vehicle bearing SGB33L had banged onto my rear side of my vehicle.

I then asked him how could he had banged onto my vehicle and he replied that he did not saw as such banged onto my vehicle. After which we exchange particulars and left the scene.

I had also visited the Hospital and gotten three days of Medical Certificate from Sengkang General Hospital. I am suffering pain at my lower back. My vehicle rear left side have dent and scratches.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190320/2147

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

3 of 3

Report No. T/20190320/2147

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 1 ONG JING YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

20/03/2019 17:16

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

SN 085

IDENTIFICATION CARD

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9314236E**





Name
DESMOND TAN JIAN MING

陈 建 明
Race
CHINESE

Date of birth **30-04-1993** Sex **M**



Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S9314236E**
Name:
DESMOND TAN JIAN MING

Birth Date: **30 Apr 1993**
Issue Date: **04 Oct 2012**




DRIVING LICENSE

4216380



NRIC No. **S9314236E**



Date of issue
09-05-2008

Address
**APT BLK 123 RIVERVALE DRIVE
#15-119
SINGAPORE 540123**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	04 Oct 2012

NP 428A

Licence No: S9314236E



CERTIFICATE FOR INSURANCE

ORIGINAL



THE SCHEDULE

Policy Number	: MA002478	Agency No	: 70000057
Policy Type	: Commercial Motor	Agency Name	: HING GEE MONG BOBBY
Insurance Start Date	: 30/09/2018	Issue Date	: 02/08/2018
Insurance End Date	: 29/09/2019 (Both dates inclusive)	Place of Issue	: Singapore
Insured's Name	: KACHI GLOBAL PTE LTD		
Insured's Address	: 1008 TCA PAYON NORTH 05-09 Singapore 318996		

Annual Premium	: S\$	1,495.29
Premium Due	: S\$	1,495.29
Premium GST	: S\$	104.67
Total Due	: S\$	1,599.96

Risk No. 0001 Commercial Motor

Basic Annual Premium	: S\$1,739.16
Less NCD 15.00%	: S\$263.87
Premium Due	: S\$1,495.29
Premium GST	: S\$104.67
Total Due of this risk	: S\$1,599.96

Registration	: GR223625	Make/Model	: FIAT DIBLO CARGO MAXI 1.6 MTJA
Type of Cover	: Comprehensive	Body Type	: Van
Engine No	: 263A50007396767	Capacity cc's	: 0
Year of Regn	: 2015	Chassis No	: ZFA26300006A82304
Tonnage	: 0.94		
Certificate Ref	: M2390		

Excess: Sect I S\$750

Hire Purchase : Mercedes Benz Financial Services Singapore Ltd

The following benefits apply to this risk

Sum Insured: Settlement based on the market value at time of loss
 The following benefits are given free:
 Passenger Liability
 Legal Liability of Passengers for Acts of Negligence
 Third Party Property Damage (TPPD) (Limit - S\$500,000)
 Breakage of glass in windscreen or window, subject to excess of S\$100
 (Automatic reinstatement of windscreen cover)
 Flood &/or other Convulsion of Nature and Strike, Riot and Civil
 Commotion

INTERVIEW FORM

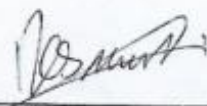


INTERVIEW FORM

Name (Driver) : Desmond Tan Jian Ming
Policy No : MA002478
Vehicle No : GBE2362S
Place of Accident : Slip Road Toa Payoh Lor 6 Towards Pie
Insured Driver's relationship with Insured : Employee
Drink Driving of Insured and/or Insured Driver : No
No of passenger(s) in Insured vehicle : None
Injury to Insured and/or Insured driver, please indicate which hospital:
Sengkang General Hospital
Third Party Vehicle No (if any) : SGB33L
No of passenger(s) in Third Party Vehicle : None
Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-
Type of collision and the extensiveness of the damages to all vehicles involved:
The rear side of GBE2362S was banged onto by a white BMW (SGB33L).
Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
No

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)



Driver (Name & Signature)
I, affirmed the above information is given to
my best knowledge



Attended by (Name & Signature)
Workshop Name: _____

Etika Insurance Berhad (Company Reg. No. T09FC005410)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109

Attended by the  ETIKA AUTO SERVICE LTD

Scene Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



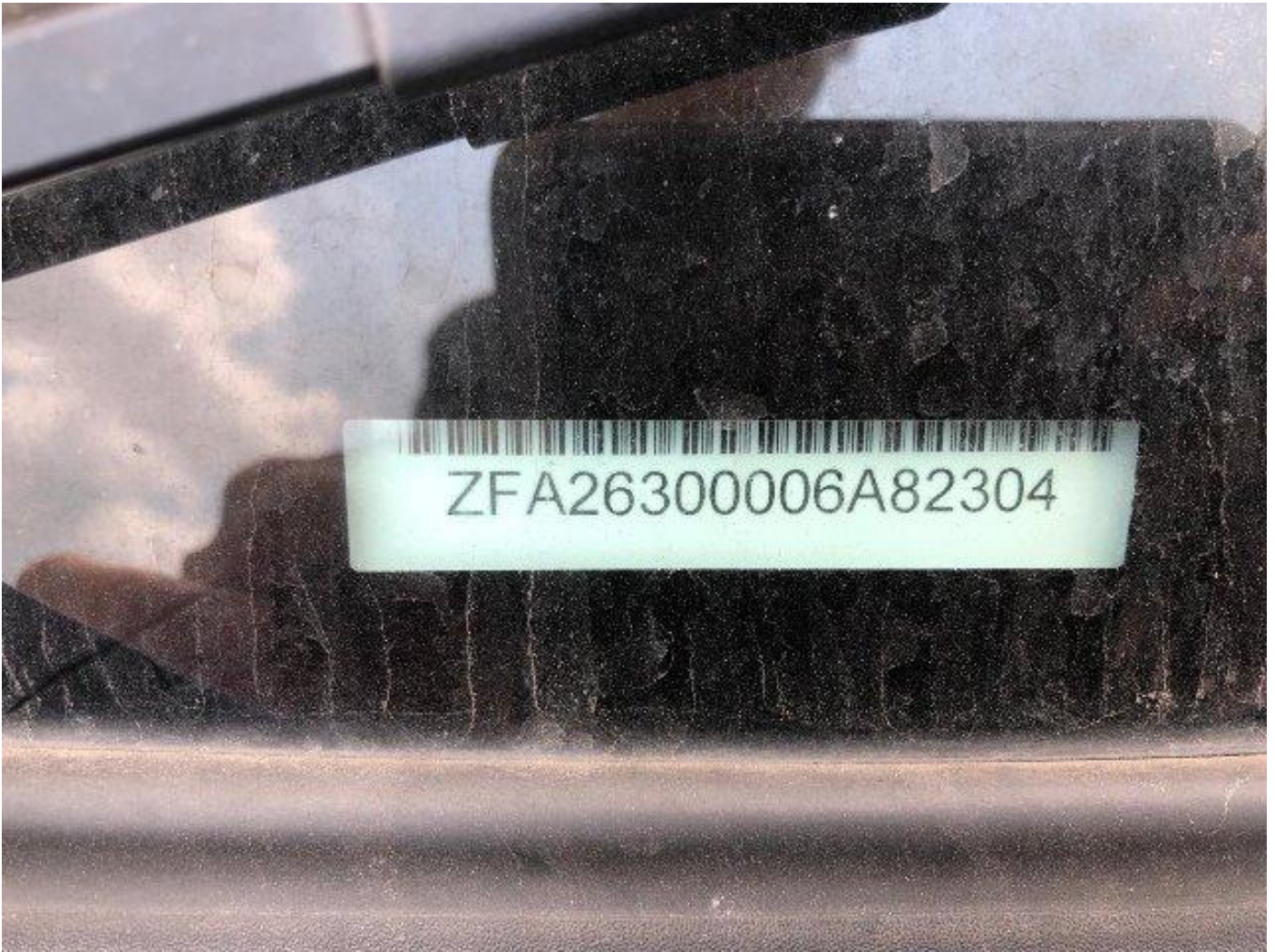
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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. MJAS19037020 Vehicle Registration No. GBE2362S
Name (as shown in NRIC) : DESMOND TAN JIAN MING NRIC/FIN/Passport No : S9314236E
(*Vehicle Driver/ Vehicle Owner) Please delete as appropriate
Address BLK 123 RIVERVALE DRIVE #15-119 Singapore (540123)
Contact (Tel) : _____ Mobile No. : 81895836
Email Address : _____
Date of Accident : 20/03/2019 Time of Accident : 09:30
Place of Accident : SLIP ROAD TOA PAYOH LOR 6 TOWARDS PIE
Insurance Company: ETIQA INSURANCE 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:

THE CORRECT HANDLING INSURER IS ETIQA INSURANCE PTE LTD.

Policyholder / Driver's Signature
Date:

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

