

## 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 ability
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 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	01/09/2014 18:01
Date Of Accident	30/08/2014 15:50
Exact Location Of Accident	MARINA BLVD / JUNCT CENTRAL BOULEVARD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3571D
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#### Insured/Policyholder

Name Of Registered Owner	GLOBAL MARINE & INDUSTRY PTE LTD
Co Reg No	200618668Z

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VCA/P1471792
Cover Note Number	

#### Driver

Name of Driver	LUM PAK HOI
NRIC No	S2068914E
Date Of Birth	19/08/1945
Occupation	Outdoor
Date Of Driving Pass	23/10/1988
Driving Experience	25 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97693724
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 144 TOA PAYOH LOR 2 #24-204
Postcode	310144
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 Unknown - REFER TO SKETCH  
Weather Conditions Clear  
Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? No  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No

#### Details of Police Action

Was the accident reported to the police? Yes  
If Yes, Please state which Police Station  
Police Station Name Traffic Police Division Hq  
Police Station Address **ROAD:** 10 Ubi Avenue 3 , **POSTCODE:** 408865 , **COUNTRY:** Singapore  
Police Station Contact **TEL NO:** 65470000 - **FAX NO:**  
Was notice of intended Prosecution given? No  
If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336  
Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9619R  
Vehicle Make/Model/Colour TAXI  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

## Sketch Plan

### SKETCH PLAN

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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 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.
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.

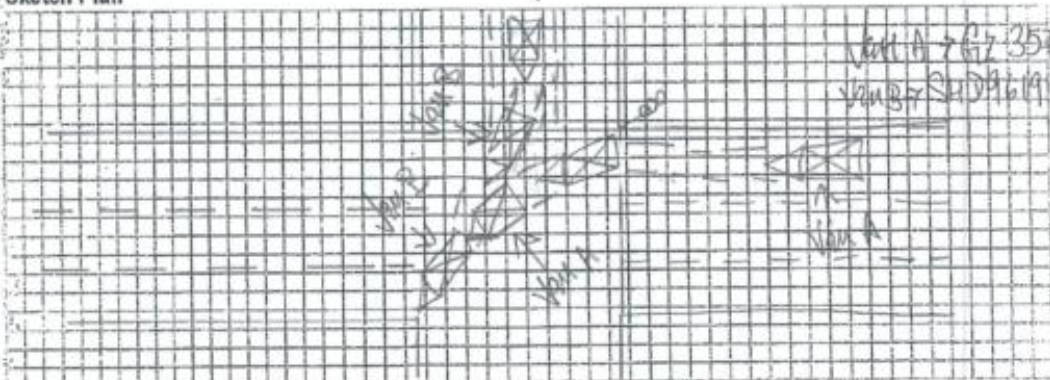


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident


As per police report attached.

### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time



 11/9/14.  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20140830/4087

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Report No. T/20140830/4087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2014 15:49			Vide Report No.:		Station Diary No.:
<b>Informant Details</b>					
Name of Informant: LUM PAK HOI			Address: APT BLK 144 LORONG 2 TOA PAYOH #24-204 SINGAPORE 310144		
ID Type / ID No.: NRIC NO / S2068914E			Contact No.: Home/Office: Mobile: 97693724		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 19/08/1945	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/08/2014 12:35	Type of Location: X-Junction
Location: Along Road 1 MARINA BOULEVARD CENTRAL BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Colour	Condition	No. of Injuries
GZ3571D	Lorry	TOYOTA	Red		0
SHD9619R	Car	TOYOTA	Silver		2

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

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20140830/4087

## CONTINUATION OF REPORT

Name	LUM PAK HOI		ID No.	S2068914E
Related Vehicle	NIL		Contact No.	97693724
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 (MC)	NIL	Degree of Injury	NIL	

**Brief Details.**

At the above mentioned time, date and location, I was driving my vehicle along Marina Boulevard on the first on on the right out of the three available lanes, coming towards a X-Junction intersecting Central Boulevard. The traffic light was green and hence, I continued travelling straight down Marina Boulevard. A taxi coming from my right of the X-Junction (along Central Boulevard) drove past the red light, causing me to collide with the side of that taxi. Ambulance arrived later on and conveyed the driver and one of his passengers away.

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20140830/4087

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: TP / ANGELO RANDON LUKE WAI LUN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2014 15:49
Officer In Charge Of Case: TP / GIT / KHOO CHEONG YEOW Contact No.: 65476187	Classification Of Case:
Authentication Stamp NP168  Signature:  SINGAPORE POLICE FORCE	



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

