

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	03/07/2019 12:56
Date Of Accident	02/07/2019 13:45
Exact Location Of Accident	PIE TWRDS CHANGI NEAR SIMS AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7044Y
Insured/Policyholder	
Name Of Registered Owner	SAMMICON T & C PTE. LTD
Co Reg No	201432343M.
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93395219
Alternative Phone No	OFFICE-93395219
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28991696 MKC
Cover Note Number	

Driver

Name of Driver	SIMARJIT SINGH
Passport No/FIN	F8486527M
Date Of Birth	16/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86493940
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 808 FRENCH ROAD #06-181 KITCHENER COMPLEX
Postcode	200808
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	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)	2
Passenger 1	NAME: : HEKIM LOKMAN GENDER: : MALE

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

AS PER POLICE REPORT No.T/20190702/2120;

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	GBG2565M
Vehicle Make/Model/Colour	TOYOTA / DYNA 3.0 M
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 SKC2713S
Vehicle Make/Model/Colour MITSUBISHI / LANCER 1.5 EX AUTO ABS D/AB 2WD 4DR
Details Of Properties
Vehicle Category PRIVATE CAR
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 CHAN HENG CHIN, ALBIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBG2565M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address S8309720E
Postcode

Accident Sketch Plan Pg. 1

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: 3/7/19



Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/7/18

33 KAKI BUKIT (VAC)
33 KAKI BUKIT AVE 4
Reporting Centre Personnel's Signature
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vacbh@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN A - GBG2565M

B - YP70444

C - SKL27138

Sims Ave

Exit →

PIE → Changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/7/19



Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/7/19

IDAC KAKI BUKIT (VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Person's Signature

Name:

Fax: 67492305

NRIC/FIN No: vackh@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190702/2120

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

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Report No. T/20190702/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2019 16:20	Vide Report No.: G/20190702/0106	Station Diary No.:
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Informant's Particulars

Name of Informant: SIMARJIT SINGH			Address: 808 FRENCH ROAD #06-181 KITCHENER COMPLEX SINGAPORE 200808		
ID Type / ID No.: FIN NO / F8486527M			Contact No.:		
Nationality: INDIAN			Home/Office: Mobile: 86493940		
Sex: Male			Email:		
Age: 45	Date of Birth: 16/06/1974	Type of Informant: Driver			
Race: Indian		Language: English		Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2019 13:45	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE > CHANGI/ SIMS AVE ALONG THE EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2565M	Lorry					0
SKC2713S	Car					0
YP7044Y	Lorry					1

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190702/2120

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

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Report No. T/20190702/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN HENG CHIN, ALBIN	ID No.	S8309720E
Related Vehicle	GBG2565M (Lorry)	Contact No.	90092437
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
Driver			
Name	CHAN LI LONG	ID No.	G2981872Q
Related Vehicle	SKC2713S (Car)	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
Driver			
Name	SIMARJIT SINGH	ID No.	F8486527M
Related Vehicle	YP7044Y (Lorry)	Contact No.	86493940
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 MENTIONED DATE, TIME AND LOCATION,

I WAS EXITING PIE TO SIMS AVE. THE TRAFFIC IS SLOWING DOWN, SO I SLOWED DOWN MY VEHICLE TOO. THEN I FELT AN IMPACT FROM THE REAR. A LORRY(GBG2565M) COLLIDED TO MY VEHICLE FROM THE REAR. DUE TO THE IMPACT MY LORRY MOVED FORWARD AND COLLIDED TO THE REAR OF A CAR (SKC2713S). WE GOT DOWN OUR VEHICLE AND EXCHANGE OUR PARTICULARS. SOMEONE CALLED THE AMBULANCE, POLICE AND AMBULANCE CAME AND THE DRIVER OF THE LORRY(GBG2565M) WAS CONVEYED TO THE NEAREST HOSPITAL.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190702/2120

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

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Report No. T/20190702/2120

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190702/2120

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

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Report No. T/20190702/2120

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 / NG RUI TONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2019 16:20
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	

