

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	29/04/2019 10:45
Date Of Accident	04/04/2019 11:45
Exact Location Of Accident	JUNCTION OF THOMSON ROAD/ MARYMOUNT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6662U
Insured/Policyholder	
Name Of Registered Owner	J P L T EXPRESS SERVICES
Co Reg No	52973076J
Email Address	PHUALT@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97309842
Alternative Phone No	OFFICE-97309842

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097363968-01
Cover Note Number	24/01/2019 - 23/01/2020

Driver

Name of Driver	PHUA LIP TAT
NRIC No	S1509326I
Date Of Birth	09/12/1961
Occupation	INDOOR
Date Of Driving Pass	25/03/1988
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97309842
Fax Number	
Contact Number	
Email Address	PHUALT@SINGNET.COM.SG

Address	BLK 25 EUNOS CRESCENT #05-3079
Postcode	400025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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	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 POLICE REPORT.

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	FBF7398B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KIM JOO LEE
NRIC/Passport Number	S1475456C
Contact Number	90404672
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

KIM JOO LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBF7398B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No: GBF662U

Report Date: 29/4/2019 Start Time: 10:29 AM

Report No: MT/

D.O.A: 04/04/2019

Make / Model: Toyota Hiace

Reporting Type: End Time: /

SKETCH PLAN

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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 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.

JPLT Express Services

29/4/2019 10:27

Policyholder's Signature / Date & Time

[Signature]

29/4/2019 10:27

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

Witnessed by Reporting Centre Personnel

[Signature]
Thomas Lee

Sketch Plan

Vehicle A: GBF662U Vehicle B: FBF7398B

Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

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

JPLT Express Services

29/4/2019 10:27

Policyholder's Signature / Date &
Time



29/4/2019 10:27

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

Witnessed by Reporting Centre
Personnel



5068890
Thomas

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190404/2089

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

1 of 3

Report No. T/20190404/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2019 13:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PHUA LIP TAT			Address: APT BLK 25 EUNOS CRESCENT #05-3079 SINGAPORE 400025		
ID Type / ID No.: NRIC NO / S1509326I			Contact No.: Home/Office: Mobile: 97309842		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 09/12/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			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: 04/04/2019 11:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 THOMSON ROAD MARYMOUNT LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7398B	Motorcycle				Slightly Damaged	0
GBF6662U	Van				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190404/2089

2 of 3

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

Report No. T/20190404/2089

CONTINUATION OF REPORT

Driver			
Name	PHUA LIP TAT	ID No.	S15093261
Related Vehicle	NIL	Contact No.	97309842
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
Rider			
Name	KIM JOO LEE	ID No.	S1475456C
Related Vehicle	NIL	Contact No.	90404672
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 MENTIONED DATE & LOCATION

I WAS DRIVING MY VAN ALONG THE THOMSON RD ON A SINGLE LANE OF TWO WAY ROAD..THE OTHER RIDER WAS AT THE OPPOSITE DIRECTION OF THOMSON ROAD AND WAS MAKING A RIGHT TURN INTO MARYMOUNT LANE.
AS I WAS COMING STRAIGHT,THE RIDER MADE THE RIGHT TURN AND COLLIDED ON MY VAN.

THE RIDER HIT THE RIGHT BACK PORTION OF MY VEHICLE AND FALL OFF FROM HIS BIKE.HE SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL.

WE EXCHANGED PARTICULARS AND CONTACT DETAILS.

BOTH THE VEHICLES WERE DAMAGED.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190404/2089

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

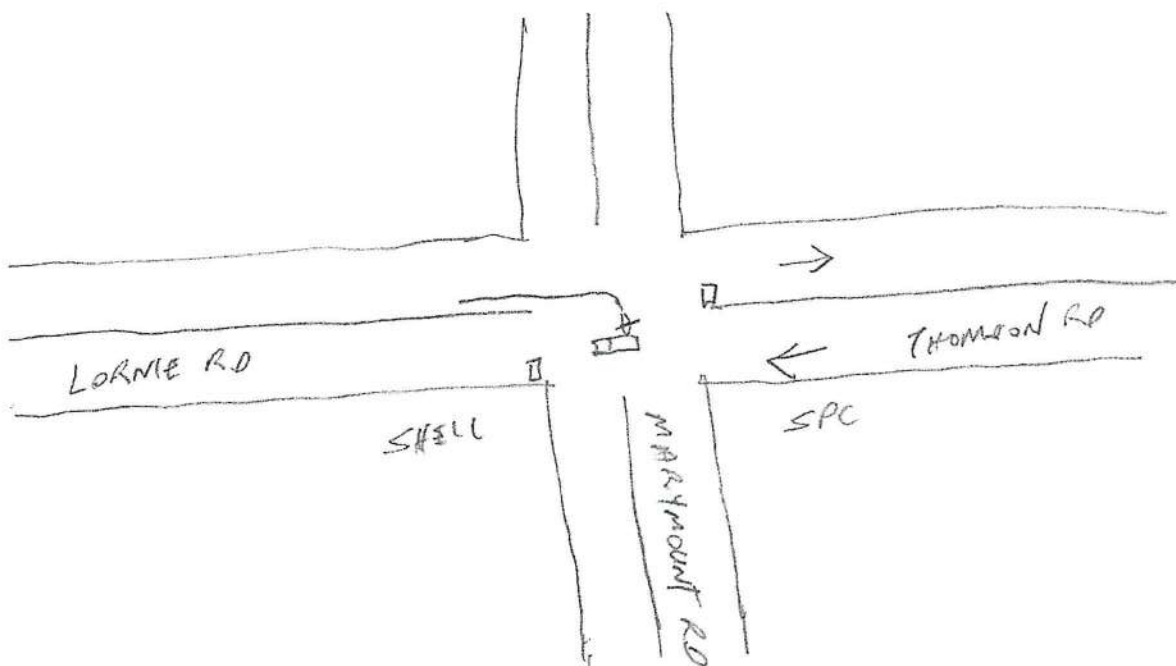
3 of 3

Report No. T/20190404/2089

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 /

YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/04/2019 13:42

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

POLICE REPORT Pg. 4

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/23195/2019
Date : 5 July, 2019

PHUA LIP TAT
APT BLK 25 EUNOS CRESCENT
#05-3079
SINGAPORE 400025

Dear Sir/Madam

**ACCIDENT INVOLVING GBF6662U/BBF7398B ON 04 APRIL 2019 AT 1149 HRS, ALONG
SIGNALIZED CROSS JUNCTION OF MARYMOUNT LANE BY UPPER THOMSON ROAD**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the rider of BBF7398B has committed an offence of Inconsiderate driving (accident) under Section 65(b) Of The Road Traffic Act Chapter 276. Action has been initiated against the rider for the said offence.
3. If you have any queries, please contact the Investigation Officer, Muhammad Rizwan at telephone number 6547 6185 or via email at Muhammad_Rizwan_KAMALUDIN@SPF.GOV.SG.

Yours faithfully

SHAHUL HAMEED
FOR HEAD, TRAFFIC INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

