

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	20/08/2019 16:25
Date Of Accident	19/08/2019 09:35
Exact Location Of Accident	PIE TWDS TUAS AFT UPP JURONG RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9168E
Insured/Policyholder	
Name Of Registered Owner	G COOL ENGINEERING PTE LTD
Co Reg No	201533140K
Email Address	GCOOLENDRG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62627800

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT108982
Cover Note Number	

Driver

Name of Driver	DUKE SIM DU KEE
NRIC No	G7586265U
Date Of Birth	22/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98801391
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	280 WOODLANDS INDUSTRIAL PARK E5 #06-41HARVEST @ WOODLANDS
Postcode	757322
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	4
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)	3
Passenger 1	NAME: : WONG LU XING GENDER: : MALE
Passenger 2	NAME: : SHEIKH SOHAG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190820/2119

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4906E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	LIM SIANG BENG
NRIC/Passport Number	S1820546G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW8571P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEOH CHEE KEONG
NRIC/Passport Number	S8027773C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YN347E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY SWEE HONG
NRIC/Passport Number	S0974337E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DUKE SIM DU KEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBG9168E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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 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.



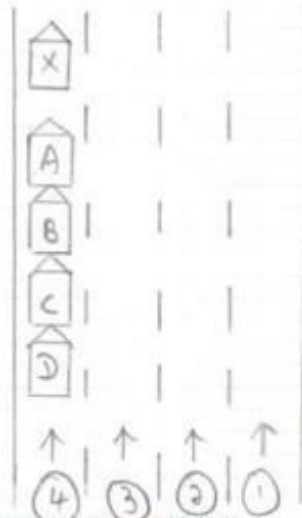
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A = G3G 9168 E
 B = SHB4906 E
 C = SKW8571 P
 D = JN347 E
 PIE towards Tucs
 (After Upper Jurong Road Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T20190820/2119

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190820/2119

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190820/2119

CONTINUATION OF REPORT

Driver				
Name	TAY SWEE HONG		ID No.	S0974337E
Related Vehicle	YN347E (TRUCK)		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	

Brief Details.

On 19/08/2019 at about 0935hrs along PIE towards Tuas (After Upper Jurong Road Exit). I was travelling straight on lane 4 and the traffic was heavy, when my front vehicle slowed down and stopped hence I follow suit.

After about 30 seconds, suddenly I heard a loud bang from behind. When I alighted, I realized it was vehicle (B) that had collided onto the rear portion of my vehicle (A) causing damages to my vehicle (A).

It was a chain collision of total 4 vehicles involved and I wish to state that I have 2 passengers inside my vehicle (A). I was conveyed by Ambulance to Ng Teng Fong Hospital. Traffic Police, LTA marshal and EMAS were at scene.

I have in-car camera inside my vehicle (A) and the memory card was taken by the Traffic Police.

Vehicle (A): GBG9168E
Vehicle (B): SHB4906E
Vehicle (C): SKW8571P
Vehicle (D): YN347E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20190820/2119

Police Station Of Origin:
Eunos NPP
629 Badok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20190820/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2019 16:03			Vide Report No.:		Station Diary No.: 59
Name of Informant: DUKE SIM DU KEE					
Address: APT BLK 251 BANGKIT ROAD #11-386 SINGAPORE 670251					
ID Type / ID No.: FIN NO / G7588285U			Contact No.: Home/Office: Mobile: 98801391		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 22/12/1979	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry: 15/05/2021		

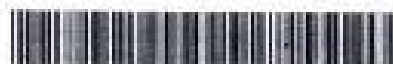
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2019 09:35	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS TUAS AFTER UPPER JURONG ROAD EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

GBG9168E	Lorry	TOYOTA	CABSTAR	Silver	Seriously Damaged	2
SHB4906E	Car					0
SKW9571P	Car					0
YN347E	TRUCK					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180620/2119

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438999

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Report No. T/20180620/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DUKE SIM DU KEE	ID No.	G7586265U
Related Vehicle	GBG8168E (Lorry)	Contact No.	98801391
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 15/05/2021
Date Treatment	19/08/2019	Date Discharge	19/08/2019
No. of Days granted Medical Leave	01	Degree of Injury	Serious
Driver			
Name	LIM SIANG BENG	ID No.	S1820546G
Related Vehicle	SHB4806E (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	YEON CHEE KEONG	ID No.	S8027773C
Related Vehicle	SKW8571P (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

Police Report



**SINGAPORE
POLICE FORCE**



T20190820/2119

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439889

3 of 4

Report No. T20190820/2119

CONTINUATION OF REPORT

Driver				
Name	TAY SWEE HONG		ID No.	S0974337E
Related Vehicle	YN347E (TRUCK)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

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Vehicle (A): GBG8168E

Vehicle (B): SHB4906E

Vehicle (C): SKW8571P

Vehicle (D): YN347E

Police Report



**SINGAPORE
POLICE FORCE**



T/20190820/2119

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438969

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Report No. T/20190820/2119

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:
G /
SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/08/2019 18:03

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65475404

Classification Of Case:

Authentication Stamp
NP155

Driving License



GK 9168 E
driver



Identification Card



G9G 9168E

driver

