

## 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	29/08/2019 16:51
Date Of Accident	29/08/2019 09:55
Exact Location Of Accident	ALONG AYE TWRDS TUAS
Country/State Of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM3541X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OCEANMASTER ENGINEERING PTE LTD
Co Reg No	198901179H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64482110

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71L
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059494884-06
Cover Note Number	

### Driver

Name of Driver	NIU HONGWEI
Passport No/FIN	G2988045Q
Date Of Birth	15/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81432881
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11 TUAS BAY CLOSE #08-01 WEST STAR
Postcode	636996
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?	YES
Foreign Vehicle Registration Number	JHV1849 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20190829/2048;

#### 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	YN6012G
Vehicle Make/Model/Colour	MITSUBISHI / CANTER FEB21ER4SDEB (CBU)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NADESAN DHARMAR
NRIC/Passport Number	G2375814N
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JHV1849  
Vehicle Make/Model/Colour  
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 3

Vehicle Registration Number XB9707R  
Vehicle Make/Model/Colour MITSUBISHI / FP517DR2RDEB  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver VIJAYARAGHAVAN VEERA  
NRIC/Passport Number G8186030R  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number YN1416H  
Vehicle Make/Model/Colour ISUZU / FSR34SUQC  
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 INJURED PERSON 1

Name NIU HONGWEI  
Approximate Age 26  
Injuries Sustain  
Injured person in which vehicle? YM3541X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address 11 TUAS BAY CLOSE #08-01 WEST STAR

Postcode

636996

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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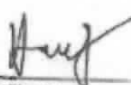
#### 8. Consent under the Personal Data Protection Act (PDPA)

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:

IDAC KARI BUKIT (VAC)  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_ Tel: 67416697  
Fax: 67492305  
Email: vacb@gsingnet.com.sg

### Accident Sketch Plan

### SKETCH PLAN

Diagram showing a vertical stack of five triangles labeled A, B, C, D, and E from top to bottom. To the right of the diagram, the following text is written:

A - YM3541X  
B - YN6012G  
C - JHV1849  
D - XB9707R  
E - YN141614

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to the Police report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GLARC SketchPlan1000\_V3

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

**IDAC KAKI BUKIT (VAC)**  
23 KAKI BUKIT AVE 4  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_ Tel: 67416097  
NRIC/FIN No.: \_\_\_\_\_ Fax: 67492305  
Email: [smkkt@idac.gov.sg](mailto:smkkt@idac.gov.sg)

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20190830/2042

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 4

Report No. T/20190830/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2019 11:06		Vide Report No.: T/20190829/2048		Station Diary No.: 46
<b>Informant's Particulars</b>				
Name of Informant: NIU HONGWEI		Address: C/O APT BLK 70 Tuas South Avenue 1 SINGAPORE 637285		
ID Type / ID No.: FIN NO / G2988045Q		Contact No.: Home/Office: Mobile: 81432881		
Nationality: CHINESE		Email:		
Sex: Male	Age: 26	Date of Birth: 15/04/1993	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/08/2019 09:55	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas, near exit to Jalan Boon Lay				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
JHV1849	Lorry				Slightly Damaged	0
XB9707R	Lorry				Slightly Damaged	0
YM3541X	Lorry				Slightly Damaged	0
YN1416H	Lorry				Slightly Damaged	0
YN6012G	Lorry				Slightly Damaged	0

# Accident Sketch Plan



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POLICE FORCE**



T/20190830/2042

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 4

Report No. T/20190830/2042

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VIJAYARAGHAVAN VEERA	ID No.	G8186030R
Related Vehicle	XB9707R (Lorry)	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	NIU HONGWEI	ID No.	G2988045Q
Related Vehicle	YM3541X (Lorry)	Contact No.	81432881
Hospital/Clinic	DR CHUA'S FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	29/08/2019	Date Discharge	29/08/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	NADESAN DHARMAR	ID No.	G2375814N
Related Vehicle	NIL	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.

REF T/20190829/2048, I WOULD TO MAKE SOME AMMENDMENTS TO THE REPORT.

ON THE 29/08/2019 AT ABOUT 0955HRS, I WAS DRIVING MY COMPANY LORRY (YM3541X) ALONG AYE. IN FRONT OF ME WAS ANOTHER LORRY (JHV1849). OUT OF THE SUDDEN, ANOTHER LORRY WHICH IS IN FRONT OF JHV1849, REG NO XB9707R, DID AN EMERGENCY BRAKE. I MANAGED TO STOP MY VEHICLE IN TIME TO AVOID COLLIDING INTO JHV1849. SUBSEQUENTLY, I FELT A COLLISION AT THE BACK OF MY VEHICLE. ANOTHER LORRY (YN6012G) HAD COLLIDED INTO THE REAR OF MY VEHICLE. THE IMPACT THEN PUSHED MY VEHICLE FORWARD, CAUSING

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20190830/2042

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3 of 4

Report No. T/20190830/2042

**CONTINUATION OF REPORT**

ME TO HIT THE LORRY IN FRONT OF ME, WHICH JHV1849. BEHIND VEHICLE(YN6012G) WERE ANOTHER LORRY, YN1416H, WHO WAS ALSO INVOLVED IN THE COLLISION.

I ALIGHTED TO MAKE A CHECK, AND FOUND OUT THAT THERE WERE A TOTAL OF 5 VEHICLES INVOLVED IN THE CHAIN COLLISION, INCLUDING MYSELF. I WAS SLIGHTLY INJURED. THERE WAS NO DAMAGE TO GOVERNEMENT PROPERTY. TRAFFIC POLICE AND AMBULANCE WERE NOT AT SCENE. I WISH TO STATE THAT I WAS DRIVING UNDER THE SPEED LIMIT OF THE ROAD. I AM LODGING THIS REPORT FOR INSURANCE CLAIM PURPOSES.

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20190830/2042

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469678  
Tel No: 1800-2449999

4 of 4

Report No. T/20190830/2042

**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 /  
Sr Staff Sgt NORASHIKIN BINTI MOHAMED  
SALLEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436



Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/08/2019 11:06

Classification Of Case:

SIGNATURE