

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	28/08/2019 17:09
Date Of Accident	27/08/2019 18:55
Exact Location Of Accident	JUNCTION OF BT MERAH & LOWER DELTA TO OUTRAM MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7946U
Insured/Policyholder	
Name Of Registered Owner	BT & TAN TRASNPOT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90012098
Alternative Phone No	OFFICE-90012098

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3006951900
Cover Note Number	

Driver

Name of Driver	FONG YOKE HAI
NRIC No	S1513924B
Date Of Birth	27/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2002
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90012098
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

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?	NO
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)	20
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE
Passenger 5	NAME: : PASSENGER GENDER: : FEMALE
Passenger 6	NAME: : PASSENGER GENDER: : FEMALE
Passenger 7	NAME: : PASSENGER GENDER: : FEMALE
Passenger 8	NAME: : PASSENGER GENDER: : FEMALE
Passenger 9	NAME: : PASSENGER GENDER: : FEMALE
Passenger 10	NAME: : PASSENGER GENDER: : FEMALE

Passenger 11	NAME: : PASSENGER
	GENDER: : MALE
Passenger 12	NAME: : PASSENGER
	GENDER: : MALE
Passenger 13	NAME: : PASSENGER
	GENDER: : MALE
Passenger 14	NAME: : PASSENGER
	GENDER: : MALE
Passenger 15	NAME: : PASSENGER
	GENDER: : MALE
Passenger 16	NAME: : PASSENGER
	GENDER: : MALE
Passenger 17	NAME: : PASSENGER
	GENDER: : MALE
Passenger 18	NAME: : PASSENGER
	GENDER: : MALE
Passenger 19	NAME: : PASSENGER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached 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	SGG3188C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SOK CHING ESTHER
NRIC/Passport Number	S1550380G
Contact Number	81286305
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

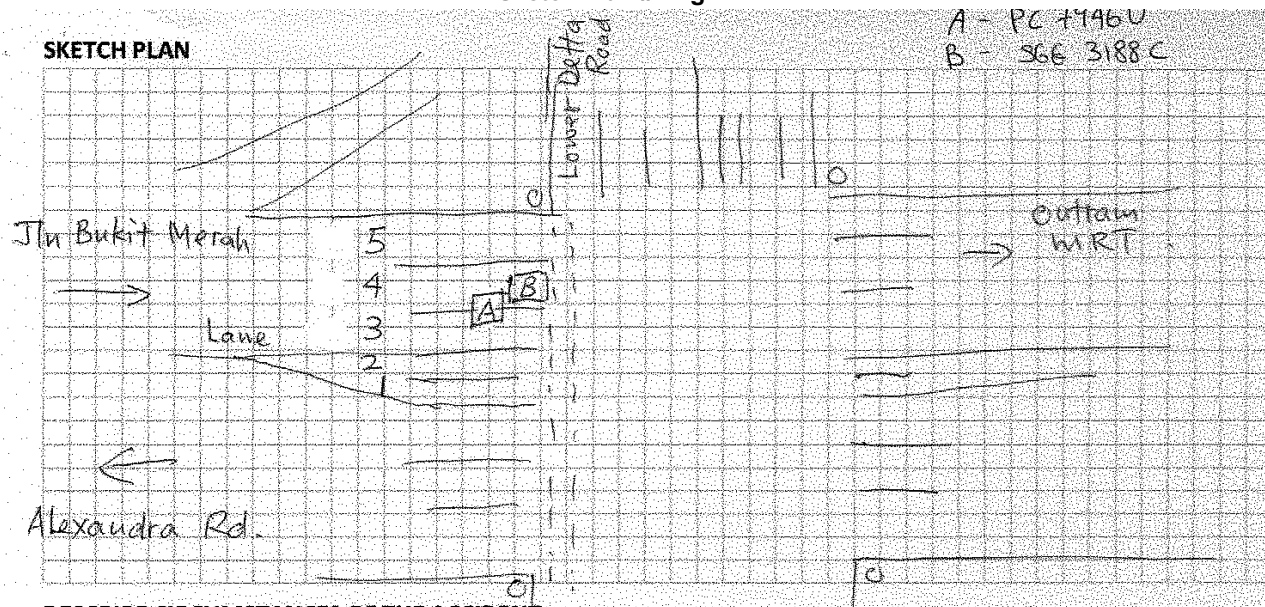
[Signature]

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

Sketch Plan #2 Pg. 1

A - PC 4946 U
B - SGG 3188 C

SKETCH PLAN

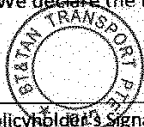


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO THE POLICE REPORT

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.:

Annex D

NOTICE OF REPORTING

This is to confirm that Fong Yoke Hai, NRIC/FIN: S1513924B, Blk 332B Anchorvale Link HP:90012098 has reported to the Police a non-injury traffic accident which occurred near Jalan Bukit Merah before junction of Lower Delta Road on 27/08/2019 at about 1858hrs involving the following vehicles:

V1) PC7946U (Complainant's vehicle)

V2) SGG3188C (Other party's vehicle) – Tan Sok Ching Esther, S1550380G, HP 81286305

On 27/08/2019 at about 1858hrs, Complt was driving along Jalan Bukit Merah towards, Outram MRT before the junction of Lower Delta Road. Complt was driving on lane 3 of the said road when the car in front stop and trying to cut into lane 2 where there were cars forming up to make a right turn.

Complt subsequently tried to overtake the car by swerving to the lane 4. While he was manoeuvring, the traffic light turns red and the car in front of V1 which was on lane 4 came to abrupt stop.

Complt applied his brake however could not brake on time and subsequently knocked onto the rear side of V2.

No one was injured. Complt's vehicle was ferrying about 20 passengers.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT T8109 Muhammad Hafiz

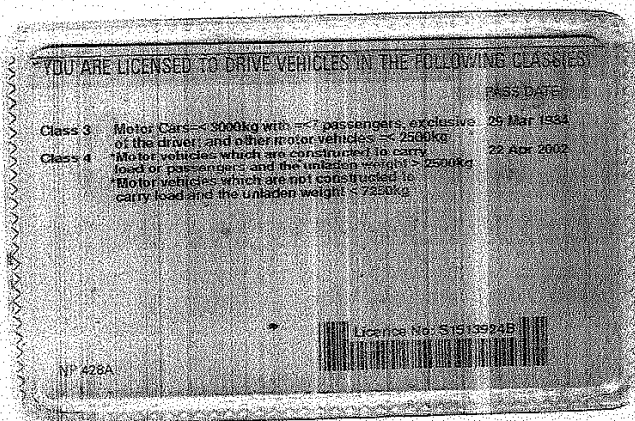
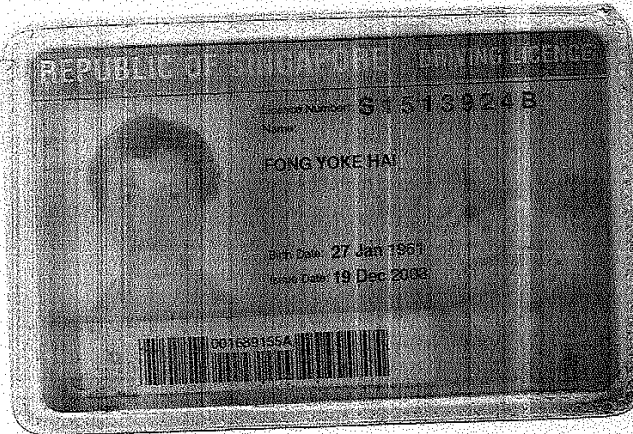
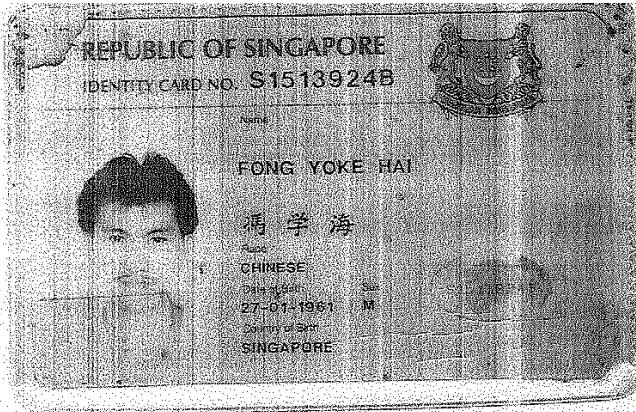
Date: 28/08/2019 Time: 1415hrs

S/D Ref: eSD 8

Police Post/Unit: Thomson NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

