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 witholding 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	06/11/2019 14:47
Date Of Accident	05/11/2019 11:45
Exact Location Of Accident	CTE (SLE) BEFORE JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD8816R
Insured/Policyholder	
Name Of Registered Owner	MAXCON COMMERCIAL FRIDGE REPAIR
Co Reg No	53337026D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97622626
Alternative Phone No	OFFICE-97622626
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5112092579
Cover Note Number	
Driver	
Name of Driver	TOH SOON HUAT (ZHUO SHUNFA)
NRIC No	S7218175A
Date Of Birth	23/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97622626
Fax Number	
Contact Number	OFFICE-97622626
EMail Address	NOEMAIL

Address	BLK 357C ADMIRALTY DRIVE #06-124
Postcode	753357
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 - HEAD TO REAR
Weather Conditions	RAINING
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?	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: : TOK WEI JIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 31 YISHUN CENTRAL , **POSTCODE:** 768827 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8529999 - **FAX NO**: 68522299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191106/2059.

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	SLV3796J
Vehicle Make/Model/Colour	
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	TOH SOON HUAT (ZHUO SHUNFA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD8816R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TOK WEI JIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBD8816R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

MAXCON COMMERCIAL FRIDGE REPAIR
Blk 357-C Admiralty Drive #06-124
Singapore 753357
Tel: 6754 8337 H/P: 9762 2626

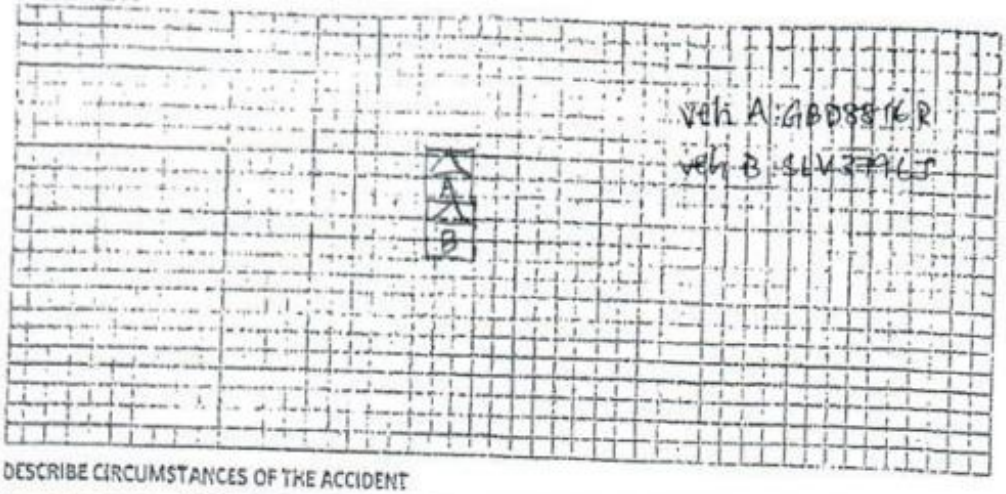
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

I/We declare that the particulars given above are true in every respect.

MAXCON COMMERCIAL FRIDGE REPAIR
Blk 357-C Admiralty Drive #06-124
Singapore 753357
Tel: 6754 8337 H/P 9762 2626

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.:

SINGAPORE POLICE FORCE

T/20191106/2059

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191106/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No.:	Station Diary No.:
06/11/2019 13:34		62

Informant's Particulars

Name of Informant: TOH SOON HUAT			Address: APT BLK 357C ADMIRALTY DRIVE #06-124 SINGAPORE 753357	
ID Type / ID No.: NRIC NO / S7218175A			Contact No.: Home/Office: Mobile: 97622626	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 23/05/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 11:45	Type of Location: Straight Road

Location:
Along Road 1 Traveling Toward Road 2
CENTRAL EXPRESSWAY
SELETAR EXPRESSWAY
Along CTE towards SLE

Weather:	Road Surface: Wet	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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
GBD8816R	Lorry	NISSAN		Silver	Slightly Damaged	1
SLV3796J	Car	TOYOTA		Silver	Seriously Damaged	1

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20191106/2059

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191106/2059

CONTINUATION OF REPORT

Passenger					
Name	Tok Wei Jie			ID No.	S9601678F
Related Vehicle	GBD8816R (Lorry)			Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/11/2019		Date Discharge	05/11/2019	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	

Driver					
Name	TOH SOON HUAT			ID No.	S7218175A
Related Vehicle	GBD8816R (Lorry)			Contact No.	97622626
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/11/2019		Date Discharge	05/11/2019	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	

Driver					
Name	Wee Wei Jie			ID No.	S9046435C
Related Vehicle	SLV3796J (Car)			Contact No.	98289172
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 05/11/2019 at around 1140hrs , I was driving my lorry along CTE heading towards SLE (In the direction from Balestier Road towards Yishun) on the most extreme left lane. The rain had just stopped and the road was wet and traffic was heavy. Somewhere near Northlight School my vehicle came to a stop and was stationary at around 10 seconds then I felt a huge impact from my rear. I alighted and realized the car behind me , SLV 3796 J , had collided into the rear of my lorry. No Police or Ambulance arrived at scene and we exchange particulars at the accident scene. I have a passenger in my lorry and both of us felt pain on our back and went to seek medical attention at Mount Alvernia Hospital and we were both given 5 days MC

SINGAPORE POLICE FORCE

T/20191106/2059

Station Of Origin:
Jun North N.P.C
1 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191106/2059

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20191106/2059

olice Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No 1800-8529999

Report No. T/20191106/2059

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: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2019 13:34
Officer In Charge Of Case: TP / AEIT / Contact No.:	Classification Of Case: 065
Authentication Stamp NP168	

Accident Photo

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