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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/12/2019 16:54
Date Of Accident	29/11/2019 19:45
Exact Location Of Accident	GEYLANG RD BEFORE LOR 29
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY773M
Insured/Policyholder	
Name Of Registered Owner	UNI-POWER ELECTRICAL CONTRACT
Co Reg No	52858847L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94517803
Vehicle Particulars	
Manufacturer	NISSAN
Model	P/UP D/CAB-2.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3052101903
Cover Note Number	
Driver	
Name of Driver	VOLUENO CENO

Name of Driver KOH ENG SENG
NRIC No S1283040H
Date Of Birth 18/03/1958
Occupation OUTDOOR
Date Of Driving Pass 14/04/1978

Driving Experience 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94517803

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 146 RIVERVALE DR #13-509

Postcode 540146

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 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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : TAN KIM SIAH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-4519999 - **FAX NO**: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191130/2072

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBK1449B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 18

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Tto. Of Faccorigor (molading Britor)				
DETAILS OF INJURED PERSON 1				
Name	KOH ENG SENG			
Approximate Age				
Injuries Sustain	BODY			
Injured person in which vehicle?	GY773M			
Were seat belts worn?	YES			
Was this injured conveyed to hospital by ambulance?	NO			
Address				
Postcode				

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
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- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy lability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 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.
- 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
 - orocessing, 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 plaims:
 - (iii) carrying out and/or dealing with my instructions or responding to any anguiries 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/faw 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.

字方電音工程 UNI-Power Electrical Contrast

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

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DECLARATION I/We declare the foregoing	particulars are true in	n every respect.			1.1

POLICE REPORT





1 of 3

Report No. T/20191130/2072

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/11/2019 13:56	G/20191129/0160	55

00/11/2010 10:00		O/2010112010100			
Informa	nt's Partic	ulars		A STATE OF THE PARTY OF THE PAR	
Name of Informant: KOH ENG SENG			Address: APT BLK 146 RIVERVALE DRIVE #13-509 SINGAPORE 540146		
ID Type / ID No.: NRIC NO / S1283040H			Contact No.: Home/Office: Mobile: 94517803		
Nationality: SINGAPORE CITIZEN		Email;			
Sex: Male	Age:	Date of Birth: 18/03/1958	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name		
Occupation: CONTRACTOR		Driving Licence Informat Class: 2B,3	tion: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 29/11/2019 19:4	Type of Location Straight Road	
Location: Along Road 1 GEYLANG R Weather: Drizzling	OAD	Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	inn:			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1449B	Motorcycle				Slightly Damaged	0
GY773M	Lorry	NISSAN			Slightly Damaged	1

POLICE REPORT





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

2 of 3 Report No. T/20191130/2072

CONTINUATION OF REPORT

Brief Details.

On 29/11/2019 at about 1945hrs, I was driving a lorry bearing GY773M along Geylang Road. I was at the second lane of five lane road. There was a vehicle in front me intending to turn right into Geylang Lorong 29. As such, he slowed down and I stop. Suddenly, the rear motorbike bearing registration FBK1449B collided onto my vehicle rear portion. The rider falls and the passer-by assisted him and brought him to the pavement. Subsequently, ambulance and traffic police came to scene reference to G/20191129/0160. The rider sustained cut on the left knee and conveyed by ambulance and I did not sustain any injuries.

I wish to state that I do have in car camera however is not working but the traffic police seized my camera's SD card. My lorry sustained dents, scratches and damaged on the light on the rear right portion.

POLICE REPORT





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 3 of 3 Report No. T/20191130/2072

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: F / Sgt 2 TAN WEI REN		Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 30/11/2019 13:56		
Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187		Classification Of Case:		
		SN 085		
Authentication Stamp NP168	Singapor	e Police Force		
	Quilitation	e i citto i citto		



















