SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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.	
	ACCIDENT STATEMENT
Date Of Report	17/12/2019 12:47
Date Of Accident	18/11/2019 16:00
Exact Location Of Accident	JUNC SOON LEE DR & SOON LEE RD
Country/State of Loss	SINGAPORE
D	PETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9674X
Insured/Policyholder	
Name Of Registered Owner	M/S EP ENGINEERING SERVICES PTE LTD
Co Reg No	201616514K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62505665
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	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	DMCVSN3045001900
Cover Note Number	
Driver	
Name of Driver	KHINE KYAW TUN
NRIC No	S2730206H
Date Of Birth	17/02/1964
Occupation	OUTDOOR

07/08/2003

MALE

16 YEARS AND 3 MONTHS

(LOCAL) +65-96695651

OFFICE-96695651

NOEMAIL

BLK 660A JURONG WEST STREET 64 Address

#06-386

Postcode 641660

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

COLLISION - HEAD TO REAR Type Of Accident

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Was any other material or property damaged?

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALE

GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191128/2137.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG4396X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 16

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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.

15 63 F

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

KETCH PLAN		
	Soon He Rd.	
	\times	
	Rollback	A: GBEGGYX
	A K	8- G 84 4396X
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refer to police	18port-7/20141128/2137.	
CLARATION		
ve declare the foregoing part	iculars are true in every respect.	~
ST AT	12	
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Perspanel's Signature Name:
te or time.	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20191128/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2019 17:14		Made:	Vide Report No.:	Station Diary No.:	
Informa	int's Partic	ulars	1500000 学学科 100000000000000000000000000000		
Name of Informant: KHINE KYAW TUN			Address: APT BLK 660A JURONG WEST STREET 64 #06-386 SINGAPORE 641660		
ID Type / ID No.: NRIC NO / S2730206H		06H	Contact No.: Home/Office:	Mobile: 96695651	
Nationality: MYANMAR			Email:		
Sex: Male	Age: 55	Date of Birth: 17/02/1964	Type of Informant:		
Race: Burmese			Language: English	Institution / School Name:	
Occupation: SERVICE ENGINEER		ER	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2019 16:00	Type of Location T-Junction
SOON LEE D SOON LEE R at the T-juncti Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: Two Way	vo Way Not Controlled			Traffic Volume: Heavy
	on:	o Rear		Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE9674X	Lorry				No	1
GBG4396X	Lorry				No Damage	1
					Damage	

Police Report





2 of 3

Report No. T/20191128/2137

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Brief Details.

On 18/11/2019 at 1600hrs, I was driving along Soon Lee Drive towards Soon Lee Road. Upon reaching the T-Junction of Soon Lee Drive and Soon Lee Road, I had stop to wait for the traffic to clear before turning right into Soon Lee Road. At the period of time, my vehicle did roll back a bit and I heard a honk sound, I quickly depressed on my brake pedal hard. Shortly, I made a right turn and the other lorry behind me followed me and stop me. The driver mentioned that my lorry rolled back and collided onto his lorry front. I then inspected, both lorries but there was no sign of dent, scratches and damages. The other driver namely: Lim Wei Jie, S9628677E, Hp: 81219736 mentioned that he has in built camera that has captured the incident. He said that he will sent a letter to my company in regards to the matter. I then waited for the letter from him. However, on 28/11/2019, my company informed me that they have received a Traffic Police letter and was advising me to lodge a police report on the matter.

I wish to state that I did not feel the impact of any collision during the stated time of incident, there were no damages, no one was injured and I did took photos of both the vehicles.

My company lorry: GBE9674X The other lorry: GBG4396X

Police Report





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 3 Report No. T/20191128/2137

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 Re J / Staff Sgt NIRHMALA K GOVINDASAM	6 1	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 28/11/2019 17:14
Officer In Charge Of Case:		Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151		SN 126
Authentication Stamp Signature Singapore Po		ce















