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	18/02/2020 10:58
Date Of Accident	17/02/2020 07:30
Exact Location Of Accident	JUNC OF KEPPEL RD & ANSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL5354L
Insured/Policyholder	
Name Of Registered Owner	M/S E.N.S. ELECTRICAL ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68443911
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE639ETOSRDE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3022801900
Cover Note Number	
Driver	
Name of Driver	LEE KWOK HONG
NRIC No	SXXXX124I
Date Of Birth	30/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1984
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93848768
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 123E RIVERVALE DR #10-103
Postcode	545123
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	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?	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)	12

Passenger 1

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 2

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 3

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 4

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 5

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 6

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 7

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 8

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 9

NAME:	: UNKNOWN
GENDER:	: MALE

Passenger 10

NAME:	: UNKNOWN
GENDER:	: MALE

| Passenger 11 | NAME: : UNKNOWN |
| | GENDER: : MALE |

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 114 HOUGANG AVENUE 1 #01-1270 , **POSTCODE:** 530114 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2899999 - **FAX NO**: 62815961
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SH6051X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HAM TAI WONG
NRIC/Passport Number	SXXXX412Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YL5354L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YL5354L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	

Postcode

DETAILS OF INJURED PERSON 3

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YL5354L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YL5354L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.
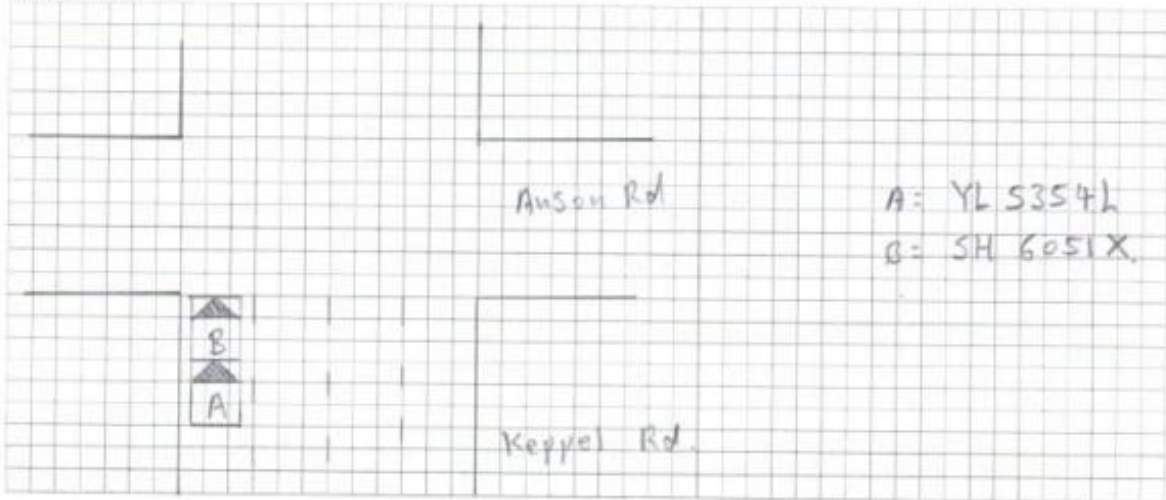
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Anson Rd

Keppel Rd.

A: YL 5354L
B: SH 6051X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Keppel Rd. while approaching Junction with anson Rd. the light from ~~was~~ green turn to ember light. Suddenly the taxi jammed brake. I manage to stop but cannot stop in time. As the result, my lorry hit onto the taxi rear portion.

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.:

GIARMC SketchPlanForm_V3

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Lee Kwok Hong (H/P: 93848768), NRIC: S0113124I has reported to the Police a non-injury traffic accident which occurred at the traffic junction along Keppel Road on 17/02/2020 at 0730hrs involving the following vehicles:

1) YL5354L (Complainant(Driver)) – Blk 123E Rivervale Drive #10-103 Singapore 545123)
2) SH6051X (Taxi Driver – Ham Tai Wong, S0055412Z, Blk 174C Edgedale Plains #09-179 Singapore 823174, H/P: 96344012)

2   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: Sgt(2) T180212 Peter Goh

Date: 17/02/2020   **Time:** 1407hrs

S/D Ref: 8

PAYA LEBAR NPP
BLK 11+ HOUGANG AVE 4
SINGAPORE 530114
TEL: 1800-2899998

Police Post/Unit: Paya Lebar NPP

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Lee Kwok Hong

Accident Photo

Accident Photo

Accident Photo

Accident Photo