

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	17/03/2020 17:50
Date Of Accident	17/03/2020 12:50
Exact Location Of Accident	JUNCTION OF TUAS AVENUE 1 AND TUAS AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7608A
Insured/Policyholder	
Name Of Registered Owner	PEST OFF PTE LTD
Co Reg No	2XXXXX390W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82499738
Alternative Phone No	OFFICE-82499738

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3060481900
Cover Note Number	

Driver

Name of Driver	KOK WAI KIONG
Passport No/FIN	FXXXX330U
Date Of Birth	18/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82499738
Fax Number	
Contact Number	OTHERS-82499738
E-Mail Address	NOEMAIL

Address	25 KAKI BUKIT PLACE
Postcode	416203
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQH370 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/7030

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	JQH370
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	+60165071696
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JSK634

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.



Policyholder's Signature
Date & Time:

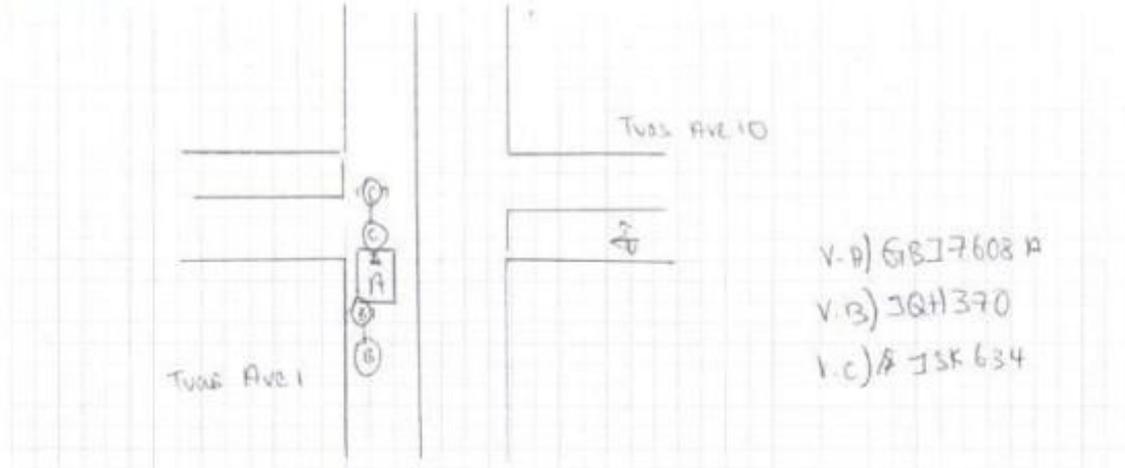
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT SKETCH PLAN (FORM 1)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police
report : 7/20200317/7030

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.:

7/03/2020
1700hrs

7/03/2020
Roshan Wazir

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200317/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200317/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 16:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOK WAI KIONG		Address:	
ID Type / ID No.: FIN NO / F1682330U		Contact No.: Home/Office:	Mobile: 82499738
Nationality: MALAYSIAN		Email: jacky1802@hotmail.com	
Sex: Male	Age: 52	Date of Birth: 18/02/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2020 12:50	Type of Location: X-Junction
Location: TUAS AVENUE 10 & AVE 1				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7608A	Van					0
JQH370	Motorcycle					0
JSK634	Motorcycle					0

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200317/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200317/7030

CONTINUATION OF REPORT

Driver			
Name	KOK WAI KIONG		ID No. F1682330U
Related Vehicle	GBJ7608A (Van)		Contact No. 82499738
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
Pillion			
Name	UNKNOWN		ID No. NIL
Related Vehicle	JQH370 (Motorcycle)		Contact No. NIL
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	Slight

Brief Details.

ON THE 17/03/2020 AT ABOUT 12:50PM I WAS TRAVELLING ALONG TUAS AVE 1. AS I WAS TRAVELLING STRAIGHT, SUDDENLY THE BIKE BEARING JSK634 JAM BRAKE, AS SUCH I APPLIED MY BRAKES IMMEDIATELY, HOWEVER UNABLE TO STOP IN TIME, MY VEHICLE ACCIDENTALLY HIT ONTO JSK634. THERE IS ANOTHER BIKE BEARING JQH370 COULD NOT BRAKE IN TIME COLLIDED AGAINST MY STATIONARY VEHICLE REAR LEFT PORTION. SHORTLY I GOT OUT OF MY VEHICLE TO CHECK IF THE RIDERS ARE OKAY, THE MOTORIST CALLED THE AMBULANCE AND TRAFFIC POLICE OVER AND THE PILLION OF JSK634 WAS CONVEYED TO HOSPITAL BY AMBULANCE. TRAFFIC POLICE CAME AND ADVISE ME TO LODGE A POLICE REPORT. THE RIDER OF JSK634 MENTIONED THAT THERE WAS A LORRY INFRONT OF HIM JAM BRAKE AND SWERVE OUT, HENCE HE PANIC AND APPLIED HIS EMERGENCY BRAKE. I WISH TO STATE THAT I APPLIED MY BRAKES TOO BUT THE ACCIDENT HAPPENED TOO FAST AND ALL OUR VEHICLES STILL COLLIDED. THE TRAFFIC POLICE GAVE ME A CASE CARD NO.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200317/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200317/7030

CONTINUATION OF REPORT

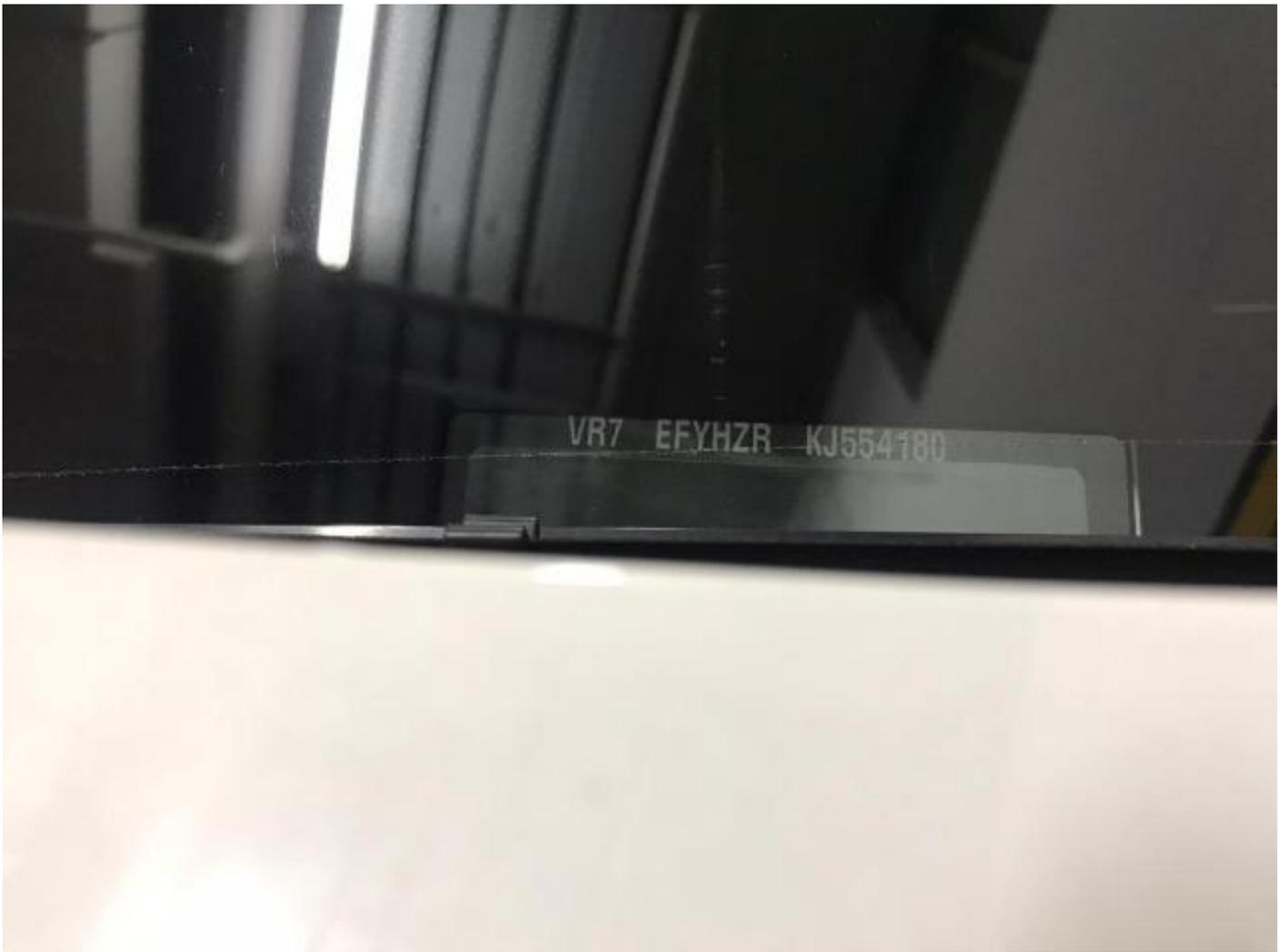
Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077
Authentication Stamp NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 17/03/2020 16:52
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

