

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 | 24/03/2020 17:13 |
| Date Of Accident | 24/03/2020 02:30 |
| Exact Location Of Accident | ALONG WEST COAST ROAD TURNING TO WEST COAST PLAZA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | YM6965L |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG KEE FISH TRADERS |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98216825 |
| Alternative Phone No | OFFICE-64326009 |

Vehicle Particulars

| | |
|--|----------------------------|
| Manufacturer | MITSUBISHI |
| Model | FE83BEOSRDEA-3.0 D B31 (A) |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | P 90304671 MKC |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HAO DAINING |
| Passport No/FIN | GXXXX869M |
| Date Of Birth | 11/03/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/01/2019 |
| Driving Experience | 1 YEAR AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98216825 |
| Fax Number | |
| Contact Number | OFFICE-64326009 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 374 CLEMENTI AVENUE 5 #06-164 |
| Postcode | 120825 |
| 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 | SIDE SWIPE |
| 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? | YES |
| 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 | CLEMENTI NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8729999 - FAX NO: 67748639 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200324/2030

Attachment(s)

| | |
|---|-------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH THE POLICE OFFICER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FBE2889P |
| 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) 2

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBE2889P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PILLION

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE2889P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.
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)**

(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:

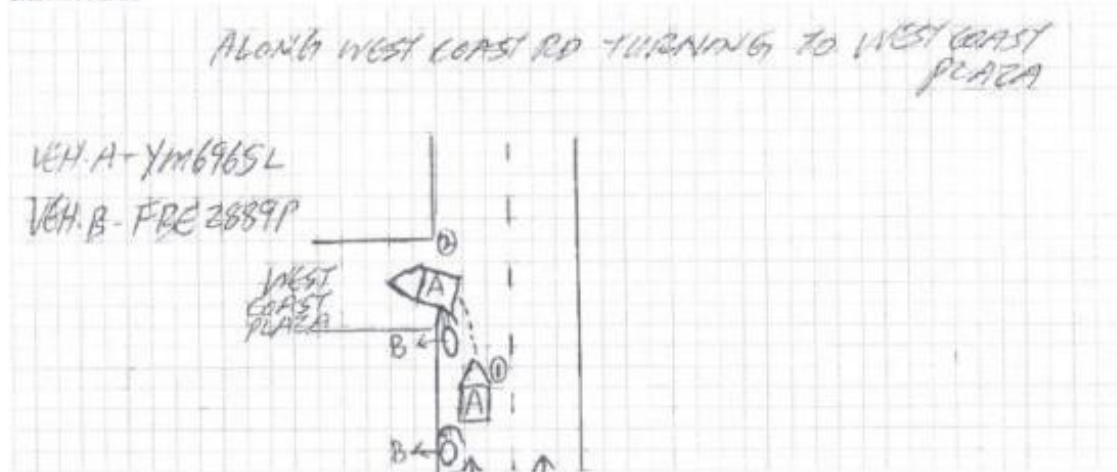
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/20200324/2030

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.:

FORM 10 (Rev. 1/2019)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20200324/2030

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 24/03/2020 10:57 | | Vide Report No.: D/20200324/0024 | | Station Diary No.: 36 | |
| Informant's Particulars | | | | | |
| Name of Informant: HAO DAINING | | | Address: 374 Clementi Avenue 5 #06-164 SINGAPORE 120347 | | |
| ID Type / ID No.: FIN NO / G8028869M | | | Contact No.: Home/Office: Mobile: 98216825 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 40 | Date of Birth: 11/03/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Lorry driver | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/03/2020 02:30 | Type of Location: Straight Road |
| Location: Along Road 1 WEST COAST ROAD | | | | |
| Along West Coast Road towards Pasir Panjang, near LP 41, at West Coast Plaza entrance Lamp Post Number: 41 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FBE2889P | Motorcycle | | | | Seriously Damaged | 1 |
| YM6965L | Lorry | | | | Slightly Damaged | 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/20200324/2030

2 of 4

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20200324/2030

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|------------------|---|
| Rider | | | |
| Name | Unknown Rider | | ID No. NIL |
| Related Vehicle | FBE2889P (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 | Serious |
| Driver | | | |
| Name | HAO DAINING | | ID No. G8028869M |
| Related Vehicle | YM6965L (Lorry) | | Contact No. 98216825 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 24/03/2020 at about 0230hrs, I was driving my lorry bearing the registration plate number YM6965L along West Coast Road towards Pasir Panjang. I intended to go West Coast Plaza to deliver goods. At the point of time, the road was dry and there was no traffic. I was traveling on the left lane of 2 lane road.

Upon arriving the entrance of West Coast Plaza (near LP24), I had checked my left mirror and I noticed there was no other vehicle thus I proceeded to turn left into West Coast Plaza. Out of sudden, I felt an impact from the center left of my vehicle and I immediately jammed brake.

When I alighted my vehicle, the pillion was shouting that his friends was underneath my lorry and I immediately make a check. I noticed that there was a person conscious shouting in pain and one of his legs was trap underneath my vehicle front left tire. There was other passerby who called for Police and Ambulance. Shortly after, Police and Ambulance came to render assistance. Both the rider and pillion was subsequently conveyed by Ambulance to hospital.

This is the first time such incident happened. There is in-car camera installed in my vehicle and Traffic Police had taken the micro SD card for investigation. There was visible damaged on the center left of my vehicle. There were CCTV installed at the vicinity of West Coast Plaza.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200324/2030

Police Station Of Origin;

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20200324/2030

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200324/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20200324/2030

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: D / Sgt 1 NG JIA HAO | Signature Of Informant: <i>Hao Daining</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 24/03/2020 10:57 |
| Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 | Classification Of Case: SN 37 |
| Authentication Stamp NP188 | SIGNATURE |

Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER
FE83BEA10203

U.W : 2420 KG

M. L. W : 5000 KG

TYRE : (F) 700R / 16 / 10

SIZE : (R) 175R / 14 / 8 D

PASSENGER CAPACITY : 1 DRIVER . 2 OTHERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY20036290 Vehicle Registration No: YM6965L
Name (as shown in NRIC) : HAO DAININ NRIC/FIN/Passport No : GXXXXP69M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 64326009 Mobile No. : 98216825
Email Address : _____
Date of Accident : 24/03/2020 Time of Accident : 02:30
Place of Accident : Along West Coast Road towards N West Coast Road
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INURAD KIDME TO ANH KEE FISH TRADERS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reli
NRIC/FIN No.: W0403
Date: 08/04/2020