

## 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	30/03/2020 18:52
Date Of Accident	27/03/2020 17:45
Exact Location Of Accident	ALONG AYE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9999U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BITUBULK PTE LTD
Co Reg No	2XXXXX466C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65151311

### Vehicle Particulars

Manufacturer	OPEL
Model	COMBO VAN AZ
Exact Purpose for which vehicle was being used at time of accident	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-19093721MFCV
Cover Note Number	

### Driver

Name of Driver	GOH ENG HO
NRIC No	SXXXX367G
Date Of Birth	12/03/1963
Occupation	INDOOR
Date Of Driving Pass	03/11/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97533311
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 24 TEBAN GARDENS ROAD #12-166
Postcode	600024
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200328/2018.

#### 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	SHD3287D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN SUAN CHEW
NRIC/Passport Number	SXXXX411B
Contact Number	98961818
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDL8339K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM BOEY KEE
NRIC/Passport Number	SXXXX850D
Contact Number	96602073
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GOH ENG HO
Approximate Age	
Injuries Sustain	05 DAYS MC
Injured person in which vehicle?	GY9999U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 24 TEBAN GARDENS ROAD #12-166
Postcode	600024

## Sketch Plan Pg. 1

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to 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)

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 purposes of:
  - (i) processing, handling and/or dealing with 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, assessing, 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 situated 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 (c) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) for complying with requirements under any regulations, laws or court orders.

X

Policyholder's  
Date & Time:



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

Reporting Centre Person's Signature  
Name:  
NRIC/IN No.:



Namirah  
30/03/2020

## Sketch Plan Pg. 2

Vehicle A - GY9999 U  
Vehicle B - SHD 3287 D  
Vehicle C - SDL 8339 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

## DECLARATION

I/We declare the foregoing particulars are true in c

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

[illegible]

Natasha  
30/03/2020

### Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20200328/2018

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 4  
Report No. T/20200328/2018

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2020 10:38	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars				
Name of Informant: GOH ENG HO		Address: APT BLK 24 TEBAN GARDENS ROAD #12-166 SINGAPORE 600024		
ID Type / ID No.: NRIC NO / S1603367G		Contact No.: Home/Office: Mobile: 97533311		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 12/03/1963	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Business development manager		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2020 17:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS TUAS NEAR NATIONAL UNIVERSITY CENTRE FOR ORAL HEALTH				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY9999U	Van	OPEL		Red	Seriously Damaged	0
SDL8339K	Car				Slightly Damaged	2
SHD3287D	Car				Seriously Damaged	1

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**

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92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20200328/2018

2 of 4

Report No. T/20200328/2018

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH ENG HO	ID No.	S1603367G
Related Vehicle	GY9999U (Van)	Contact No.	97533311
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2020	Date Discharge	27/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SIM BOEY KEE	ID No.	S0220850D
Related Vehicle	SDL8339K (Car)	Contact No.	96602073
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
Driver			
Name	TAN SUAN CHEW	ID No.	S1256411B
Related Vehicle	SHD3287D (Car)	Contact No.	98961818
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

## Brief Details.

On 27.03.2020 at about 1745hrs, I was traveling on the second lane along AYE towards Tuas, traffic was heavy due to peak hour. As I was traveling along AYE somewhere near National University Centre for Oral Health, I noticed that the vehicle in front of me, V1, bearing registration 'SDL8339K' had applied brake. I immediately had also applied brake fully, however due to the wet road, my vehicle had skidded forward and had collided with the vehicle in front of me, V1, slightly. Subsequently, I felt a huge impact at the rear of my vehicle and had caused my vehicle to move forwards and collided onto V1 again.

I alighted from my vehicle and discovered that a taxi, V3, bearing registration number 'SHD3287D', had



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3 of 4

Report No. T/20200328/2018

CONTINUATION OF REPORT

collided at the rear of my vehicle. We did not called for ambulance as none of us required immediate medical attention and none of the drivers had complaint of any pain or discomfort. We had left after exchanging our particulars and contact details.

V1- rear bumper slight scratches

V2 (GY9999U, my vehicle)- front bonnet damaged, front headlights broken, front bumper damaged, rear bumper slightly damaged, rear door dented

V3- front bonnet and front bumper damaged

I wish to state that I had proceeded to Ng Teng Fong Hospital on 27.03.2020 as I felt an acute pain on my neck area and right knee cap. I was discharged on the same day and was given 5 days medical leave. I do not have in-built camera in my vehicle. I will be faxing over my insurance subsequently.





**SINGAPORE  
POLICE FORCE**



T/20200328/2018

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4 of 4

Report No. T/20200328/2018

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 3 CATHERINE CHOY CHI CHING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2020 10:38

Officer In Charge Of Case:

TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp

SINGAPORE  
POLICE FORCE

SN 35