## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/08/2019 11:31
Date Of Accident	25/08/2019 20:30
Exact Location Of Accident	TPE TOWARDS TAMPINES AVENUE 12 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG8005Z
Insured/Policyholder	
Name Of Registered Owner	AIK CHIN HIN MACHINERY CO
Co Reg No	20030400C
Email Address	LAWRENCE5088@AIKCHINHIN.COM
Mobile Phone No	
Alternative Phone No	Office-64835888
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA-3.0 D TURBO M/T 2WD (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	100832844-00000
Cover Note Number	
Driver	
Name of Driver	FONG SOON TAT
Passport No/FIN	G8389607N
Date Of Birth	23/03/1987

**OUTDOOR** 

26/04/2018

1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86182216

Fax Number

**Contact Number** 

EMail Address OWENFONG87@GMAIL.COM

Address BLK 469 TAMPINES STREET 44 #10-162

Postcode 520469

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

5

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] BISHAN NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20190826/2031

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJW4297U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver YUSNI BIN ABD RAHMAN

NRIC/Passport Number S1589458Z

Contact Number 93210914

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJV6667C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKS7581M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SMF3294M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**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

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

#### 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. 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
- 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)
  - (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.
- 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

2 6 AUG 2019

Driver's Signature

(If driver is not the policyholder)

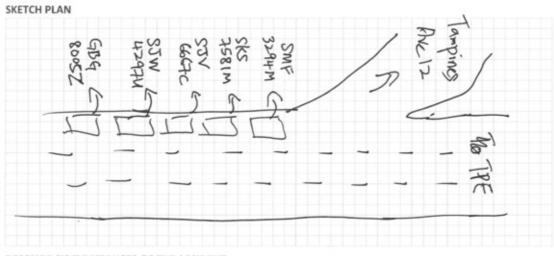
Date & Time:

Reporting Centre Personnel's Signature

Name:

Jenny Lim S6927273H

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Police	Report	No:	T/2019 0826/ 2	031	
				1 7 1 1 2 2 2 2 2 2 2		

DECLARATION

I/We declare the ocegoing particulars are true in every respect.

Policyholder's Signature

2 6 AUG 2019

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Jenny Lim S6927273H





1 of 4

Report No. T/20190826/2031

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:

Station Diary No .:

Date/Time Report Made: 35 26/08/2019 11:13 Informant's Particulars Address: Name of Informant: APT BLK 469 Tampines Street 44 #10-162 SINGAPORE FONG SOON TAT 520469 Contact No .: ID Type / ID No .: Home/Office: Mobile: 86182216 FIN NO / G8389607N Nationality: Email: MALAYSIAN Date of Birth: Type of Informant: Sex: Age: 23/03/1987 Driver Male 32 Institution / School Name: Language: Race: Chinese Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,3 Delivery Driver

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 25/08/2019 20:30		Type of Location: Straight Road
	XPRESSWAY					
Weather: Clear	pilles Pitteriae 12 exit	Road St Dry	urface:		Roa	d Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled					Traffic Volume: Light	
Traffic Flow: One Way		Not Con	ntrolled		Ligh	t

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG8005Z	Lorry				Slightly Damaged	0
SJV6667C	Car				Slightly Damaged	0
SJW4297U	Car				Slightly Damaged	0
SKS7581M	Car				Slightly Damaged	0
SMF3294M	Car				Slightly Damaged	0





Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 4 Report No. T/20190826/2031

## CONTINUATION OF REPORT

Details of Person	n Involved					
Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver		San San Marin		9 19 14		
Name	FONG SOON TAT			ID No.		G8389607N
Related Vehicle	GBG8005Z (Lorry)			Contact No.		86182216
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of		NIL	
140. Of Days grain	CO MICCIOCA ECOTO	Walter Harrison			13568	
Name	Unknown		ID No.		NIL	
Related Vehicle	SJV6667C (Car)		Contact No.		NIL	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	ischarge NIL		
	ted Medical Leave	NIL	Degree o		NIL	
Driver		A STATE OF THE PARTY OF	ACCOUNT OF THE PARTY OF			
Name	YUSNI BIN ABD RAHMAN			ID No.		S1589458Z
Related Vehicle	SJW4297U (Car)		Contact No.		93210914	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
	ted Medical Leave	NIL	Degree o		NIL	





/20190826/2031

3 of 4

Report No. T/20190826/2031

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

#### CONTINUATION OF REPORT

Name	Unknown		ID No.		NIL	
Related Vehicle	SKS7581M (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Name	Unknown		ID No		NIL	
Related Vehicle	SMF3294M (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL	
		NIL Date Dis				
Date Treatment	NIL		Date Disc	charge	NIL	

#### Brief Details.

On 25/08/2019 at about 2030hrs, I was driving my lorry (GBG8005Z) along the 3rd left lane of Tampines Expressway before Tampines Avenue 12 exit .

Later, a vehicle (SJW4297U) in front suddenly braked which I could not brake in time as such, my lorry collided onto the front vehicle. Subsequently due to the collision, the front vehicle (SJW4297U) surged forward and hit onto the other front vehicle which involved of five vehicles including myself. I then only took down the particulars of the front vehicle (SJW4297U), asked the driver if I can leave and left the area. I do not have an in-car CCTV.

I am lodging this report as I was advised by the traffic police officer on the phone.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 4 of 4 Report No. T/20190826/2031

CONTINUATION OF REPORT

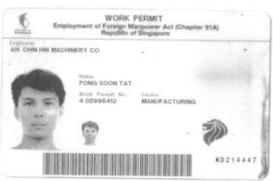
# Sketch Plan

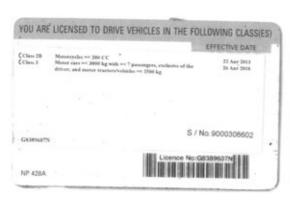
Informant is not able to provide sketch plan

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: E / Sgt 3 PANG XIU KANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2019 11:13
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	INATURE











SERIAL NO: 72446

26/08/2019

#### EXTRACT OF DRIVING LICENCE RECORDS

This is to certify that FONG SOON TAT (ID No: 870323236149, Date of Birth: 23/03/1987) of SINGAPORE was granted a Singapore Driving Licence No. G8389607N.

His/Her driving licence records are as follows:

CLASS	FIRST ISSUE DATE	EXPIRY DATE
2B	22/04/2013	-
3	26/04/2018	-
3C	05/04/2018	-

The driving licence is valid until 21/04/2023 unless revoked, disqualified or suspended for a period of one year.

He/She has maintained demerit point free record and have not committed any non-compoundable traffic offence for last 4 years,

PHUA LEE KIOW CUSTOMER SERVICE OFFICER CORPORATE SERVICES BRANCH TRAFFIC POLICE

for Commander Traffic Police

Fee Received: \$10



NP 478 (1/16)



# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

COMMERCIAL AUTOPLUS COMPREHENSIVE

OWN DAMAGE EXCESS WINDSCREEN EXCESS

\$\$800.00 (1)

CERTIFICATE NO. 999994235/100832844-00000

\$\$100.00

SUM INSURED S\$1.00 INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

GBG8005Z

Aik Chin Hin Machinery Co

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

28 Jan 2019

4) DATE OF EXPIRY OF INSURANCE

27 Jan 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the Insured's order or with their permission.

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## 6) LIMITATION AS TO USE \*

- Use in connection with the Insured's business.
- 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Insured's business.

3) Use for social, domestic or pleasure purposes.

The Policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.

b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

- Star Automotive Ctr 5 Portsdown Rd [Tel: 65620000]
   Lai Huat Meng Kee Motor 21, Sin Ming Ind [Tel: 64538110]
   Sin Yew Hup Welding 4 Woodlands Rd [Tel: 67600819]
   Delgro Engrg P L 205 Braddell Rd [Tel: 63837118]
- Kan Fook Sing Motor 1069, Eunos Ave 5 [Tel: 67479560]
   Progressive Automotive 3022A Ubi Rd 1 (Tel: 67415336) LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

# HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 27 Feb 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

504148-000 BSC INSURANCE AGENCY PTE LTD 123 BUKIT MERAH LANE 1 #03-92 ALEXANDRA VILLAGE SINGAPORE 150123

Authorised Representative

ORIGINAL

SSPILIS

diperbaharui dalam masa 3 tahun, pemohon perlu menduduki semula ujian untuk mendapatkan lesen memandu.

\* Kategori ID:

ORANG AWAM MALAYSIA (MyK. \*

\*No.ID:

870323236149



\* Kod Sekuriti:

Semak

Set Semula

NOTA:

Sila pilih Kategori ID anda dan masukkan Nombor ID anda.

(Contoh Format Nombor ID Orang Awam Malaysia - MyKAD: 801121141234 atau KP Lama: A1234567)

## HASIL CARIAN

Nama: FONG SOON TAT

No. Pengenalan: 870323236149

Kategori ID: ORANG AWAM MALAYSIA (MAL)

Tarikh Mula	Tarikh Tamat
08/04/2018	23/03/2023
30/03/2006	29/03/2008
22/02/2006	21/05/2006
22/02/2006	21/05/2006
22/02/2006	21/05/2006
	08/04/2018 30/03/2006 22/02/2006 22/02/2006

#### KENYATAAN PENTING::

Untuk maklumat lanjut, sila hubungi Pejabat JPJ terdekat atau email kepada aduan@jpj.gov.my. Pertanyaan anda akan direkodkan untuk tujuan rujukan.



**Accident Photo** 



# **Accident Photo**



# **Accident Photo**



## **Chassis Number**

