### 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.

<b>的数据的图像中国国际的图像中国国际的图像</b>	ACCIDENT STATEMENT			
Date Of Report	30/04/2020 11:50			
Date Of Accident	21/04/2020 21:05			
Exact Location Of Accident	SERANGOON NORTH AVE 1 TOWARDS YIO CHU KANG ROAD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJY863B			
Insured/Policyholder				
Name Of Registered Owner	KH LEASING PTE. LTD.			
Co Reg No	2XXXXX813C			
Email Address	KAHUPLEASING@GMAIL.COM			
Mobile Phone No				
Alternative Phone No	OFFICE-98576981			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	WISH			
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE			
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	PRIVATE HIRE			
Insurance Company				
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	THIRD PARTY			
Fleet Policy	NO			
Policy Number	5114109111			
Cover Note Number				
Driver				
Name of Driver	TAN KHANG HAU			
NRIC No	SXXXX327Z			
Date Of Birth	08/08/1981			
Occupation	OUTDOOR			
Date Of Driving Pass	19/01/2009			
Driving Experience	11 YEARS AND 3 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-98576981			
Fax Number				
Contact Number				
EMail Address	NOEMAIL			

Address BLK 116 SERANGOON NORTH AVENUE 1

#05-507 SINGAPORE

Postcode 550116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTH

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

\_

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?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

NO

**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

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?

If Yes, against whom?

NO

**Circumstances of Accident** 

REFER TO POLICE REPORT AND ATTACHED

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons: VIDEO FOOTAGE WILL SEND TO NTUC

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBJ9489M

Vehicle Make/Model/Colour

Details Of Properties

REFER TO POLICE REPORT AND ATTACHED

COMMERCIAL VEHICLE

Vehicle Category 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 2**

Vehicle Registration Number

SHC7555J

Vehicle Make/Model/Colour

**Details Of Properties** 

REFER TO POLICE REPORT AND ATTACHED

Vehicle Category

**TAXI** 

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

NA-PASSENGER

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT AND ATTACHED

Injured person in which vehicle?

GBJ9489M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name

NA-DRIVER

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT AND ATTACHED

Injured person in which vehicle?

GBJ9489M

Were seat belts worn?

Was this injured conveyed to hospital by

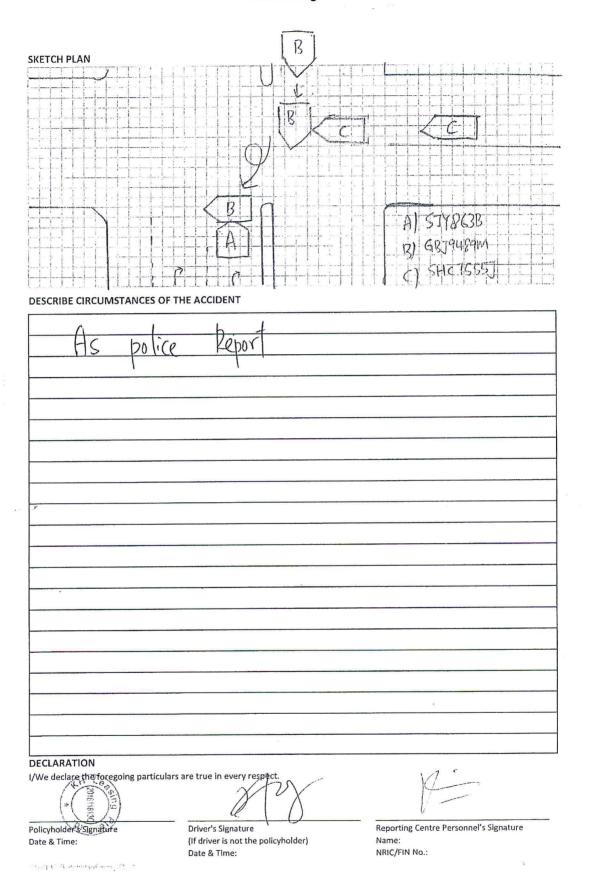
ambulance?

YES

Address

Postcode

## Sketch Plan Pg. 1



#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:

- 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted (b) to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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, e regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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.:

## Common Statement Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20200422/7025

REPORT OF	A TRAFFIC	ACCIDENT			
Date/Time Report Made: 22/04/2020 19:37		ide:	Vide Report No.: F/20200421/0276		Station Diary No.:
Informant'	s Particul	ars		Phyllips	Part Charles of the Control
Name of Informant: TAN KHANG HAU			Address: APT BLK 116 SERANGOON NORTH AVENUE 1 #05-507 SINGAPORE 550116		
ID Type / ID No.: NRIC NO / S8175327Z		Z	Contact No.: Home/Office: Mobile: 98576981		
Nationality: SINGAPORE CITIZEN		N	Email: tankhanghau@gmail.com		
Sex: Male	Age: 38	Date of Birth: 08/08/1981	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name: English		School Name:
Occupation: Sales and marketing manager		manager	Driving Licence Information: Class:	Date of Ex	piry:
			1		

General Informat	ion of the Accident				
Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2020 21:05	X-Junct	Location: ion
Location: Yio Chu Kang Ro	ad				
Weather: Clear		Road Surface: Dry		Road Speed I	Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume Moderate	e:
Type of Collision: Between Moving	Vehicles - Head To Si	ide		Anyone conve ambulance: Yes	eyed by

Vehicle No.:	Type	Make ::	Model	Color	Condition	No of Passenger
GBJ9489M	Lorry	TOYOTA		Green		2
SHC7555J	Car			Ŷ.		0
SJY863B	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20200422/7025

### CONTINUATION OF REPORT

Carlos Social Alexander Park Production	de la compressión de la Calenda de Calenda d	Carrie Mandalous Carrie of Inches	o dan dan dan	ASSESSED A	SERVICE BUSINESS PROPERTY SERVICES SERVICES
Passenger	Karaja da karaja da karaja	Asil specifica			
Name	Unknown Passenger		ID No		NIL
Related Vehicle	GBJ9489M (Lorry)		Contact No.		NIL
Hospital/Clinic			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave NIL	Degree of			
Driver					
Name	Unknown Driver	Island Jour 1- 16-01	ID No		NIL
Related Vehicle	GBJ9489M (Lorry)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Davs gran	ted Medical Leave NIL	Degree of	Injury	Fatal	
Passenger		1 20 4 20 12 12	<b>非洲形</b> 山		COMPANIES AND PARTIES
Name	Unknown Passenger		ID No		NIL
Related Vehicle	SHC7555J (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days grant				NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury		
No. of Days grant Driver Name		Degree of	Injury		NIL
Driver	ted Medical Leave NIL	Degree of	Injury ID No		
Driver Name	ted Medical Leave NIL Unknown Driver	Degree of	Injury ID No Conta Class Drivin Licence	ct No.	NIL
Driver Name Related Vehicle	ed Medical Leave NIL Unknown Driver SHC7555J (Car)	Degree of	Injury ID No Conta Class Drivin Licent Expiry	ct No.	NIL NIL Class: NIL

### Common Statement Pg. 1





Police Station Of Origin: Traffic Police

3 of 4 Report No. T/20200422/7025

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Name	TAN KHANG HAU		ID No.	6	S8175327Z
Related Vehicle	SJY863B (Car)		Conta	ct No.	98576981
Hospital/Clinic	NIL	3	Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

#### Brief Details.

I was driving along Serangoon North Ave 1 towards Yio Chu Kang Rd. The traffic light was red, hence I slowed down to stop at the most right lane for turning right. I was the first car at the junction. There was traffic on going along Yio Chu Kang Rd.

Almost at the moment I stopped the car at the junction, one lorry GBJ9489M came out from opposite Philips Ave. It rushed into the traffic of Yio Chu Kang Rd. Taxi SHC7555J coming from Boundary road towards Ang Mo Kio Ave 3, hit on the left side of the lorry.

The lorry turned and flipped onto its right side to the ground. Eventually hit the front of my car, which was first stationary car in Serangoon North Ave 1 most right lane.

# Common Statement Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4

Report No. T/20200422/7025

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able to	provide	sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2020 19:37
Officer In Charge Of Case: TP / TPIB / MOHAMED YAZID BIN MOHAMED YUSOFF Contact No.: 65472075	Classification Of Case: