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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/07/2020 17:55
Date Of Accident	12/07/2020 11:30
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1153X
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	1XXXXX681M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 3.0 5MT ABS AB 5DR LWB PANEL
Exact Purpose for which vehicle was being used a time of accident	t WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095519MFCV/17
Cover Note Number	

Driver

Name of Driver TAN WEI MING
NRIC No SXXXX379B

Date Of Birth 15/02/1987

Occupation INDOOR

Date Of Driving Pass 07/10/2010

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90875982

Fax Number

Contact Number OFFICE-90875982

EMail Address NOEMAIL

12 ADIS ROAD Address

#06-18

Postcode 229976

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PROPERTY Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

3

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)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE POST

ROAD: BLK 1 TOH YI DRIVE, POSTCODE: 590001, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4689999 - FAX NO: 64623782

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200712/2043.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

Policyhola Posigraf

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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NRIC/FIN No.:

Date & Time:

GIARMC SketchPlanForm_V3

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Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

1 of 4 Report No. T/20200712/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 12/07/2	me Report I 020 17:51	Made:	Vide Report No.: D/20200712/0074	Station Diary No.		
Informa	ant's Partic	ulars				
Name of Informant: TAN WEI MING			Address: 12 ADIS ROAD #06-18 SINGAPORE 229976			
ID Type / ID No.: NRIC NO / S8771379B			Contact No.: Home/Office: Mobile: 90875982			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 33 15/02/1987			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Hawker			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Government Prop	perty	Drink Drive: No	Date/Time of Accident: 12/07/2020 11:3	00	Type of Location Straight Road
PAN ISLAND DUNEARN RO At the road sh Weather:	Traveling Toward Roa EXPRESSWAY DAD oulder and hit onto the	guard ra	illing.		Roa	d Speed Limit:
Heavy rain		Wet			riodd Opecd Limit.	
Traffic Flow: One Way		Traffic Control: Not Controlled			Traffic Volume:	
Type of Collisi Vehicle skidde	on: d and collided into bar	rrier.				one conveyed by ulance;

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC1153X	Van	NISSAN	URVAN 3.0 5MT ABS AB 5DR LWB PANEL		Seriously Damaged	

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





Police Station Of Origin: Bukit Timah NPP

Report No. T/20200712/2043

2 of 4

1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

CONTINUATION OF REPORT

Passenger	A CONTRACTOR OF THE PARTY OF TH	- 879		0.00	13/1000	
Name	HON LIT CHOON			ID No.		S8675289A
Related Vehicle	GBC1153X (Van)			Contact No.		92267673
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discha		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Ir		NIL	
Driver		idligate				
Name	TAN WEI MING			ID No.		S8771379B
Related Vehicle	GBC1153X (Van)			Contact No.		90875982
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
			Degree of Ir		NIL	
Passenger		District of	Degree of it	-juny	1412	
Name	AGATHA TEO HUIMIN			ID No.		S9205128E
Related Vehicle	GBC1153X (Van)			Contact No.		91870833
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discha		NIL	
No. of Days granted Medical Leave NIL			Degree of In		NIL	

Brief Details.

On 12/07/2020 at about 1130hrs, I was driving the rental van Nissan bearing license plate number GBC1153X with 2 of my passengers onboard and travelling along PIE towards Tuas on the 2nd lane of 4 lanes. It was heavy rain and wet road surface. When I made a lane change after over taking a vehicle. While on the 1st lane suddenly my van swerve from the right to left and collided onto the guard railing. End up, my vehicle facing against flow on the road shoulder. During which, I called for the police to report on RTA.

Shortly after, the traffic police and ambulance arrived. The paramedic attended to us and checked there is no injury on us. After which, the traffic police personnel advised me to make a RTA report reference D/20200712/0074 under TP IO Abdillah Tel: 65476246.





Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999 CONTINUATION OF REPORT

3 of 4 Report No. T/20200712/2043





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

4 of 4 Report No. T/20200712/2043

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 ZAMBREE BIN SA'AT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2020 17:51
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

































