

### 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	20/09/2019 16:31
Date Of Accident	15/08/2019 08:00
Exact Location Of Accident	KPE NEAR GANTRY TO ENTER THE TUNNEL
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5239E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CF ENGINEERING ACMV SYSTEM PTE LTD
Co Reg No	-
Email Address	SALES@PROMOVE.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67341501

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3043041901
Cover Note Number	

#### Driver

Name of Driver	JAMAL BIN MD ISA
NRIC No	S8312460A
Date Of Birth	11/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87922577
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 618C PUNGGOL DRIVE  
 #02-723  
 Postcode 823618  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER(COMPANY)  
 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? NO  
 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 PUNGGOL N.P.C  
 Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190815/2120

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: FRONT ONLY  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN840U  
 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)

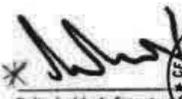
**SKETCH PLAN**

**IMPORTANT NOTICE**

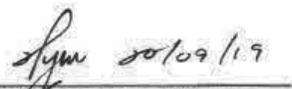
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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) 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.

\*    
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.:





**SINGAPORE  
POLICE FORCE**



T/20190815/2120

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20190815/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2019 17:17		Vide Report No.: G/20190815/0069	Station Diary No.: 73
<b>Informant's Particulars</b>			
Name of Informant: JAMAL BIN MD ISA		Address: APT BLK 618C PUNGGOL DRIVE #02-723 SINGAPORE 823618	
ID Type / ID No.: NRIC NO / S8312460A		Contact No.: Home/Office: Mobile: 87922577	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 11/05/1983	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Movers		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2019 08:00	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY gantry to enter the tunnel.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN840U	Motorcycle					1
GBH5239E	Lorry				No Damage	0

**Details of Person Involved**

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



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JAMAL BIN MD ISA	ID No.	S8312460A
Related Vehicle	GBH5239E (Lorry)	Contact No.	87922577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 15/08/2019 at about 0800hrs, I was travelling along KPE, entering the gantry to the tunnel when suddenly I heard a loud sound coming from the rear of my vehicle. I then stopped at the side and discovered that there was a motorcyclist and pillion which has collided into my vehicle.

I was told that the motorcyclist claimed that the canvas covering my lorry has tangled with his handlebar and caused him to lose control of his motorcycle. He also claimed that the canvas has also caused him to lose his sight of the road.

I have an in-car camera for my vehicle but it is only facing the front.

Traffic Police and Ambulance attended to the accident. The motorcyclist and pillion were conveyed by the ambulance. That is all.



**SINGAPORE  
POLICE FORCE**



T/20190815/2120

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20190815/2120

**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: F / Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2019 17:17
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168	