

## 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	14/10/2020 16:11
Date Of Accident	10/10/2020 15:30
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9548Y
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#### Insured/Policyholder

Name Of Registered Owner	KAOLIN TOWING PTE LTD
Co Reg No	2XXXXX867M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96318877
Alternative Phone No	OFFICE-96318877

#### Vehicle Particulars

Manufacturer	ISUZU
Model	NQR75UL5A AMT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1833511901
Cover Note Number	

#### Driver

Name of Driver	SEBASTIAN CHUA KIM YEOW
NRIC No	SXXXX572B
Date Of Birth	15/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2006
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96726133
Fax Number	
Contact Number	OFFICE-96726133
Email Address	NOEMAIL

Address	BLK 997A BUANGKOK CRESCENT #07-803
Postcode	531997
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	COLLISION - CHANGE/CROSS LANE
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201012/7000.

#### 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	SKV5143S
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIM HOCK
NRIC/Passport Number	SXXXX880E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SEBASTIAN CHUA KIM YEOW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP9548Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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 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.



*Siew Ming Hao*  
Policyholder's Signature

Date & Time:

12/10/2020

12/10/2020

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)

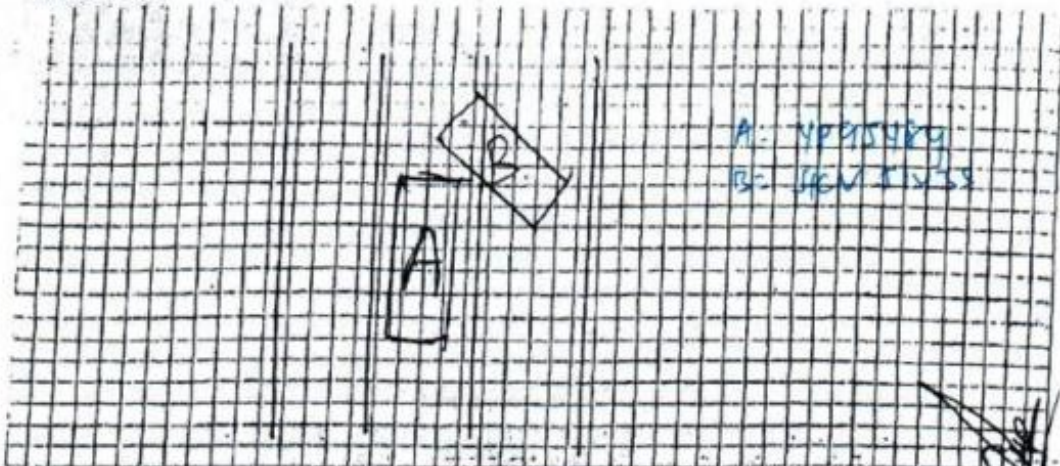
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Police Report.

## DECLARATION

I declare that the foregoing Particulars are true in every respect.



Policyholder's Signature

Date & Time:

12/10/2020

Accident Sketch Plan No. 148

Driver's Signature

(If driver is not the policyholder)

Date & Time:

12/10/20  
1424pm

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No:

[Signature]

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201012/7000

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

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Report No. T/20201012/7000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2020 00:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SEBASTIAN CHUA KIM YEOW			Address: 997A BUANGKOK CRESCENT #07-803 SINGAPORE 531997		
ID Type / ID No.: NRIC NO / S8417572B			Contact No.: Home/Office: Mobile: 96726133		
Nationality: SINGAPORE CITIZEN			Email: senastianchua053@gmail.com		
Sex: Male	Age: 36	Date of Birth: 15/06/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (transport, storage and courier)			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2020 15:30	Type of Location: Bend
Location:  ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKV5143S (Not Accurate)	Car	NISSAN	Sylphy	Grey	Seriously Damaged	2
YP9548Y	Lorry	ISUZU	NQR75UL5A AMT	Blue	Seriously Damaged	2



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201012/7000

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

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Report No. T/20201012/7000

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP9548Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSN18335119 01	18/11/2019	17/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KIM HOCK		ID No. S7224880E
Related Vehicle	SKV5143S (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of Serious
Driver			
Name	SEBASTIAN CHUA KIM YEOW		ID No. S8417572B
Related Vehicle	YP9548Y (Lorry)		Contact No. 96726133
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	10/10/2020		Date 10/10/2020
No. of Days granted Medical Leave		05	Degree of Slight

### Brief Details.

On 10/10/2020 at about 1530pm, I was driving my lorry YP9548y along Ang Mo Kio ave 1 toward Lorong Chuan. Suddenly a car SKV5143S swerve into my lane and I quickly applied my emergency brake to avoid the collision but the accident occurred. My right hand and front portion of my lorry was badly damaged. And the car Skv5143s left side door side front and back door damaged.. I was giving 5 days Mc...n

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201012/7000

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

3 of 3

Report No. T/20201012/7000

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

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: 12/10/2020 00:26
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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