

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 willful 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 | 05/03/2020 12:21 |
| Date Of Accident | 21/10/2019 09:00 |
| Exact Location Of Accident | ADMIRALTY ROAD WEST (OUTSIDE OLD PRISON COMPLEX) |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|-----------------------------|---------|
| Vehicle Registration Number | GZ4464Z |

Insured/Policyholder

Name Of Registered Owner SING TAO ELECTRICAL ENGINEERING PTE LTD

Vehicle Particulars

Manufacturer MITSUBISHI
Model LORRY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number A28925826MKC
Cover Note Number

Driver

Name of Driver CHIN CHEE CHAI
NRIC No S9371843G
Address BLK 362 WOODLANDS AVENUE 5 #07-410

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 8

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | PC5790P |
| Vehicle Make/Model/Colour | TOYOTA / BLACK |
| Name of Driver | |
| Insurance Company Name | |

DETAILS OF INJURED PERSON 1

| | |
|----------------------------------|----------------|
| Name | CHIN CHEE CHAI |
| Injured person in which vehicle? | GZ4464Z |

SKETCH PLAN

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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:

05 MAR 2020

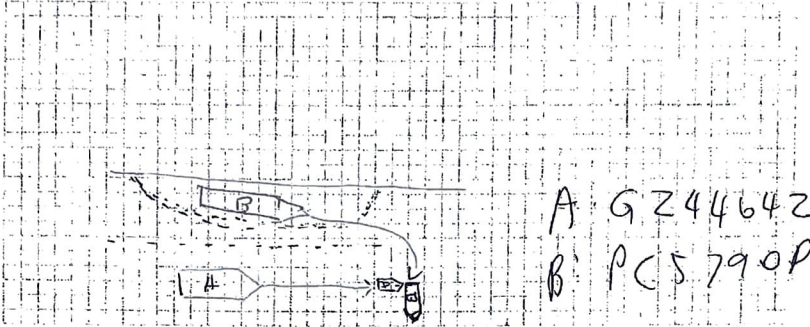
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Person's Signature

Name:
NRIC No.:
NG WING KIN JAMES
admin.vac@vicom.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police
Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

05 MAR 2020

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES
NRIC No. admin.vac@vicom.com.sg





**SINGAPORE
POLICE FORCE**



T/20191021/2132

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20191021/2132

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made: 21/10/2019 16:45 | Vide Report No.: L/20191021/0050 | Station Diary No.: 209 |
|--|-------------------------------------|---------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant: CHIN CHEE CHAI | | | Address: APT BLK 362 WOODLANDS AVENUE 5 #07-410 SINGAPORE 730362 | | |
| ID Type / ID No.: NRIC NO / S9371843G | | | Contact No.: Home/Office: Mobile: 96940096 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Male | Age: 26 | Date of Birth: 04/04/1993 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | Institution / School Name: | |
| Occupation: Supervisor | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/10/2019 09:00 | Type of Location: Straight Road |
| Location: Along Road 1 ADMIRALTY ROAD WEST outside OLD PRISON COMPLEX | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
|-------------|-------|------------|-------|-------|-------------------|------------------|
| GZ4464Z | Lorry | MITSUBISHI | | | Seriously Damaged | 7 |
| PC5790P | Van | TOYOTA | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
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T/20191021/2132

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20191021/2132

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | CHIN CHEE CHAI | ID No. | S9371843G |
| Related Vehicle | GZ4464Z (Lorry) | Contact No. | 96940096 |
| Hospital/Clinic | KHOQ TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 21/10/2019 | Date Discharge | 21/10/2019 |
| No. of Days granted Medical Leave | 06 | Degree of Injury | NIL |

Brief Details.

On 21/10/2019 at around 0900hrs, I was travelling along admiralty road west. My Lorry have total 8 person including me. 01 at the passenger seats and 06 passenger at the back of the lorry. I was travelling at the upmost right lane the whole time, when I was about to reached the Old Prison Complex, I saw 01 Van(PC5790P) stopped at the bus lane near to the bus stop. Subsequently, out of a sudden the van cut into my lane without turning on any signal. I could not brake in time and thus I collided with the van.

Upon colliding with the van, I asked the about the well being of the passenger beside namely Sanjeev S/O Jayakumar, he informed that he is fine. I am unable to alight at the point of time as I suffered from pain on my leg. the collision causes the front side of the lorry to be pushed in thus causing me unable to alight. My passenger Sanjeev then proceed to alighted and ask the well being of the workers. I am unsure what happen to my workers during the point of time as I am unable alight. Subsequently I managed to slowly alight from the lorry and proceed to seat at the grass patch at the pavement.. I then saw that ambulance and traffic police had arrive at scene. When I was seating at the grass patch, there is a lot of people but I am not sure about what had happened. I was being conveyed by SCDF to KTPH to have a check up. The doctor told me that I suffered from some abrasion, some knocks on my upper body and legs and stiffness on necks and shoulder.

I was given 6 day MC starting 21oct 2019 to 26 oct. 2019.

My lorry suffered from serious damage. It engine is unable to start and the front side of the lorry is badly damaged.

The SD card of my camera of my lorry is taken away by TP IO for investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20191021/2132

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20191021/2132

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:

L /

Sgt 2 TOH SI WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Authentication Stamp
NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

21/10/2019 16:45

Classification Of Case: