#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number EMail Address

Gender

- 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 ability.
- 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	16/05/2018 15:10
Date Of Accident	15/05/2018 16:30
Exact Location Of Accident	ALONG AYE > TUAS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ9397B
Insured/Policyholder	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092913319-02
Cover Note Number	
Driver	
Name of Driver	TEO MENG KIAT, KELVIN
NRIC No	S8728063B
Date Of Birth	13/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2011

6 YEARS AND 6 MONTHS

(LOCAL) +65-86066739

MALE

**NOEMAIL** 

BLK 303 CLEMENTI AVENUE 04 #11-517 Address

Postcode

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 **CHAIN COLLISION** 

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JSD9497 (MOTORCYCLE)

Number of vehicles involved in the accident 4 YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

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

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG NPP

**ROAD**: 158 YUNG LOH ROAD #01-58, **POSTCODE**: 610158, **COUNTRY**: Police Station Address

**SINGAPORE** 

NO

YES

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

AS PER POLICE REPORT No.T/20180516/2016.

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 SBS3062C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **BUS** 

Name of Driver

NRIC/Passport Number

Contact Number 81378657

Address Postcode

Insurance Company Name

#### Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number JSD9497

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver RAJA

NRIC/Passport Number

Contact Number 86467061

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3** 

Vehicle Registration Number TRC6653Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver WANG TAO

NRIC/Passport Number

Contact Number 98112276

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name TEO MENG KIAT, KELVIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? GZ9397B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name RAJA

Approximate Age Injuries Sustain

Injured person in which vehicle?

JSD9497

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### **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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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

1 6 MAY 2018

(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:

IDAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature
Name: Tel: 67416697

NRIC/FIN No. Fax: 67492305 Email: vackb@singnet.com.sg

GIARMC SketchPlanForm\_V3

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GIARMC SketchPlanForm\_V3





Date of Expiry:

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

DELIVERY DRIVER

1 of 4 Report No. T/20180516/2016

REPORT	OF A TRAFF	IC ACCIDENT							
	me Report   2018 03:28	Made;	Vide Report No.: G/20180515/0099	Station Diary No.;					
Informa	ant's Partic	ulars	The second secon						
	of Informant ENG KIAT,		Address: APT BLK 303 CLEME 120303	NTI AVENUE 4 #11-517 SINGAPORE					
NRIC N	/ ID No.:  O / S87280	63B	Contact No.: Home/Office: Mobile: 86066739						
Nationa SINGAF	lity: PORE CITIZ	EN	Email:						
Sex: Male	rigo. Date of billi.		Type of Informant:						
Race: Chinese			Language: Chinese	Institution / School Name:					
Occupat	tion:	.,,	Driving Licence Information:						

Driving Licence Information:

Class: 3

Type of Accident;	Injury Attended by Polic	Drink e Drive: No	Date/Time of Accident: 15/05/2018 16:30	Type of Location:	
Location: Along Road 1 AYER RAJAH towards Tuas	EXPRESSWAY .				
Weather:	W	Road Surface: Wet		Road Speed Limit:	
Raining				Traffic Volume:	
Raining Traffic Flow: Two Way Type of Collisi	•	Traffic Control:		Traffic Volume: Moderate	

Vehicle No.	Туре	Make	Model	Calor	Condition	No of Passenger
GZ9397B	Van	TOYOTA	HIACE MANUAL	White	Seriously Damaged	
JSD9497	Motorcycle				Seriously Damaged	1
SB\$3062C	Bus/Coach/Mi nibus	NOTAO .	B9TL	Multi-Colored		0 '





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 of 4 Report No. T/20180516/2016

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
TRC6653Y	TRAILER	YEO TR ENGRG & TRDG	12300MM LONG SKELETAL CONTAINER TRAILER		No Damage	0

Details of Perso	n Involved		178 Table 188					
Any Pedestrian I	nvolved: No		100					
No. of Pedestrian	ns Injured: NIL	Use of Pedestrian Crossing: NA						
BUS DRIVER								
Name	Unknown BUS DRIVER		ID No.		NIL			
Related Vehicle	NL	oli ali Alian ali anno anno anno alla anno anno	Contac	t No.	81378657			
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	and the same of th	NIL				
	ted Medical Leave NIL	Degree o		NIL				
Driver								
Namė	TEO MENG KIAT, KELVIN		ID No.		S8728063B			
Related Vehicle	NIL		Contac	t No.	86066739			
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	- Comment	NIL	and the state of t			
	ted Medical Leave NIL	Degree o		NIL	Control to the second s			
TRAILER DRIVE				(40 k)				
Name	WANG TAO		ID No.		NIL.			
Related Vehicle	NIL		Contac	t No.	98112276			
Hospital/Clinic	NIL	Sadjunah, ali sayami umbah (f. 1949) asta id	Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	charge	NIL				
	ted Medical Leave NIL	Degree o		NIL				





T/20180516/2016

Police Station Of Origin:

Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

3 of 4 Report No. T/20180516/2016

Name	RAJA			ID No	),	NIL
Related Vehicle	NIL			Conta	act No.	86467061
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

CONTINUATION OF REPORT

#### Brief Details.

On 15/05/2018 at about 1630hrs, I was travelling along AYE towards Tuas. Suddenly I heard a collision at the front of my vehicle by a bus (SBS3062C) then my vehicle shifted to the other lane and hit onto a motorcycle (JSD9497). Subsequently, I heard the Bus driver honk the trailer (TRC6653Y) to stop as he caused the chain collision to happen. The bus driver then alighted and came forward to my vehicle to inform me that the accident was caused by the trailer driver as he serve to my lane.

Traffic Police and Ambulance at scene. Both the riders was injured and I myself have a 5days medical leave given. No one conveyed to hospital.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

4 of 4 Report No. T/20180516/2016

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; J / Sgt 1 LIM JUNJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2018 03:28
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	

















