

## 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 Submission ..... 20/12/2021 17:39 (SGT)  
Date of Accident ..... 14/12/2021 09:50 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... 13KM TPE TOWARDS PIE (BEFORE JALAN KAYU FLYOVER)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD4937R

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KOON CONSTRUCTION & TRANSPORT CO PTE LTD  
Company Reg No ..... 1XXXXX282N  
Email Address ..... Annie.kong@koon.com.sg  
Mobile Phone No ..... (Phone) +65-91170520  
Alternative Phone No ..... +65-91170520

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FV51JJD4RDEA  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 13000

#### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-21097424MFVS/1  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KOH ENG LAI  
NRIC No ..... SXXXX295B

Date Of Birth .....	25/11/1960
Occupation .....	Indoor
Date Of Driving Pass .....	07/11/1978
Driving experience .....	43 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96546108
Alt. Phone Number .....	-
Email Address .....	Annie.kong@koon.com.sg
Address .....	BLK 486C TAMPINES AVE 9 #07-86
Address complement .....	-
Postcode .....	522486
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED

#### 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 .....	GBJ7106G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	UDDIN MOHAMMAD NAZIM
Passport No/FIN .....	GXXXX989U
Contact Number .....	(Phone) +65-91697645
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

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## 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.

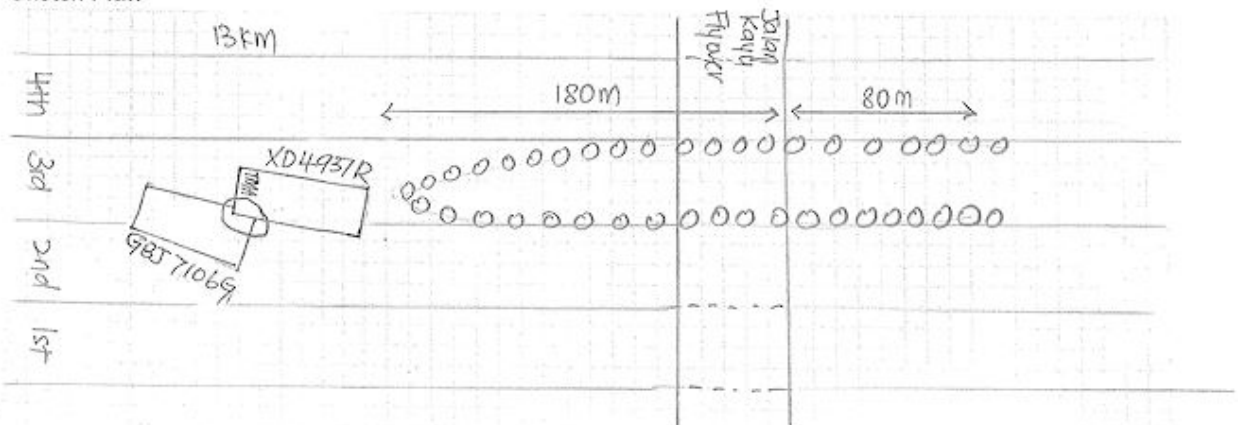


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

On 14 Dec 2021 at 9:30am, I seek permission from ITSC for lane closure at TPE to PIE, Lane 3, 13km for inspection of undulating road condition. My team placed the warning signages, caution, works ahead, 3rd Lane closure at designated locations. Then the TMA vehicle XD 493TR and the service lorry were parked on Lane 3 at 13km. In front of TMA, I started to close lane, making taper for transition zone with traffic cones and placed lateral markers. Once completed Lane 3 closure, I called TMA to park within the closed Lane 3 area. After TMA driver checked and confirmed that there was no vehicles behind at Lane 2, he started to move in front by following the tapered line (into Lane 2) with the vehicle hazard light on. Suddenly (9:55am) one lorry GBJ 7106G behind of the TMA at Lane 3, hit the back right side of the TMA (at the starting point of transition zone) while the TMA was preparing to move into lane 2. After the accident, the TMA driver shifted the TMA to the 2nd Lane.

## Declaration

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



Police  
Time

Signature / Date &

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

Witnessed by Reporting Centre  
Personnel