

MCHM16122488 / Cheng Hoe Motor Pte Ltd - Yishun  
ENTRY DATE & TIME: 30/09/2016 17:14

## 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 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 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	30/09/2016 17:14
Date Of Accident	30/09/2016 14:35
Exact Location Of Accident	WOODLANDS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4652Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	800 SUPER WASTE MANAGEMENT PTE LTD
Co Reg No	198601155H
Email Address	SUPER800@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	Office-63663800
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FB70ABA00317
Exact Purpose for which vehicle was being used at time of accident	GOING DISPOSAL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073860219
Cover Note Number	01/10/15-30/09/16
<b>Driver</b>	
Name of Driver	CHENNIAH
NRIC No	S2154202D
Date Of Birth	25/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1977
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE

Mobile Number (LOCAL) +65-97747727  
Fax Number  
Contact Number  
EMail Address NOEMAIL  
Address APT BLK 484B CHOA CHU KANG AVE 5 #16-44  
Postcode 682484  
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- HEAD TO SIDE  
Weather Conditions CLEAR  
Road Surface DRY

**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  
Was there any video captured by Car Camera? NO  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 3

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name CHOA CHU KANG NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-7629999 - FAX NO: 67636615  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT -T/20161002/2056

Are accident photos available for attachment? YES

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBC7529G  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver GOH BAK CHOON  
NRIC/Passport Number S0169203H  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name GIVAKUMAR

Approximate Age

Injuries Sustain

Injured person in which vehicle? GZ4652Y

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name VIJAYA KUMAR

Approximate Age

Injuries Sustain

Injured person in which vehicle? GZ4652Y

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

**Sketch Plan**

**SKETCH PLAN**

VEHICLE NO.: GZ 4652Y  
INSURER : NMC  
DOA : 30/9/16  
2:35pm

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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 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.
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.

30/9/16  
Policyholder's Signature / Date & Time



[Signature]  
Driver's Signature (if driver is not the policyholder) / Date & Time

30/9/16  
Witnessed by Reporting Centre Personnel

Sketch Plan

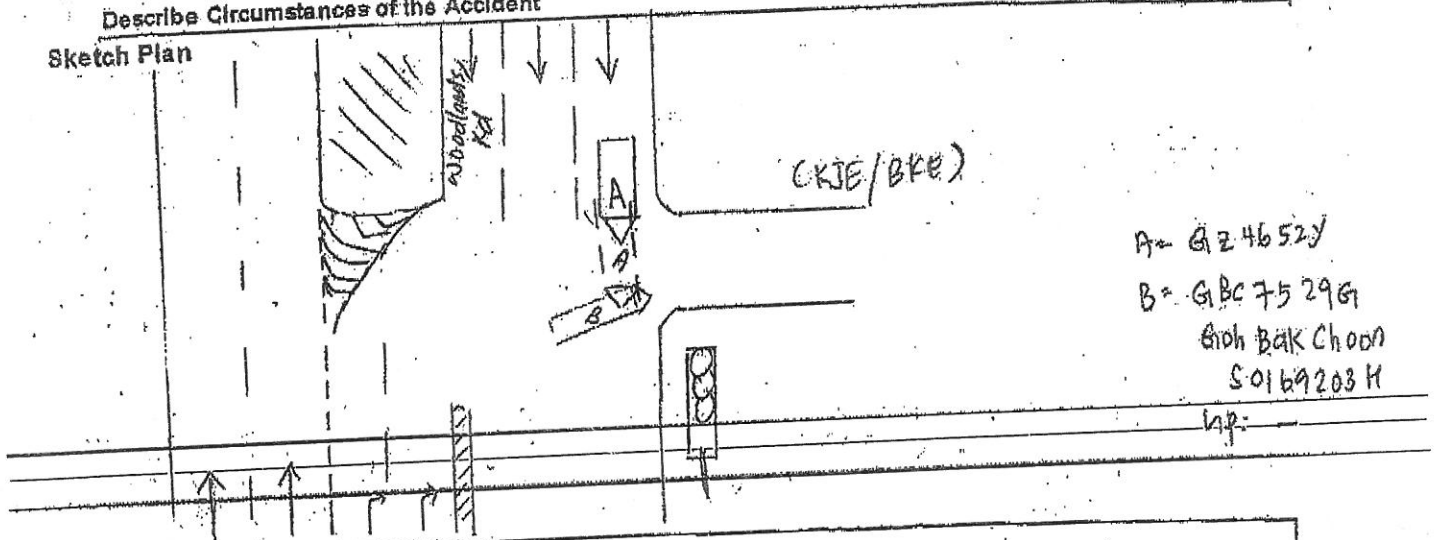
P.T.O.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own policy. Please check your policy for more information.

( ) Claim Own Policy ( ) Claim TP ( ) Claim OD/TP at other workshop ( ) Reporting Only

Describe Circumstances of the Accident

Sketch Plan



A- GZ 46 52 J

B- GBC 75 29 G

Goh Bak Choon


S 0169203 H

HP:


Refer to police report - T/20161002/2056


### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time



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

 30/9/16  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20161002/2056

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

1 of 4

Report No. T/20161002/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2016 12:48	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: CHENNIAH			Address: APT BLK 484B CHOA CHU KANG AVENUE 5 #16-44 SINGAPORE 682484		
ID Type / ID No.: NRIC NO / S2154202D			Contact No.: Home/Office: Mobile: 97747727		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 25/02/1951	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2016 14:35	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS ROAD  near BKE/KJE entrance				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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	Condition	No of
GBC7529G	Lorry				Slightly Damaged	0
GZ4652Y	Lorry				Slightly Damaged	2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20161002/2056

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Tel No: 1800-7629999

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Report No. T/20161002/2056

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH BAK CHOON		ID No. S0169203H
Related Vehicle	GBC7529G (Lorry)		Contact No. 0
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	GIVAKUMAR		ID No. G7257658L
Related Vehicle	GZ4652Y (Lorry)		Contact No. 98870854
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (WOODLANDS)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2016	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	VIJAYA KUMAR		ID No. S1804752G
Related Vehicle	GZ4652Y (Lorry)		Contact No. 86141800
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (WOODLANDS)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2016	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	CHENNIAH		ID No. S2154202D
Related Vehicle	NIL		Contact No. 97747727
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20161002/2056

Police Station Of Origin:  
Choa Chu Kang NPP  
116 Teck Whye Lane #01-740 SINGAPORE  
680116  
Tel No: 1800-7629999

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Report No. T/20161002/2056

**CONTINUATION OF REPORT**

**Brief Details.**

On 30/09/2016 at about 1435hrs, I was travelling along the said road approaching a X junction. The traffic light was green and thus, I did not slow down. Out of a sudden, I saw a lorry(GBC7529G)on the opposite lane turning right towards my direction. I tried to brake however could not stop in time. I then hit onto the lorry left side door. I then exchanged particulars with the other driver and left. I wish to state that the opposite lane has a red light turning arrow. However, the said lorry driver went on to turn without waiting for the green arrow. Both my passengers suffered knee injury and both have 3 days mc.





**SINGAPORE  
POLICE FORCE**



T/20161002/2056

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680116  
Tel No: 1800-7629999

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Report No. T/20161002/2056

**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 / Cpl MUHAMMAD ADNAN BIN MOHAMED IBRAHIM Signature : 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 Siti Marsita Bte Bohari Contact No.: 65476219

Signature Of Informant:
Date/Time: 02/10/2016 12:48
Classification Of Case:

Authentication Stamp  
NP168