

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	12/09/2017 15:34
Date Of Accident	11/09/2017 04:00
Exact Location Of Accident	ALONG WEST COAST HIGHWAY TOWARDS WEST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9451H
Insured/Policyholder	
Name Of Registered Owner	SANTA FRESH VEGETABLE SUPPLIER
Co Reg No	53035455A
Email Address	DIANAYSK@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98514299

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN790751
Cover Note Number	

Driver

Name of Driver	NG KOK PENG DON
NRIC No	S7536738D
Date Of Birth	28/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1994
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92488800
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 506 JELAPANG ROAD #09-16
 Postcode 670506
 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 REAR
 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
 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 BUKIT PANJANG
 Police Station Address ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8929999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

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 SHA7607D
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 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 NG KOK PENG DON

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBC9451H

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan Pg. 1

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Santa Fresh
Vegetable Supplier

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along West Coast Highway

A - GBC 9451 H

B - SHA 7607 D

Grass patch

POLICE REPORT 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170912/2043

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20170912/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2017 12:37	Vide Report No.: D/20170911/0022	Station Diary No.: 43
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Informant's Particulars

Name of Informant: NG KOK PENG DON			Address: APT BLK 506 JELAPANG ROAD #09-16 SINGAPORE 670506	
ID Type / ID No.: NRIC NO / S7536738D			Contact No.: Home/Office: Mobile: 92488800	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 28/11/1975	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/09/2017 04:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WEST COAST HIGHWAY WEST COAST ROAD Lamp Post Number: 43				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9451H	Lorry				Seriously Damaged	0
SHA7607D	Car					0

Details of Person Involved

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

POLICE REPORT 2 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170912/2043

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20170912/2043

CONTINUATION OF REPORT

Driver			
Name	NG KOK PENG DON		ID No. S7536738D
Related Vehicle	GBC9451H (Lorry)		Contact No. 92488800
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	11/09/2017	Date Discharge	12/09/2017
No. of Days granted Medical Leave	09	Degree of Injury	Slight
Driver			
Name	NG THIAM CHYE		ID No. NIL
Related Vehicle	SHA7607D (Car)		Contact No. 96960211
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

Brief Details.

On the above mentioned date, time and location, I was involved in an accident involving my lorry and a taxi. I was travelling along West Coast Highway towards West Coast Road and was driving on the right of the 4 lanes. I was turning right into the Wholesale Centre when suddenly an impact occurred from the rear of my vehicle. Due to the impact my vehicle flip and subsequently my right tire mounted onto the curb. The vehicle flip to its original position with its front tires on the curb. My leg was also stuck to the steering wheel while my body was hanging out from the driver side window. I also discovered that my seatbelt had snapped and also the driver and passenger side windows were smashed. The front window of my lorry was also cracked.

I managed to loosen my leg from the steering wheel and subsequently fall onto the road on my back. The taxi driver also managed to get out of his vehicle however his vehicle ended onto a tree at the left part of the road. Police then arrived and told me that the left side of my head was bleeding and they assisted to call for the ambulance. Ambulance arrived and conveyed me to NUH for treatment. I was warded for a day for observation and was subsequently given 9 days of Hospitalization Leave. I suffered lacerations on both hands, left side of my head and also bruises on both legs. There is no in built CCTV in my lorry. The rear right side of my vehicle was also dislodged from my lorry. The IO in charge of this accident is IO Sufian Tel: 65476367.

POLICE REPORT 3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170912/2043

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20170912/2043

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:

Sr Staff Sgt SOEBQI AIMAN BIN SOEBIRIN

Signature :

Signature Of Interpreter:

Not applicable Police Force

Officer In Charge Of Case:

TP / GIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476423

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/09/2017 12:37

Classification Of Case: