

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	31/10/2017 14:59
Date Of Accident	30/10/2017 08:20
Exact Location Of Accident	BT TIMAH EXPRESSWAY & PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2488C
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777
Vehicle Particulars	
Manufacturer	NISSAN
Model	NISSAN CABSTAR 3.0 G (M) EURO 5
Exact Purpose for which vehicle was being used at time of accident	
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D17MTHCV000089
Cover Note Number	

Driver

Name of Driver	NGOH CHUAN LENG
NRIC No	S9008342B
Date Of Birth	11/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2010
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96415947
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA7591K

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Name of Driver

NRIC/Passport Number S1768159A

Contact Number 97369262

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	NGOH CHUAN LENG
Approximate Age	
Injuries Sustain	AS MEDICAL REPORT
Injured person in which vehicle?	GBG2488C
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 GI 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:
 - (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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/10/17/1431



Reporting Centre Personnel's Signature
Name: HASBULLAH
NRIC/IN No.:

SKETCH PLAN

Δ RKE / PIE
 \downarrow
 4 3 2 1
 A) GBA 348C
 B) GBA 7591K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow Police report

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
	✓	- Claim TP
		- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

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

[Signature]

Reporting Centre Personnel's Signature
Name: HASBULLAH
Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20171030/2150

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20171030/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2017 20:59		Vide Report No.:		Station Diary No.: 102	
Informant's Particulars					
Name of Informant: NGOH CHUAN LENG			Address: APT BLK 321 WOODLANDS STREET 32 #09-227 SINGAPORE 730321		
ID Type / ID No.: NRIC NO / S9008342B			Contact No.: Home/Office: Mobile: 96415947		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 11/03/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2017 08:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY PAN ISLAND EXPRESSWAY Near Mandai Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBA7591K	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
GBG2488C	Lorry	NISSAN	CABSTAR	White	Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20171030/2150

CONTINUATION OF REPORT

Driver			
Name	TNG SWEE HOO		ID No. S1768159A
Related Vehicle	GBA7591K (Lorry)		Contact No. 97369262
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NGOH CHUAN LENG		ID No. S9008342B
Related Vehicle	GBG2488C (Lorry)		Contact No. 96415947
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	30/10/2017	Date Discharge	30/10/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30/10/2017 at around 0820hrs, I was travelling on lane 2 from the left on BKE towards PIE near Mandai Exit when a lorry (GBA7591K) hit onto the rear of my lorry (GBG2488C). The traffic was very heavy at that time and there was jam. The traffic was very slow. However, as I was driving on the lane, the car in front of me came to a stop. As such, I brake my lorry as well. Almost immediately after my lorry came to a full stop, a lorry behind me hit onto the rear of my lorry.

Due to the collision, I plunged forward a little but my safety belt had pulled me backwards. As such, I believe I sprain my neck and as a result my neck was hurting. After that collision, I exchanged particulars with the opposite driver. My lorry sustained a dent and a few scratches on the rear while his lorry sustained a serious dent at the front.

As I was still not feeling well after work, I went to see a GP at Woodlands at 4pm. He then refer me to see a doctor at KTPH for X-Ray and further checkup. As such, I went to KTPH for X-Ray. The doctor then gave me 3 days MC for my injury. Therefore, I am making this report for my insurance claim.



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POLICE FORCE**



T/20171030/2150

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Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171030/2150

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:

F /

Sgt 2 OH HONG LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2017 20:59

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force