

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 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	22/03/2018 14:11
Date Of Accident	20/03/2018 18:30
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6502P
Insured/Policyholder	
Name Of Registered Owner	M/S ETF ENGINEERING PTE LTD
Co Reg No	201628284G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69092005

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3092171700
Cover Note Number	

Driver

Name of Driver	TAN WEE LEONG (CHEN WEILIANG)
NRIC No	S8318004H
Date Of Birth	05/06/1983
Occupation	INDOOR
Date Of Driving Pass	22/10/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81374404
Fax Number	
Contact Number	OFFICE-81374404
Email Address	NOEMAIL

Address	BLK 645 JALAN TENAGA #06-99
Postcode	410645
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180321/2130.

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	SLF3365D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	TAN WEE LEONG (CHEN WEILIANG)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GY6502P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.
- (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:


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

Accident Sketch Plan

SKETCH PLAN

(A) GY 6502 P
(B) SLF 3365 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180331/2130 -

DECLARATION

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

Policyholder's Signature
Date & Time:

GIADMC SketchPlan Form_v3.0

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180321/2130

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

1 of 3
Report No. T/20180321/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 17:37		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: TAN WEE LEONG			Address: APT BLK 645 JALAN TENAGA #06-99 SINGAPORE 410645		
ID Type / ID No.: NRIC NO / S8318004H			Contact No.: Home/Office: Mobile: 81374404		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 05/06/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Project Supervisor			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2018 18:30	Type of Location: T-Junction
Location: Along Road 1 EUNOS LINK BEDOK RESERVOIR ROAD At junction of Eunos Link turning right to Bedok Reservoir Road				
Weather: Cloudy		Road Surface: Wet		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
GY6502P	Lorry				Slightly Damaged	0
SLF3365D	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180321/2130

2 of 3

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20180321/2130

CONTINUATION OF REPORT

Driver			
Name	TAN WEE LEONG		ID No. S8318004H
Related Vehicle	GY6502P (Lorry)		Contact No. 81374404
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/03/2018		Date Discharge 20/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 20/3/2018 at about 1830hrs, I was driving my silver in color company lorry with bearing plate number GY6502P along Eunos Link. At that point of time, I was travelling on the first lane (outer right lane) of the 6 lanes road (lane 1 and 2 to turn right to Bedok Reservoir road).

At that point of time, I came to a stationary stop at the T-junction (turn right lane) of the said road as the traffic light was red. When the traffic light, right green arrow indicated, I then slowly drove to turn right my vehicle at the junction to head to Bedok Reservoir Road.

While turning right, I heard a loud bang coming from my rear lorry and my lorry immediately inch forward. I knew that the rear vehicle had collided onto my lorry. It was a white in color Mazda with bearing plate number SLF3365D that had collided onto my lorry.

After the accident occurred, both the Mazda's driver and myself then stop our respective vehicles along Bedok Reservoir Road to inspect on our vehicle's damages. My lorry's damages were left rear portion of the lorry dent and scratch, left rear brake light was also damage.

I managed to exchange particulars with the said Mazda's driver. Mazda's driver is one Chng Chwee Peng, S1511257C, residing at 310B Ang Mo Kio Avenue 1 #17-383 Singapore 562310, c/n: 93799748. No one was injured when the accident occurred. Traffic Police and Ambulance was not at scene when the accident occurred.

However, on the same day at about 2000hrs, I reached home and I felt pain on my rear neck and my rear back shoulder hence I quickly headed down to Bok Family Clinic Pte Ltd located at Blk 117 Bedok Reservoir Road to seek for medical assistance. I was then given 3 days of medical leave starting from 21/3/2018 till 23/3/2018.

I have a built-in camera inside my lorry. There is cctv at the said traffic junction.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180321/2130

3 of 3

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112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20180321/2130

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:

G /

Staff Sgt GOH QI FAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2018 17:37

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

