

## 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	27/04/2018 12:02
Date Of Accident	13/11/2017 19:50
Exact Location Of Accident	LOYANG AVE AFTER EXIT TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1958R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S ANN TRANSPORT
Co Reg No	53058962A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92951530

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	DMCVSN1605241701
Cover Note Number	-

### Driver

Name of Driver	CHEW PENG BAK
NRIC No	S1542547D
Date Of Birth	11/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1984
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84073416
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 131 RIVERVALE ST #13-874
Postcode	540131
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 - CHANGE/CROSS LANE
Weather Conditions	HEAVY RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 207 TOA PAYOH NORTH , <b>POSTCODE:</b> 310207 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2549999 - <b>FAX NO:</b> 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	SJU4795J
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)

DETAILS OF INJURED PERSON 1	
Name	CHEW PENG BAK
Approximate Age	
Injuries Sustain	RIGHT SHOULDER
Injured person in which vehicle?	GY1958R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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:

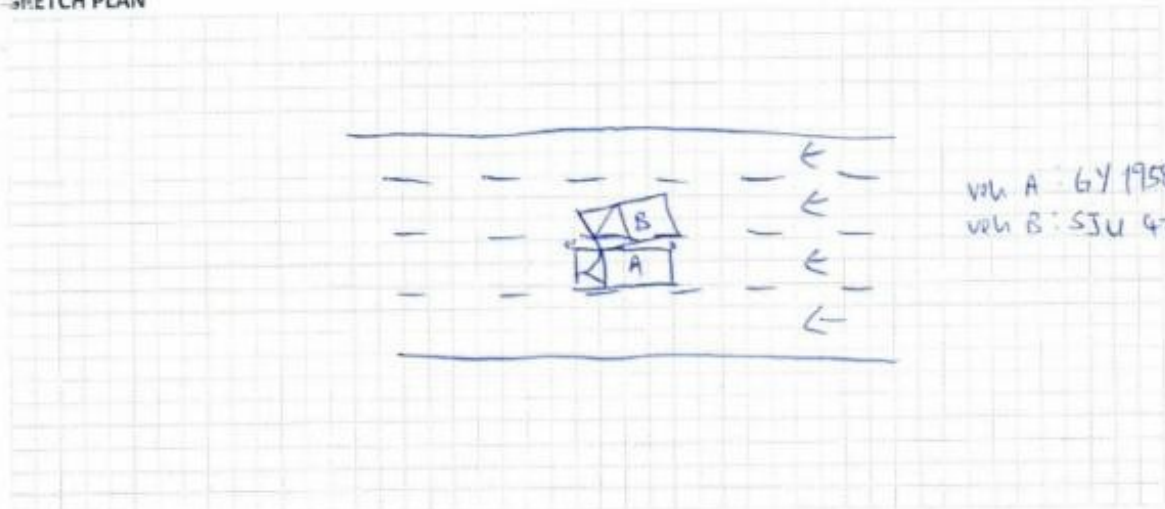
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/2019/114/2118.

## DECLARATION

I/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:



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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171114/2118

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20171114/2118

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2017 15:31	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars			
Name of Informant: CHEW PENG BAK		Address: APT BLK 131 RIVERVALE STREET #13-874 SINGAPORE 540131	
ID Type / ID No.: NRIC NO / S1542547D		Contact No.: Home/Office: Mobile: 84073416	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 11/11/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CARGO DISPATCH		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/11/2017 19:50	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Along Loyang Avenue after exit TPE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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 Passenger
GY1958R	Van				Slightly Damaged	0
SJU4795J	Car				Slightly Damaged	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/20171114/2118

2 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20171114/2118

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHEW PENG BAK	ID No.	S1542547D
Related Vehicle	GY1958R (Van)	Contact No.	84073416
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	14/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On 13/11/2017 at about 1950hrs, I was driving my vehicle (GY1958R) along Loyang Ave after making an exit from TPE to get to Changi village. I was traveling on the 2nd lane from the left, the 3rd and 4th lane of Loyang Ave was jammed with vehicles. While going straight I suddenly felt an impact from the right side of my vehicle. I stopped and immediately went down to make a check. I realized a vehicle (SJU4795J) had come out from the 3rd lane of the left and collided to the side of my vehicle. I believe the other vehicle was trying to change lane as there was a jam in his lane. The driver of SJU4795J had suggested to park our vehicle at the road side instead to prevent another jam and I agreed. Both me and the other driver had stopped by the roadside but there was no conclusion on whose fault was it so both proceeded to do our own insurance claim. There was a dent on the right side driver door of my vehicle and there was scratches and dent on the front bumper of the other vehicle. There was no one injured at the point of time and no police was attending to this incident. There was no ambulance at scene as well. On the next day 14/11/2017 I woke up and realized my right shoulder aching and in pain therefore I went to seek treatment from Horizon Medical and was certified with 4 days medical certificate.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20171114/2118

3 of 3

Report No. T/20171114/2118

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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:

E /  
Sgt 2 NICHOLAS LEE NAM AIK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No: 65476430

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
14/11/2017 15:31

Classification Of Case:



# DRIVING DOC

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1542547D**

Name: **CHEW PENG BAK**

Birth Date: **11 Nov 1962**

Issue Date: **13 May 2003**

000488804A



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1542547D**

Name: **CHEW PENG BAK**

Race: **CHINESE**

Date of birth: **11-11-1962**

Sex: **M**

Country/Place of birth: **SINGAPORE**

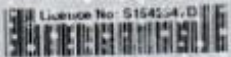



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	25 Jul 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 1500 kilograms	13 Nov 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Jun 1986

NP 429A

License No: S1542547D



5833473

S1542547D

Date of issue: **28-11-2017**

Address: **APT BLK 131 RIVERVALE STREET  
#13-B74  
SINGAPORE 540131**




Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo



