MCHM18054325 / Cheng Hoe Motor Pte Ltd - Yishun
ENTRY DATE & TIME: 25/04/2018 11:09
SUBMITTED BY: SHARON CHIONG BENG CHOON

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 witholding 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	25/04/2018 11:09
Date Of Accident	24/04/2018 15:10
Exact Location Of Accident	JUNCTION OF BISHAN ROAD & BISHAN ST.14
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GT5477L
Insured/Policyholder	
Name Of Registered Owner	CHBC INTEFRATED BUILDERS PTE LTD
Co Reg No	199707957N
Email Address	CHAIHUP@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67531266
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVC000006197-00-000
Cover Note Number	01/10/17 - 30/09/18
Driver	
Name of Driver	LAKKOJU UMA SANKAR
NRIC No	G3277285X
Date Of Birth	21/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96710456
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O ASIA INTEGRATED ENGINEERING PTE LTD
Postcode	
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SEMBANWANG NPC
Police Station Address	**ROAD**: 4 SEMBAWANG CRESCENT , **POSTCODE:** 757633 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

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	SJT5526T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK KOK HWA
NRIC/Passport Number	S1295125F
Contact Number	96720775
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

VEHICLE NO.: GT5477L
INSURER : GIA
DATE & TIME: 24/4/18 @ 15:00

IMPORTANT NOTICE

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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.

CHOC INTEGRATED BUILDERS PTE LTD.

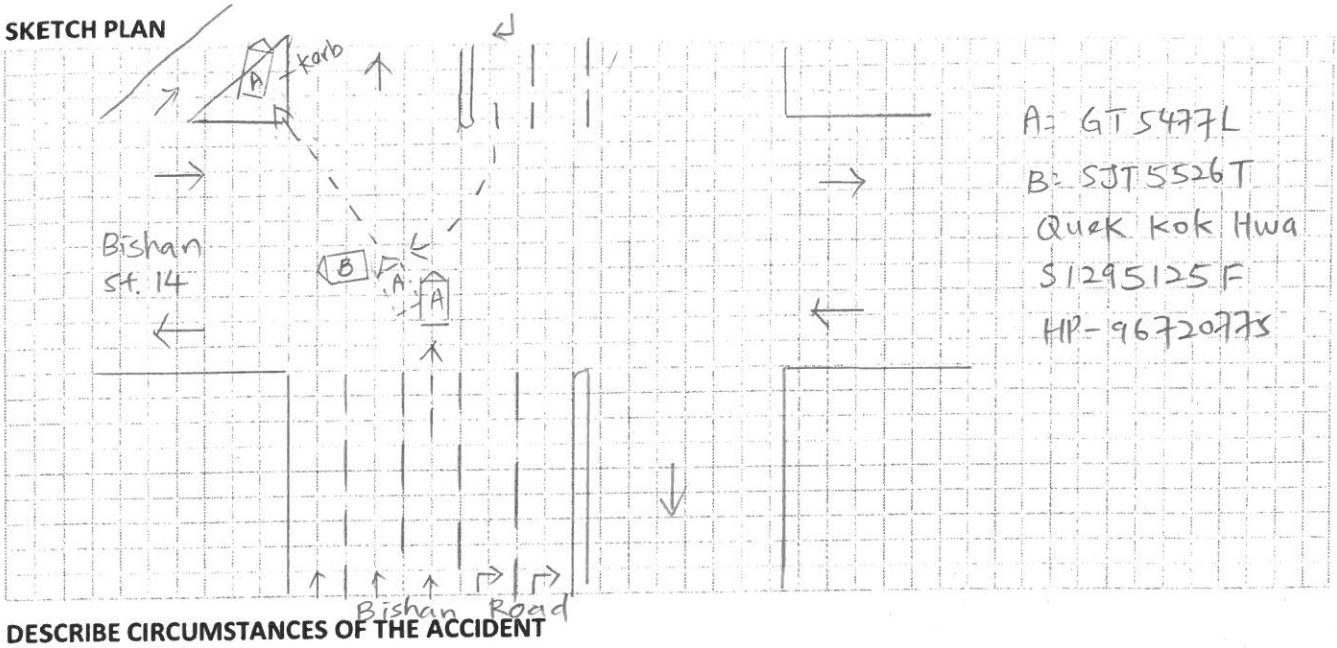
Policyholder's Signature
Date & Time:

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

25/4/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20180424/2106

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

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:

25/4/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: (4S)

( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)

SINGAPORE POLICE FORCE

T/20180424/2106

Report No. T/20180424/2106

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/04/2018 18:29	E/20180424/0117	57

Informant's Particulars

Name of Informant: LAKKOJU UMA SANKAR			Address: APT BLK 227 LORONG 8 TOA PAYOH #04-140 TOA PAYOH EIGHT SINGAPORE 310227	
ID Type / ID No.: FIN NO / G3277285X			Contact No.: Home/Office: Mobile: 96710456	
Nationality: INDIAN			Email:	
Sex: Male	Age: 25	Date of Birth: 21/08/1992	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: 3	Date of Expiry: 03/03/2022

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 24/04/2018 15:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BISHAN ROAD BISHAN STREET 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GT5477L	Lorry					0
SJT5526T						0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20180424/2106

Report No. T/20180424/2106

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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 /
Sr Staff Sgt NURHADZIYANA BINTE SULAIMI

SN 085

Singapore Police Force

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/04/2018 18:29

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver					
Name	LAKKOJU UMA SANKAR			ID No.	G3277285X
Related Vehicle	GT5477L (Lorry)			Contact No.	96710456
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 03/03/2022
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	

Driver					
Name	quek kok hwa			ID No.	S1295125F
Related Vehicle	SJT5526T			Contact No.	96720775
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 24/04/2018 at about 3.10pm, I was travelling along Bishan Road towards Bradell Road on the center of a 5 lane road. Traffic light was green in my favour, hence I continued driving. While I was at the junction, a maroon car on the opposite direction either made a right turn into Bishan Street 14 or making a U-turn. I tried to avoid collision, hence I step on the brake and rotated the steering to the left. I felt an impact on the front left of my lorry, before the lorry went up the grass verge and hit a traffic light pole 4.

No pedestrian involved or injured. Both me and the other car driver were checked by ambulance, and no immediate medical attention required. Police came reference to E/20180424/0117, in-charge is IO Christopher.