

## 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	25/04/2018 10:36
Date Of Accident	21/04/2018 12:30
Exact Location Of Accident	JURONG ISLAND HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT8892B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UTESCO ENGINEERING PTE LTD
Co Reg No	198901987R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97732992

### Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP FLATBED
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	GA334943/1
Cover Note Number	

### Driver

Name of Driver	ONG SENG HENG
NRIC No	S1733999J
Date Of Birth	30/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1986
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97732992
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO STATEMENT

#### 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	GY4851U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ2801X
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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number XD575C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

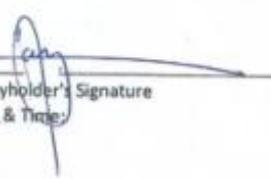
## SKETCH PLAN

### IMPORTANT NOTICE

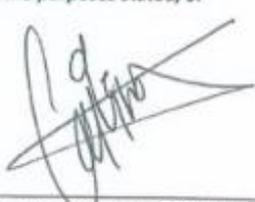
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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.

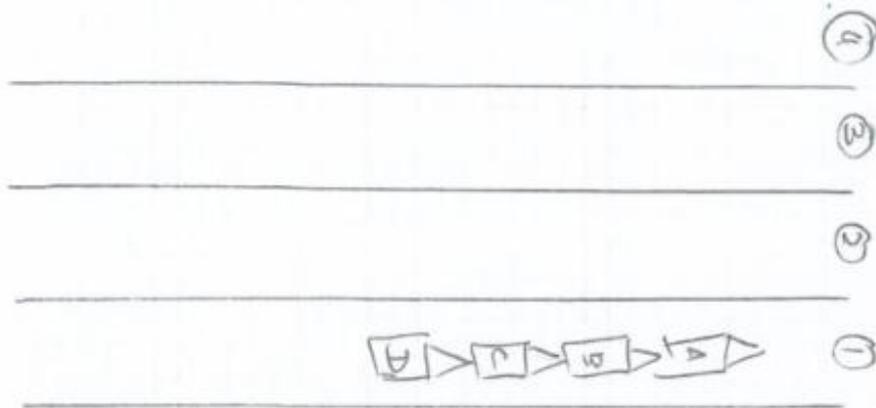
  
Policyholder's Signature  
Date & Time:

  
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

A large rectangular area with horizontal lines, intended for describing the accident circumstances. The area is mostly blank, with the handwritten words "POLICE REPORT" written across the middle.

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.:

Common Statement

Owner  
 Driver

ACCIDENT STATEMENT

Date of Accident 21/04/18 Time 12:30

Location of Accident Jurong Island Highway.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number  
Name of Policyholder  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)  
Address  
Contact Number  
Occupation

GT 889 2B  
UTSSO Engineering pte ltd.  
198901987R  
Tel: Hp 97732992.

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model  
Type of Vehicle  
Exact Purpose for which vehicle was being used at the time of accident

Saloon  MPV  CRV  Van  Lorry  Bus  Motorcycle  Others

Private Use

Are you claiming under your own insurance policy?

Yes  No  
 Private  Commercial  Motorcycle  Reporting

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company  
Type of Policy  
Fleet Policy  
Policy Number

AXA  
 Comprehensive  TP Fire & Theft  Third party  
 Yes  No  
GA 3349431

DRIVER

Name of Driver  
NRIC/ FIN/ Passport  
Date of Birth  
Occupation  
Driving Pass Date  
Gender  
Contact Number  
Address  
Email Address

Ong Seng Heng.  
317339993.  
30/04/1966  
Outdoor.  
01/07/1986.  
Tel:  Male  Female  
HP 11

Was driver an employee of the Insured's Company?

Yes  No

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc)

Weather Conditions

Clear  Rainy  Others  
 Wet  Dry  Others

Road Surface

Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

No  Yes

Was anybody injured in the accident? (Including Witness)

No  YES

Was any other vehicle(s) or property damaged?

No  Yes

Was there any camera video footage (in car)?

No  Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

No  Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

No  Yes

If Yes, against whom?

1 pax.

Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

JD 575C

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes  No

Was Injured conveyed to hospital by ambulance?

Yes  No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes  No

Was Injured conveyed to hospital by Ambulance?

Yes  No

Declaration

I/we hereby declare that the information provided above are true in every aspect.



LIFESCO ENGINEERING PTE LTD

Signature of Policy Holder

(Company Chop if applicable)

Date & Time

3

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number  
Vehicle Make/ Model/ Colour  
Details of Properties (if Other Party is not a Vehicle)  
Damage Area  
Name of Driver  
NRIC/ FIN/ Passport  
Contact Number / Email Address  
Address

Gy 48514.

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number  
Vehicle Make/ Model/ Colour  
Details of Properties (if Other Party is not a Vehicle)  
Damage Area  
Name of Driver  
NRIC/ FIN/ Passport  
Contact Number / Email Address  
Address

SJJ 280126.

Name of Insurance Company

DETAILS OF WITNESS

Name  
Phone / Email Address  
Address  
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name  
NRIC/ FIN/ Passport  
Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes  No  
 Yes  No

Was Injured conveyed to hospital by ambulance?

DETAILS OF INJURED PERSON 2

Name  
NRIC/ FIN/ Passport  
Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Yes  No  
 Yes  No

Was Injured conveyed to Hospital by Ambulance?

Declaration

I/We declare that the above particulars & information provided above are true in every aspect



UTESCO ENGINEERING PTE LTD

Signature of Party Insured \_\_\_\_\_ Date & Time

(Company Check if applicable)

Signature of Driver / Date & Time

(if Driver is not the Policy Holder)



redefining

Date: 03/5/2018

To: Owner of Vehicle Number: 678893B

The following has been advised to you via your workshop, SM Auto through their staff, Dan

Please tick the applicable box if you had been advised on the content as seen below:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the liability and merits of the case accordingly.
- You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.  
For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- Others: 3rd party claim @ other workshop.



Signed and acknowledged by BISCO ENGINEERING PTE LTD

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

AXA FROM

AXA Reporting Form

Date: 25/04/2018

To: Owner of Vehicle Number: GT5892B

The following has been advised to you by your workshop: BH Auto Workshop through the call: 3002130

Please tick the applicable box if you had been advised on the content as seen below:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- You had been advised by the workshop on the ability and merits of the case accordingly.
- You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- There will be no cancellation/withdrawal of the twin damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period.
- You will be driving the vehicle out despite being advised by the workshop (mechanic/personnel) that the vehicle may not be road worthy.
- For vehicles below Three (3) years old, your insurance Company will use only genuine original parts to repair your vehicle.  
For vehicles above Three (3) years old, your insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- You had been advised by the workshop of the Two (2) years warranty for Own Damage repairs on workmanship related to this accident.
- For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty claim in making this Own Damage claim.

Other: Reporting only @ BH Auto Workshop

Signed and acknowledge by:

[Signature]

Name and Signature of policyholder/authorised driver

[Signature]

Name and Signature of workshop personnel including company stamp

INSURANCE



redefining / insurance

AA Insurance Pte Ltd  
1888 888 4888 (within Singapore)  
1800 888 4888 (International)  
100 888 4748  
customerservice@aa.com.sg  
www.aa.com.sg

U.S.A.  
19/08/2018

Policy number  
012 / 0334543

# Certificate of Insurance

Commercial Vehicle (Third Party) (Motor Vehicle) (Compensation) Act, Chapter 101. Commercial Vehicle (Third Party) (Motor Vehicle) (Compensation) Rules 2007. Road Transport Act, 1997 (Malaysia). Commercial Vehicle (Third Party) (Motor Vehicle) (Compensation) Rules 2007 (Singapore).

## Policy details

Policyholder name	UTESOO RENEWING PTE LTD	Certificate number	0334543 / 1
Class	Third Party Only	RCP	20%
Engine number	7027694097	Chassis number	JH14P-GU0220000787
Vehicle registration number	078885R		
Period of insurance	from 01/04/2018 to 31/03/2019 (both dates inclusive)		
State/region	SI		
Home Loss Company	SI		

## Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's behalf or with their car.

Please note that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle of the Motor Vehicle. Persons not permitted to drive are listed by order of law below: (a) any person who is not licensed to drive the Motor Vehicle; (b) any person who is not licensed to drive the Motor Vehicle of the Motor Vehicle.

## Limitations as to use\*

- (a) Use in connection with the Policyholder's business;
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business;
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover:

- (a) Use for the hire or reward or for racing, prize-making, hill-climb trial or speed testing;
- (b) Use whilst towing a trailer (except the towing of any road-legal motor vehicle).

\*If the Motor Vehicle is covered by Section 4 of the Commercial Vehicle (Third Party) (Motor Vehicle) (Compensation) Rules 2007 and Section 10 of the Road Transport Act, 1997 (Malaysia), any motor vehicle included under this category.

## Excess

An additional excess is applicable as follows:  
(a) In the event of a claim, excess of \$5,000.00 is applicable for any claimant named driver who:  
(i) is 20 years of age or under and/or  
(ii) is 20 years of age and above and/or  
(iii) with driving experience of less than 2 years on the relevant road(s) of driving (total).

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

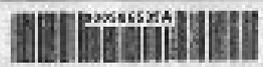
License Number: S 1733999J

Name: ONG SENG HENG

Date of Birth: 30 Apr 1968

Issue Date: 20 Jun 2005

Progressive



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1733999J

Name: ONG SENG HENG

王成興

CHINESE

Date of Birth: 30-04-1968

Country of Birth: SINGAPORE



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

Class	Description	Issue Date
Class 2	Motor Cars and Motor Tractors the weight of which (including full load) do not exceed 3500 kgs gross	31 Jul 1990

HP 4224

License No: S1733999J



8008188

HP 4224

License No: S1733999J

Issue Date: 01-04-1990

Valid Until: 01-04-1990

Age: 28-10-27



Police Report



SINGAPORE  
POLICE FORCE



T/20180421/2198

Police Station Of Origin:  
Kampung Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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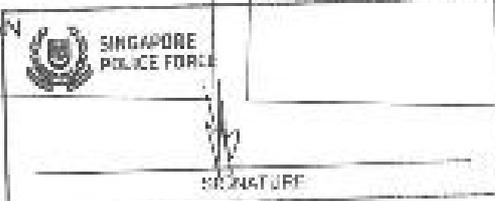
Report No: T/20180421/2198

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 / Sgt 2 CHAN LIP YANG, DEMIAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2018 17:55
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No: 65478216	Classification Of Case: 
Authentication Stamp NP156	

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/2018042/2138

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2887 SINGAPORE  
400009  
Tel No. 1800-7478888

2 of 4  
Report No. T/2018042/2138

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG SENG HENG	ID No.	S1733B98J
Related Vehicle	GT8892B (pickup)	Contact No.	97732992
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAU MOOK KEONG	ID No.	S1478553J
Related Vehicle	GY4851U (Van)	Contact No.	88986025
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
Driver			
Name	TAN HONG YIAM	ID No.	S134278EJ
Related Vehicle	SJJ2801X (Car)	Contact No.	9737955B
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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20100421/2135

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479889

1 of 4

Report No: T/20100421/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/04/2018 17:55		Vide Report No.: D/20180421/0089		Station Diary No.: 44	
<b>Informant's Particulars</b>					
Name of Informant: ONG SENG HENG			Address: APT BLK 11 EUNOS CRESCENT #13-2755 SINGAPORE 430011		
ID Type / ID No.: NRIC NO / S1733996J			Contact No.: Home/Office:		Mobile: 97732992
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 30/04/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT CO-ORDINATOR			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 JURONG ISLAND HIGHWAY				
Lamp Post Number: 95				
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
② GT8592B	pickup	NISSAN	P/UP FLATBED	Blue	Seriously Damaged	0
③ GY4851U	Van	FORD	CHASSISCA B	White	Seriously Damaged	0
① SJJ2801X	Car	MITSUBISHI	LANCER 2.0L MIVEC GT 6-CVT SUNROOF	Red	Slightly Damaged	0
④ XD575C	Lorry	NISSAN	CKB45ABTM 2	White	Slightly Damaged	0

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180421/2136

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7478899

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Report No: T/20180421/2136

**CONTINUATION OF REPORT**

Driver			
Name	MA RUIGANG		ID No. G8132285W
Related Vehicle	XD575C (Lorry)		Contact No. 82708711
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 21 April 2018 at about 12:30pm, I was traveling in vehicle GT8892B along Jurong island highway. As there is heavy traffic caused by some fallen tree branches, vehicle SJJ2801X that was in front of me stopped and wanted to change lane into the left lane. There was a SCDF van GY4851U behind me at that point in time too. All 3 vehicles were completely stationary.

All of a sudden, GY4851U was hit from the rear by a container truck bearing license XD575C. This resulted in a chain collision and GY4851U hit the rear of my vehicle and my vehicle hit the rear of SJJ2801X.

After the collision, all 4 drivers exited their vehicles and exchanged particulars. SJJ2801X had a dented rear bumper. My vehicle was sandwiched in between and the front and rear left of my vehicle doors are unable to open. Vehicle GY4851U front right headlights were completely smashed in and the rear is also smashed from the impact. Container truck XD575C had some minor dents on the front bumper.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
1 Raffles Quay, #14-01 Singapore 048581
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S95504250 / GST Reg. No. M400027235

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MBH18058393 Vehicle Registration No: GT889JB
Name(s) shown in NRIC: Ong Seng Hong NRIC/FIN/Passport No: S1723999J
(\* Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate
Address: Blk 5063, Ang Mo Kio Ind. Park 2, #01-1372 Singapore 567566
Contact (Tel): 64825269 Mobile No:
Email Address: utrescoengr@singnet.com.sg
Date of Accident: 2/04/2018 Time of Accident: 12:30
Place of Accident: Along Road 1, Jurong Island Highway
Insurance Company:

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Convert from Reporting to 3rd party claim @ other workshop.

UTESCO ENGINEERING PTE LTD
Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 3/5/18