

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	28/08/2018 12:29
Date Of Accident	27/08/2018 15:00
Exact Location Of Accident	X-JUNCTION WOODLANDS ROAD & MANDAI AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4169B
Insured/Policyholder	
Name Of Registered Owner	THE HARDWARE SHOP PTE LTD
Co Reg No	-
Email Address	SALES@THEHARDWARESHOP.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-93450910

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPCVE002466
Cover Note Number	16/10/2017 TO 15/10/2018

Driver

Name of Driver	LU JUN
NRIC No	G2899465L
Date Of Birth	26/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93450910
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 622 BUKIT BATOK CENTRAL #25-504 (S) 650622
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?	YES
Was any injured conveyed to hospital by ambulance?	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 [OTHER]	WOODLANDS EAST N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with police report t/20180828/2021

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	SLC3183C
Vehicle Make/Model/Colour	TOYOTA VIOS (SILVER)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG BEE CHENG JULIET
NRIC/Passport Number	S7043403B
Contact Number	97333846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

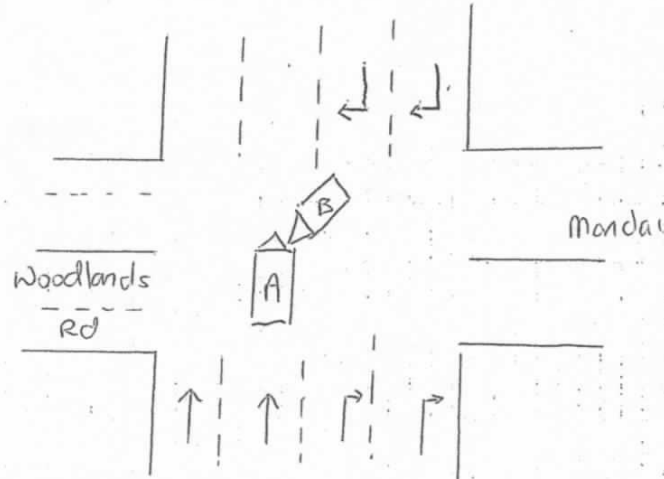
HOSPITAL

SLC3183C

YES

YES

SKETCH PLAN



B. SLC 3183C

Refer to Police Report

Insurance Co. Smg Insrens
Vehicle No. GBD HIC 7 of Account 57/B/018
☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim
☒ Other Workshop
J. PART Motor p/c

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 2812/2018


SKETCH PLAN


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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.


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.:



SINGAPORE POLICE FORCE



T/20180828/2021

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180828/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 10:44	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: LU JUN			Address: APT BLK 622 Bukit Batok Central #25-504 SINGAPORE 650622	
ID Type / ID No.: NRIC NO / G2899465L			Contact No.: Home/Office: Mobile: 93450910	
Nationality: CHINESE			Email:	
Sex: Male	Age: 28	Date of Birth: 26/03/1990	Type of Informant: Driver	
Race: Chinese			Language: Mandarin	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2018 15:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS ROAD MANDAI AVENUE Along Woodlands Road towards Mandai Ave cross junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4169B	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	0
SLC3183C	Car	TOYOTA	VIOS	Silver	Totally Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD4169B		D17MTPCVE00246 6	16/10/2017	15/10/2018



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180828/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LU JUN	ID No.	G2899465L
Related Vehicle	GBD4169B (Lorry)	Contact No.	93450910
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	Slight
Driver			
Name	NG BEE CHENG JULIET	ID No.	S7043403B
Related Vehicle	SLC3183C (Car)	Contact No.	97333846
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 27/08/2018 at about 1500hrs, I was driving my company lorry bearing vehicle number GBD4169B along Woodlands Road towards Mandai Avenue. I was driving straight in lane 3 when the car bearing vehicle number SLC3183C which was on the oncoming traffic suddenly made a right turn into Turf Club Avenue. The oncoming car suddenly cut across my way as such I swerved to my left to avoid colliding the car. However, the front of the car hit the right side of my lorry. I wish to state that the traffic light was green for my way when the accident happened.

After the collision, I went to make a check on the other car driver and passenger and they were conscious and able to get out of the car. We then exchanged particulars. Subsequently, ambulance and traffic police IO Rizwan came to give assistance. The paramedics made a check on the driver of the car, her passenger and myself. I only had a minor scratch on the right side of my temple. The passenger of the car was conveyed by ambulance when I was at scene.



**SINGAPORE
POLICE FORCE**



T/20180828/2021

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180828/2021

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:

J /

Staff Sgt NUR AIN BINTE ABDUL WAHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Signature Of Informant:

Date/Time:

28/08/2018 10:44

Classification Of Case:

SN 130

Authentication Stamp
NP168



Signature :

Singapore Police Force