

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 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. 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	14/01/2019 15:08
Date Of Accident	14/01/2019 10:50
Exact Location Of Accident	SLE TOWARDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW5853T
Insured/Policyholder	
Name Of Registered Owner	CHEW'S AGRICULTURE PTE LTD
Co Reg No	198703198H
Email Address	ENGSOONCHEIK@CHEWSEGG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67937678

Vehicle Particulars

Manufacturer	ISUZU
Model	TFR69H-29(T)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MFL0001145
Cover Note Number	27/09/18 - 19/08/19

Driver

Name of Driver	CHEW ENG KENG
NRIC No	S1594817E
Date Of Birth	22/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96345878
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 421 CHOA CHU KANG AVE 4 #08-222
Postcode	680421
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQB737 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE

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 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	GBG1695C
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JQB737
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 GBH8691L
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)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: GW5853T
INSURER : India
DATE & TIME: 14/1/19 10:50am


IMPORTANT NOTICE

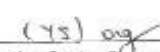
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.:

Sketch Plan #2

SKETCH PLAN

Woodlands Ave

SLE

GBH869IL

JQB737

GBG1695C

GW5853T

W
J
S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:

© ARMC SketchPlatform V3

() Claim Own Policy

☐ Claim Third Party

() Reporting Only

() Claim OD/TP at other workshop (_____)



**SINGAPORE
POLICE FORCE**



T/20190114/2077

1 of 3

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

Report No. T/20190114/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 14:35	Vide Report No.:	Station Diary No.: 42
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHEW ENG KENG			Address: APT BLK 421 CHOA CHU KANG AVENUE 4 #08-222 SINGAPORE 680421		
ID Type / ID No.: NRIC NO / S1594817E			Contact No.: Home/Office: Mobile: 96345878		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 22/02/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/01/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY towards woodlands avenue 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBG1695C	Bus/Coach/Minibus	VAN			Slightly Damaged	0
GBH8691L	Bus/Coach/Minibus	VAN			Slightly Damaged	1
GW5853T	Lorry				Seriously Damaged	1
JQB737	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190114/2077

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

2 of 3

Report No. T/20190114/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW ENG KENG	ID No.	S1594817E
Related Vehicle	GW5853T (Lorry)	Contact No.	96345878
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 the stated date time and place Along SLE towards Woodlands Ave 12. There was this Van GBH8691L suddenly stop along the SLE for unknown reason. The other 2 vehicles(1 Malaysia car and 1 other Singapore Van) behind this van managed to stop. However as I could not stop my lorry in time. My lorry hit onto the rear of the van causing it to moved forward hitting the rest of vehicle infront. No one was injured in this accident. The incident was attended by Traffic police.



**SINGAPORE
POLICE FORCE**



T/20190114/2077

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

3 of 3

Report No. T/20190114/2077

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.

<p>Signature Of Officer Recording The Report: L / Staff Sgt TEO BOON PIEW</p> <p>Signature Of Interpreter: Not applicable</p> <p>Signature _____</p> <p>Singapore Police Force</p> <p>Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151</p>	<p>Signature Of Informant: </p> <p>Date/Time: 14/01/2019 14:35</p> <p>Classification Of Case:</p>
---	--

Authentication Stamp
NP168

Authorisation letter

Date : 14/01/19

To : Accident Reporting Centre (ARC)

I / We hereby approve (driver's name) Chew Eng Keag
NRIC/FIN S1594817E, our employee / employee of Chew's Agriculture
Pte Ltd to drive our m/vehicle no. GW 5853T
and to file the accident report (Thlrd Party claims/Own Damage Claims/Reporting
Only) which occurred on (date) 14/01/19 @ (time) 10:50am
along (location) SLE Towards Woodlands Ave 12

* Relationship between Insured and driver's company: _____

Thank you.

Regards,



X

* SIGN & STAMP at the above *

Name of Owner : Chew's Agriculture Pte Ltd

NRIC / ROC : 198703198H

Contact No : 67937678

Email : engsuanchen@chewisegg.com.sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1594817E



Name

CHEW ENG KENG

周永庆

Race

CHINESE

Date of birth

22-02-1963

Sex

M

S1594817E

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1594817E

Name

CHEW ENG KENG

Issue Date: 22 Feb 1963

Valid Date: 15 Mar 2018



002783167J

5894579



NRIC No: S1594817E



Date of issue

20-03-2018

Address

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 24 Apr 1960



License No: S1594817E

NP 425A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo

