

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	28/01/2019 16:43
Date Of Accident	26/01/2019 18:10
Exact Location Of Accident	JUC OF PUNGGOL CENTRAL & PUNGGOL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	WC1325T
Insured/Policyholder	
Name Of Registered Owner	WOODLANDS TRANSPORT SERVICE PTE LTD
Co Reg No	198102721M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383481
Alternative Phone No	OFFICE-65598954
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYH52S
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD18V10482
Cover Note Number	
Driver	
Name of Driver	TAN CHONG POH
NRIC No	S1206455A
Date Of Birth	16/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1985
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97830352
Fax Number	(LOCAL) +65-68982394
Contact Number	OFFICE-65598954
Email Address	NOEMAIL

Address	BLK 621 BEDOK RESERVOIR ROAD #11-1476
Postcode	470621
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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]	EUNOS NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 26/01/2019, at about 18 :08 hrs, I was approaching the junction of the Punggol central & Punggol Road and came to a complete stop as the traffic light was red .I was about 4 cars length away from the junction. When suddenly, I felt an impact from the back of my truck. I alighted and discovered that a vehicle SJJ5R on the 3rd lane facing oncoming traffic. I believe the vehicle had collided onto the rear of my truck as there were debris of the said car at the rear of my truck. There was a vehicle SLN3731M about 1 car length behind my truck. The car may have captured what happened .Subsequently, ambulance and traffic police arrived at the scene and the driver of SJJ5R was conveyed to the hospital. As a result, my truck sustained damages. No one was injured.

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	SJJ5R
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	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ5R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.:

B- SJJ5R

Junction of Punggol Road & Punggol Central

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

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Date & Time:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190126/2167

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20190126/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2019 21:16		Vide Report No.:	Station Diary No.: 34
Informant's Particulars			
Name of Informant: TAN CHONG POH		Address: APT BLK 621 BEDOK RESERVOIR ROAD #11-1476 SINGAPORE 470621	
ID Type / ID No.: NRIC NO / S1206455A		Contact No.: Home/Office: Mobile: 97830352	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 16/08/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: MIXER TRUCK DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/01/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL CENTRAL PUNGGOL ROAD Travelling from Punggol Central towards Punggol Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SJJ5R	Car	HYUNDAI		Black		0
SLN3731M	Car	MAZDA				0
WC1325T	Cement Mixer Truck	ISUZU		White	Slightly Damaged	0



**SINGAPORE
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T/20190126/2167

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20190126/2167

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHONG POH	ID No.	S1206455A
Related Vehicle	WC1325T (Cement Mixer Truck)	Contact No.	97830352
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26 Jan 2019 at about 5.50pm, I was driving my cement mixer truck (License Plate: WC1325T) along Punggol Central with the intention to turn right into Punggol Road. I was travelling alone and was on the first of 4 lanes. I was travelling on the first lane as it is the only lane that turns right into Punggol Road.

On the same day at about 6.08pm, I was approaching the junction of Punggol Central and Punggol Road, I came to a complete stop at the traffic light was red. I was about 4 cars length away from the junction of Punggol Central and Punggol Road. When suddenly, I felt an impact from the back of my truck. I alighted from my truck and discovered a black Hyundai (License Plate: SJJ5R) on the third lane facing oncoming traffic. I believe the black Hyundai had collided onto the left rear side of my truck as there were debris of the black car on the road near the left rear of my truck. There was a black Mazda (License Plate: SLN3731M) about 1 car length behind my truck, this said vehicle has an in-car camera and may have captured what happened.

Traffic Police and Ambulance were at scene. The driver of the black Hyundai was conveyed by ambulance. I did not managed to get the particulars of any drivers. There is no in-car camera in my truck. I am not injured. I am lodging this report as requested by Traffic Police. The reference number is F/20190126/0206 and the Investigation Officer is Bei Fang (Tel: 65476415).

**SINGAPORE
POLICE FORCE**

T/20190126/2167

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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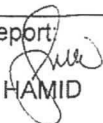
Report No. T/20190126/2167

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 / 
Sr Staff Sgt MUHAMED SHAMIR S/O HAMID
GHOUSE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:


Date/Time:
26/01/2019 21:16

Classification Of Case: