

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	20/03/2019 14:19
Date Of Accident	19/03/2019 05:50
Exact Location Of Accident	JUNC OF TOH GUAN RD & TOH GUAN RD E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8005J
Insured/Policyholder	
Name Of Registered Owner	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY
Co Reg No	53124418X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94764165

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088068709-01
Cover Note Number	-

Driver

Name of Driver	WANG HUAZHEN
Passport No/FIN	G3305391L
Date Of Birth	23/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93912280
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	26A JALAN PARAS YONG SENG ESTATE
Postcode	418891
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	3
Was any body injured in the Accident?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC140Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	UNKNOWN
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 INJURED PERSON 1

Name	WANG HUAZHEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE8005J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

飛煌麵粉標製造廠
-EI HUANG MEE HOON KUAY MANUFACTURING FACTORY

王化強



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

Naigai nitto barrier.

Toh Guan Rd

Toh Guan Rd E

A = GBE 8005J
B = PC 1402
C = Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

Please Refer to Police Report

飛煌船務製造廠
-FI HUANG MEE HOON KUNY MANUFACTURING FACTORY-

G/VE declare the foregoing particulars are true in every respect.

王化鎮

[Signature]

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190320/2069

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190320/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 12:44	Vide Report No.: D/20190319/0036	Station Diary No.: 22
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Informant's Particulars				
Name of Informant: WANG HUAZHEN		Address: 26A JALAN PARAS YONG SENG ESTATE SINGAPORE 418891		
ID Type / ID No.: FIN NO / G3305391L		Contact No.: Home/Office: Mobile: 93912280		
Nationality: CHINESE		Email:		
Sex: Male	Age: 40	Date of Birth: 23/08/1978	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2019 05:50	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TOH GUAN ROAD JURONG TOWN HALL ROAD (CROSS JUNCTION)				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
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
GBE8005J	Lorry	TOYOTA		Silver	Slightly Damaged	0
PC140Z	Bus/Coach/Mi nibus			Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE8005J	NTUC Income Insurance Co-Operative Limited			

POLICE REPORT



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T/20190320/2069

Police Station Of Origin:
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20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20190320/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG HUAZHEN	ID No.	G3305391L
Related Vehicle	GBE8005J (Lorry)	Contact No.	93912280
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/03/2019	Date Discharge	19/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LIU TAO	ID No.	G3135947W
Related Vehicle	PC140Z (Bus/Coach/Minibus)	Contact No.	87317579
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 19/03/2019 at about 0550hrs, I was driving my company (Fei Huang Mee Hoon Kuay Manufacturing Factory) lorry vehicle (Toyota, Silver, GBE8005J), in the middle of a 3 lane road along Toh Guan Road towards Jurong Town Hall Road. I was approaching a cross junction along the road and intended to make a right turn at the junction however the turn-right arrow was already flashing hence I decided to make a stop. I then suddenly felt a strong impact from the lorry's rear and the lorry moved to the left and mounted a kerb, onto the pavement. The lorry came to a stop when the left front side of the lorry hit against a barrier of a factory.

I felt back and neck pains when the vehicle stopped. I then alighted from the lorry to make a check and noticed that a coach vehicle (Silver, PC140Z) had collided with the rear of my lorry. The driver of the coach did not seem to be injured. There were no passengers in both vehicles when the accident occurred. The impact caused the coach's front windshield to be cracked and its front portion was dented. The impact also caused my company's lorry to be damaged, mainly at the front left portion where it was dented and also the rear container (used for storage) where it was dented and also pushed slightly to the lorry's front body causing it to be jammed.

Shortly after, a traffic police officer arrived and interviewed both parties. My company's lorry has a front in-vehicle camera, of which the SD Card (SP Elite Micro HC I 8GB) was given to the TP Officer. I was also issued a police acknowledgement slip after handing over the SD Card. I was also advised to lodge a traffic accident report. I also informed my company's supervisor about the accident and he sent another

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T/20190320/2069

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Report No. T/20190320/2069

CONTINUATION OF REPORT

driver who arrived shortly after to transfer the goods that was in my lorry and I followed the other driver to deliver the good. Later that evening, after work, I went to Mount Alvernia Hospital for a checkup and was issued with 05 days of Outpatient Sick Leave, from 19/03/2019 to 23/03/2019.

I am lodging this report as required by the Traffic Police and also for insurance purposes. I also wish to add in that I was given a case card by the TP officer vide report number D/20190319/0036.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190320/2069

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Report No. T/20190320/2069

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 MUHAMMAD NURUL'OMARALI BIN SUPRAT	Signature Of Informant: 王化鎮
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2019 12:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



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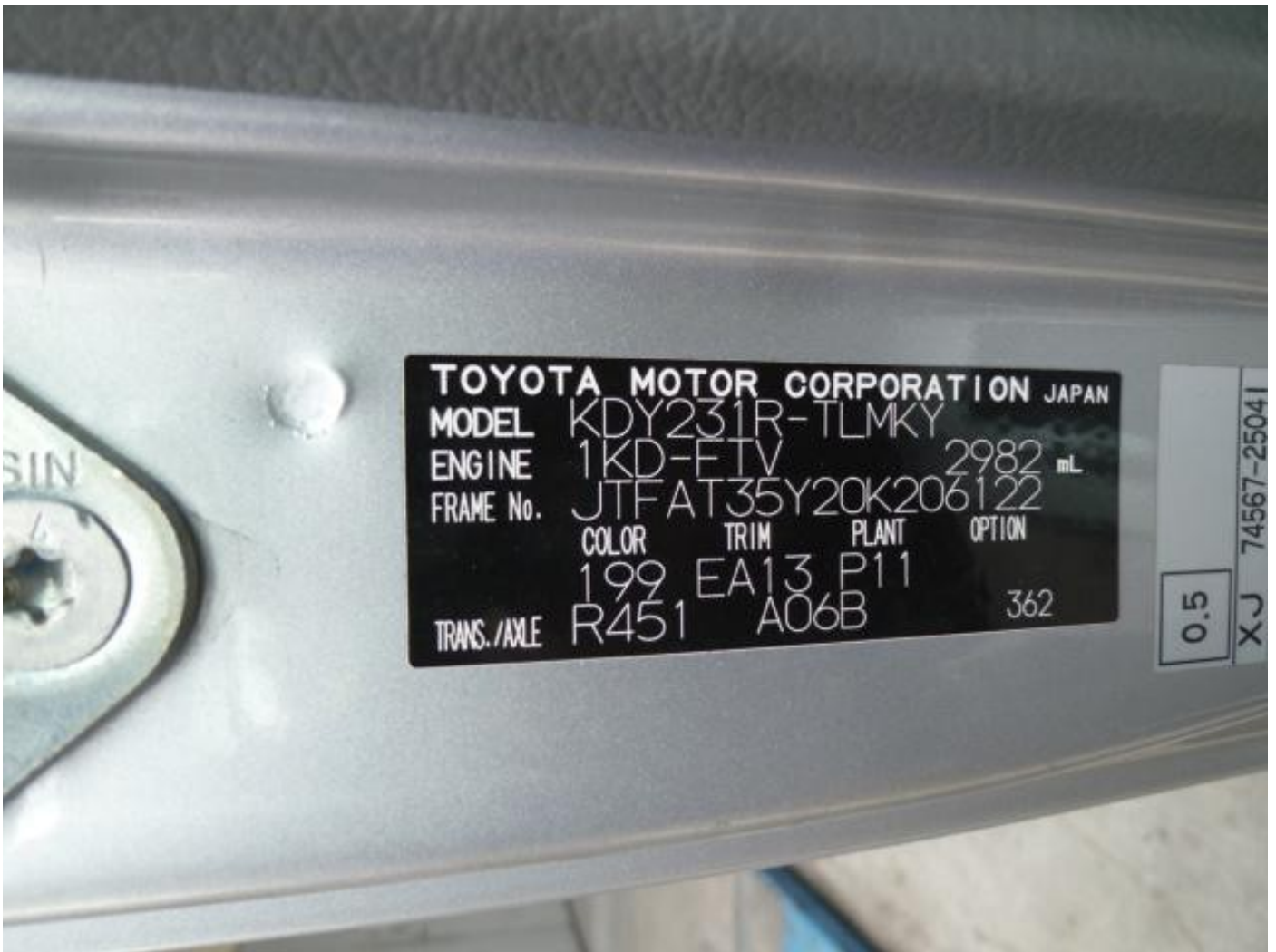
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