

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	08/04/2019 12:50
Date Of Accident	06/04/2019 17:55
Exact Location Of Accident	TPE BF PUNGGOL WAY EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XB7418M
Insured/Policyholder	
Name Of Registered Owner	PUN CHOW ENTERPRISE PTE. LTD
Co Reg No	198301009D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65821503
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO-11.9 D FV517P (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MS002533
Cover Note Number	
Driver	
Name of Driver	NEO ENG GUAN
NRIC No	S1410276J
Date Of Birth	08/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1981
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96863999
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK29 NEW UPPER CHANGI ROAD #09-754
Postcode	464029
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT AVAILABLE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE INVOLVED

Vehicle Registration Number	SLS2835C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WENG TIANLF
NRIC/Passport Number	S8501655E
Contact Number	90125136
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLS2835C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

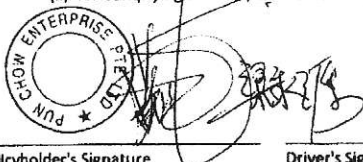
SKETCH PLAN

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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.


 CHONG ENTERPRISE LTD
 PUN

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 TAMPINES

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attach Police Report No: 7/20190406/2164
attach

☐ claim OD / TP at Falcon-Air ☒ claim OD / TP Own W/shop ☐ Reporting Only

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190406/2164

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190406/2164

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 22:28	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: NEO ENG GUAN			Address: APT BLK 29 NEW UPPER CHANGI ROAD #09-754 SINGAPORE 464029	
ID Type / ID No.: NRIC NO / S1410276J			Contact No.:	Mobile: 96863999
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 60	Date of Birth: 08/12/1958	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2019 17:55	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY before Punggol Way Exit				
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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLS2835C	Car				Totally Damaged	2
XB7418M	TRUCK				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20190406/2164

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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190406/2164

CONTINUATION OF REPORT

Driver			
Name	WENG TIANLF	ID No.	S8501655E
Related Vehicle	SLS2835C (Car)	Contact No.	90125136
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	NEO ENG GUAN	ID No.	S1410276J
Related Vehicle	XB7418M (TRUCK)	Contact No.	96863999
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 06/04/2019 at about 1757hrs, I was driving my white tipper truck, XB7418M at the 3rd of 4 lane road along TPE expressway before Punggol Way Exit. While travelling straight, I felt an impact on my rear left portion and upon looking my mirror, I saw a car, SLS2835C accelerating towards a road works on the fourth lane. Subsequently, I slowed down and stopped my vehicle to inspect the damage. Due to the collision, my tyre had some scratches and the rear left mud guard was dented. I proceed to check on the driver of SLS2835C and realized that one of the passenger had a cut on the lower lips. The driver called for ambulance and the said passenger was conveyed to unknown hospital. My vehicle is installed with a front in-car camera and so far, I do not have any witness. No one else is injured. The driver admitted to me that he falls asleep.



**SINGAPORE
POLICE FORCE**



T/20190406/2164

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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190406/2164

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 / Staff Sgt HEAP ZHI YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2019 22:28
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168 