

## 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	29/04/2019 12:33
Date Of Accident	28/04/2019 15:50
Exact Location Of Accident	ALONG AIRPORT RD TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU6336Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNITED MULTI TRADES ENTERPRISE
Co Reg No	42092500K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62979277
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-004600
Cover Note Number	06/08/18 - 05/08/19

### Driver

Name of Driver	LUO FUZENG
NRIC No	S2730770A
Date Of Birth	28/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90262604
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 245 YISHUN AVE 9 #06-163
Postcode	760245
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?	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?	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)	5
Passenger 1	NAME: : HUANG ZHAOYU(WIFE) GENDER: : FEMALE
Passenger 2	NAME: : JOSHUA LUO HE XUAN(GRANDSON) GENDER: : MALE
Passenger 3	NAME: : SON GENDER: : MALE
Passenger 4	NAME: : DAUGHTER-IN-LAW GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. \* VEHICLE STILL IN TRAFFIC POLICE COMPOUND \*

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5081Y
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHENG KEONG
NRIC/Passport Number	S6830258G
Contact Number	97770794
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK1955L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHINESE MALE
NRIC/Passport Number	
Contact Number	92728242
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HUANG ZHAOYU(WIFE)
Approximate Age	
Injuries Sustain	BRUISE ON BOTH KNEES & CUT ON FOREHEAD
Injured person in which vehicle?	GU6336Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	JOSHUA LUO HE XUAN(GRANDSON)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GU6336Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: GU 6336Z  
INSURER : EA  
DATE & TIME: 28/4/19 @ 15:50

### 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:

29/4/19

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

## Sketch Plan #2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Airport Road

Refer to Police Report No: T/20190429/2026

\* Vehicle still in Traffic Police Compound.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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: (Ys)  
NRIC/FIN No.:

GLIARC SketchPlanForm\_V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



**SINGAPORE  
POLICE FORCE**



T/20190429/2026

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4

Report No. T/20190429/2026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2019 11:03	Vide Report No.: <u>G1/20190428/0154</u>	Station Diary No.: 55
--	--	--------------------------

**Informant's Particulars**

Name of Informant: LUO FUZENG			Address: APT BLK 245 YISHUN AVENUE 9 #06-163 SINGAPORE 760245		
ID Type / ID No.: NRIC NO / S2730770A			Contact No.: Home/Office: Mobile: 90262604		
Nationality: CHINESE			Email:		
Sex: Male	Age: 55	Date of Birth: 28/10/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MECHANIC			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2019 15:50	Type of Location: X-Junction
Location: Along Road 1 AIRPORT ROAD PAYA LEBAR ROAD ALONG AIRPORT ROAD TOWARDS PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		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
GU6336Z	Van				Seriously Damaged	4
SHC5081Y	Car					0
SJK1955L	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190429/2026

2 of 4

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190429/2026

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	JOSHUA LUO HE XUAN	ID No.	NIL
Related Vehicle	GU6336Z (Van)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LUO FUZENG	ID No.	S2730770A
Related Vehicle	GU6336Z (Van)	Contact No.	90262604
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	HUANG ZHAOYU	ID No.	S7262584F
Related Vehicle	GU6336Z (Van)	Contact No.	96426637
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/04/2019	Date Discharge	28/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20190429/2026

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 4

Report No. T/20190429/2026

**CONTINUATION OF REPORT**

Driver			
Name	TAN CHENG KEONG	ID No.	S6830258G
Related Vehicle	SHC5081Y (Car)	Contact No.	97770794
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 29/04/2019 at about 1550hrs, I was driving my vehicle (GU6336Z) together with my family (total <sup>4/4</sup> passengers) along Airport Road towards Paya Lebar Road. I then stopped at the junction of Airport Road to wait for the traffic light turn green. There was a car (SJK1955L, hp: 92728242) in front of me. Out of sudden, there was a huge impact from rear side, a vehicle (SHC5081Y) collided to my car. After that my car move forward and hit onto the car in front of me. When the accident happens, my wife (Huang Zhaoyu) was sitting at the front passenger seat, she moved forwards and her head hit onto the windscreen and the windscreen crack as well. That time, she was carrying my grandchild ( 7 months, named: Joshua Luo).

There were police officer and ambulance at scene. My wife was conveyed to Changi General Hospital due to bruises on her both knee and cut on her forehead. She was discharge from hospital at about 2200hrs and given 5days mc.

My grandson was sent to Kk Women's and Children's Hospital for further check-up and till now he still at hospital for observation.

The damage on my vehicle is dent mark on the rear and front boot and crack on windscreen.



PR



SINGAPORE  
POLICE FORCE



T/20190429/2026

4 of 4

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190429/2026

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:

L /

Sgt 2 FOO CHEA YEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/04/2019 11:03

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S2730770A**



Name

**LUO FUZENG**

**罗 福 增**

Race  
**CHINESE**



Date of birth  
**28-10-1963**

Sex  
**M**

**S2730770A**

Country/Place of birth  
**CHINA**

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S2730770A**

Name

**LUO FUZENG**

Birth Date: **28 Oct 1963**

Issue Date: **21 Mar 2007**



001485781K1

9513974



NRIC No. **S2730770A**



Nationality  
**CHINESE**

Date of issue  
**12-01-2019**

Address

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles <= 200 CC	28 Dec 1995
Class 3	Motor cars <= 3500 kg with <= 3 p. seater, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Dec 1995
Class 4	Heavy motor cars and motor tractors > 2500 kg	19 Jun 2007
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	29 Aug 2007

+S2730770A

S / No. 9000076271



License No: **S2730770A**

NP 428A

SCENE



SCENE





SCENE



SCENE

