

## 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 ability.
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	06/04/2018 18:13
Date Of Accident	26/03/2018 13:35
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3388G
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#### Insured/Policyholder

Name Of Registered Owner	ALBERT HOO ELECTRICAL PTE LTD
Co Reg No	199501884Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94775295
Alternative Phone No	OFFICE-94775295

#### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5097586729
Cover Note Number	

#### Driver

Name of Driver	TAN SIAN BENG
NRIC No	S1377692Z
Date Of Birth	13/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94775295
Fax Number	
Contact Number	OTHERS-94775295
Email Address	NOEMAIL

Address	BLK 75 WHAMPOA DRIVE #07-354
Postcode	320075
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 207 TOA PAYOH NORTH , <b>POSTCODE:</b> 310207 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2549999 - <b>FAX NO:</b> 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180326/2144

#### 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	GBC7973G
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	YM7446L
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	TAN SIAN BENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBF3388G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



**ALBERT HOO ELECTRICAL PTE LTD**  
24, Kaki Bukit View, Singapore 415960  
Tel: 6743 3366 Fax: 6743 7433  
Email: sales@alberthoo.com.sg

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.:

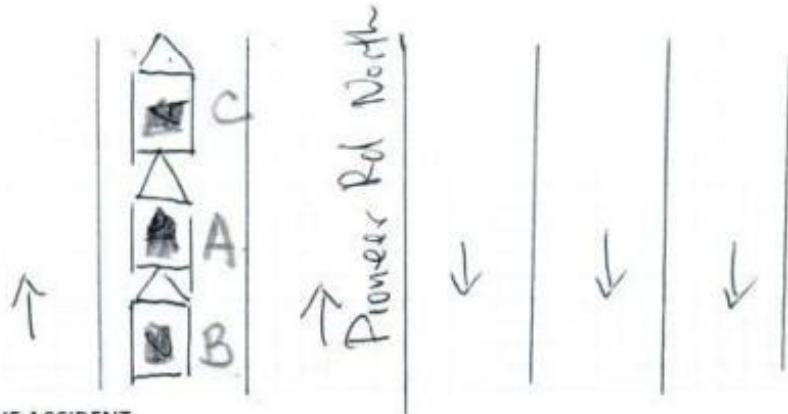
FORM 100 (Rev 1/2018)

# Sketch Plan #2

## SKETCH PLAN

Lok Yang Way

E = YM7446L  
A = GBF3388G  
B = GBC 7973G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20180326/2149



**ALBERT HOO ELECTRICAL PTE LTD**

24, Kaki Bukit View, Singapore 415960

Tel: 6743 3366 Fax: 6743 7433

Email: sales@alberthoo.com.sg

## DECLARATION

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

**ATEC CONTROL PTE LTD**  
24, Kaki Bukit View  
Singapore 415960  
Tel: 6743 3366 Fax: 6743 7433

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 #3



**SINGAPORE  
POLICE FORCE**



T/20180326/2144

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Report No. T/20180326/2144

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

## CONTINUATION OF REPORT

Name	WONG THIN HEE		ID No.	S2690123E
Related Vehicle	GBC7973G (Van)		Contact No.	83509820
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	
Name	TAN SIAN BENG		ID No.	S1377692Z
Related Vehicle	GBF3388G (Lorry)		Contact No.	94775295
Hospital/Clinic	HORIZON MEDICAL PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	04	Degree of Injury	NIL	
Name	LIN CHUANKIANG		ID No.	S6863236F
Related Vehicle	YM7446L (Lorry)		Contact No.	NIL
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 26/03/2018 at about 1335hrs. I was travelling in my delivery Lorry (GBF3388G) along Pioneer Road North. My vehicle had stopped just before the traffic light of the traffic junction as it was showing a red light. My vehicle was in the middle lane and was stationary. It was when another van (GBC7973G) had collided onto the rear onto my vehicle. The impact had pushed my vehicle forward and thus resulted in me colliding to another lorry (YM7446L) that was stationary in front of me. I got off my vehicle and made a check and the other drivers got off as well. It was drizzling and the floor was wet at that point in time. No one was injured and I obtained the other drivers particulars. My vehicle had sustained damages on the front and on the rear which included a cracked front windscreen and the rear bumper tail boot was dented. The other vehicles had sustained damages as well. This is the first time such an accident had happened. I wish to state that my vehicle does not have an in-car camera and the other two vehicles did not have in-car cameras as well. There is no camera at the said junction. I felt some pain after the

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

Accident Photo



Accident Photo



Accident Photo





Accident Photo

Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180326/2144

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Report No. T/20180326/2144

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/03/2018 17:29

Vide Report No.:

Station Diary No.:  
18

### Informant's Particulars

Name of Informant:  
TAN SIAN BENG

Address:  
APT BLK 75 WHAMPOA DRIVE #07-354 SINGAPORE 320075

ID Type / ID No.:  
NRIC NO / S1377692Z

Contact No.:  
Home/Office: Mobile: 94775295

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 58 13/07/1959

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
DELIVERY DRIVER

Driving Licence Information:  
Class: 3

Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury

Drink Drive: No

Date/Time of Accident:  
26/03/2018 13:35

Type of Location:  
Straight Road

Location:  
Along Road 1  
PIONEER ROAD NORTH

before the traffic junction of Pioneer Road North towards Loyang Way

Weather:  
Drizzling

Road Surface:  
Wet

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Traffic Light - Working

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	Seriously Damaged	0
GBC7973G	Van				Seriously Damaged	0
GBF3388G	Lorry				Seriously Damaged	0
YM7446L	Lorry				Seriously Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180326/2144

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Report No. T/20180326/2144

Police Station Of Origin:  
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207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

## CONTINUATION OF REPORT

Name	WONG THIN HEE	ID No.	S2690123E
Related Vehicle	GBC7973G (Van)	Contact No.	83509820
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
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Related Vehicle	YM7446L (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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### Brief Details.

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180326/2144

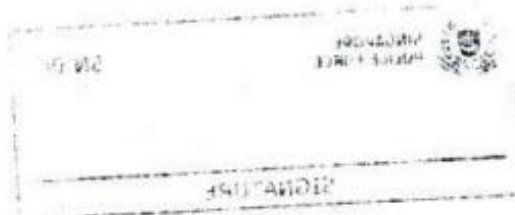
3 of 4

Report No. T/20180326/2144

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

## CONTINUATION OF REPORT

accident and had went to visit a doctor. I was given 4 days of Medical Leave for my injuries. I am lodging this report for insurance purposes.





Police Report



**SINGAPORE  
POLICE FORCE**



T/20180326/2144

Police Station Of Origin:  
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207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20180326/2144

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:

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/03/2018 17:29

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp  
NP168

	<b>SINGAPORE POLICE FORCE</b>	<b>SN 062</b>
<b>SIGNATURE</b>		