

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	23/08/2019 14:56
Date Of Accident	22/08/2019 13:50
Exact Location Of Accident	PASIR RIS DR 1 X PASIR RIS ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3788G
Insured/Policyholder	
Name Of Registered Owner	M/S VEGETALK FOOD SUPPLIES PTE LTD
Co Reg No	300402979D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67957626

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3016451905
Cover Note Number	

Driver

Name of Driver	KEE CHYE ONG
NRIC No	S1395874B
Date Of Birth	10/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073175
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 273 PASIR RIS ST 21 #04-494
Postcode	510273
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?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190822/2153

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3049S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK ANN TECK
NRIC/Passport Number	S1671801G
Contact Number	96804808
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 PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan


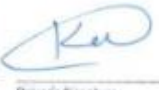
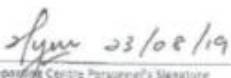
SKETCH PLAN

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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)**

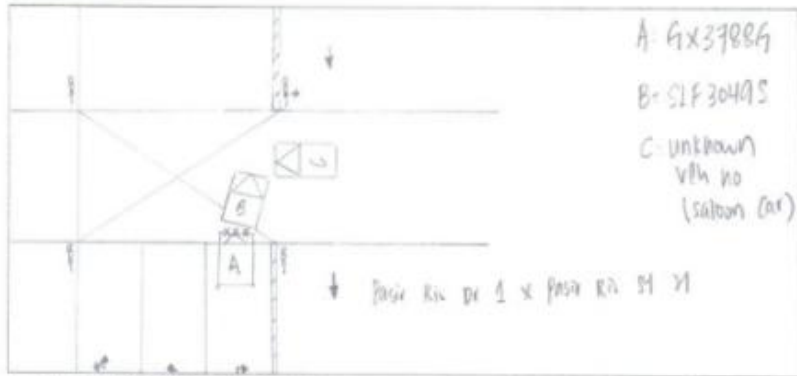
I understand, acknowledge, agree and consent that:

- (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.

 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.:
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Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Passir Riv Dr 1 x Passir Riv St 21 at extreme RH lane of 3 lanes.

Traffic light was green with arrow in my favor therefore veh "B"

In front of me turned RH, I followed suite.

Suddenly, veh "C" beat a traffic light and veh "B" make a sudden brake and I unable stopped in time and resulted my vehicle collided onto veh "B" rear portion.

DECLARATION

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

X 
Policyholder's Signature
Date & Time:


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

 22/08/15
Reporting Officer's Signature
Name:
NRIC/PIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T001008232-103

1 of 4

Report No: T001008232-103

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5853586

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 20:08	Vide Report No.:	Station Diary No.: 137
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Informant's Particulars

Name of Informant: KEE CHYE ONG	Address: APT BLK 273 PASIR RIS STREET 21 #04-484 SINGAPORE S19273		
ID Type / ID No.: NRIC NO / S12958748	Contact No.: Home/Office: Mobile: 90073175		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 60	Date of Birth: 10/04/1959	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Van driver	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2019 13:59	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 1 Along Pasir Ris Drive 1 towards Pasir Ris Drive 12 turning right into Pasir Ris Drive 2			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	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
QX37800	Van				Seriously Damaged	0
SLF30495	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T3011000220190

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-6852960

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Report No: 7001905220190

CONTINUATION OF REPORT

Driver			
Name	KEE CHYE ONG	ID No	S13658748
Related Vehicle	GK3788G (Van)	Contact No	90073175
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	QUEK ANN TECK	ID No	S1571801G
Related Vehicle	SLF3049S (Car)	Contact No	90854858
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 22nd August 2019 at about 1.52pm, I was driving along Pasir Ris Drive 1 towards Pasir Ris Drive 12 going to turn right into Pasir Ris Drive 2 at the extreme right lane.

As the traffic light was red and the right turn green arrow appeared, my vehicle started to turn right into Pasir Ris Drive 2. During that point of time, there was a vehicle (SLF3049S) ahead of my van going to turn right as well.

There was an unknown vehicle who beat the red light and driving along Pasir Ris Drive 2 towards Pasir Ris Street 11.

The vehicle ahead of me wanted to avoid the collision as such he applied an emergency brake. I tried to do emergency brake as well but was unable to brake in time.

My vehicle front portion is badly dented.

I would wish to state that none of us are injured during the point of accident. And the accident is due to an unknown vehicle who beat the red light.

I have a video recording device installed inside the vehicle aiming at the front direction which captured the whole incident.

Police Report



SINGAPORE
POLICE FORCE



TG0188520153

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
518457
Tel No: 1800-5852666

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Report No: TG0188520153

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190822/150

Police Station Of Origin
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5552969

4 of 4

Report No: T/20190822/150

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 Sg CHUA WANGLONG

Signature Of Informant

Kee

Signature Of Interpreter:
Not applicable

Date/Time:
22/08/2019 20:06

Officer In Charge Of Case
TP / HRT /
Sr Staff Sg1 IRMAN BIN MOHAMAD SAID
Contact No: 65478145

Classification Of Case:

Authentication Stamp
SP169



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S1395874B



Name

KEE CHYE ONG

For LKK/NAC Use Only

紀 再 旺

Race

CHINESE

Date of birth

10-04-1959

Sex

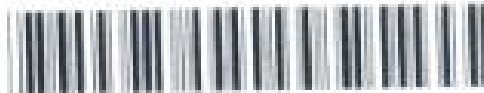
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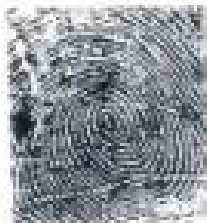
Country of birth

SINGAPORE

4924343



NRIC No: S1395874B



For LKK/NAC Use Only

Date of issue

26-01-2012

Address

APT BLK 273 PASIR RIS STREET 21
#04-494
SINGAPORE 510273

Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2	Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg	04 Apr 1979
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	26 May 1992
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	23 Nov 1992

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NP 426A

