

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	02/12/2019 16:54
Date Of Accident	29/11/2019 19:45
Exact Location Of Accident	GEYLANG RD BEFORE LOR 29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY773M
Insured/Policyholder	
Name Of Registered Owner	UNI-POWER ELECTRICAL CONTRACT
Co Reg No	52858847L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94517803

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D/CAB-2.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSN3052101903
Cover Note Number	

Driver

Name of Driver	KOH ENG SENG
NRIC No	S1283040H
Date Of Birth	18/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94517803
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 146 RIVERVALE DR #13-509
Postcode	540146
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	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : TAN KIM SIAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191130/2072

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	FBK1449B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	KOH ENG SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GY773M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

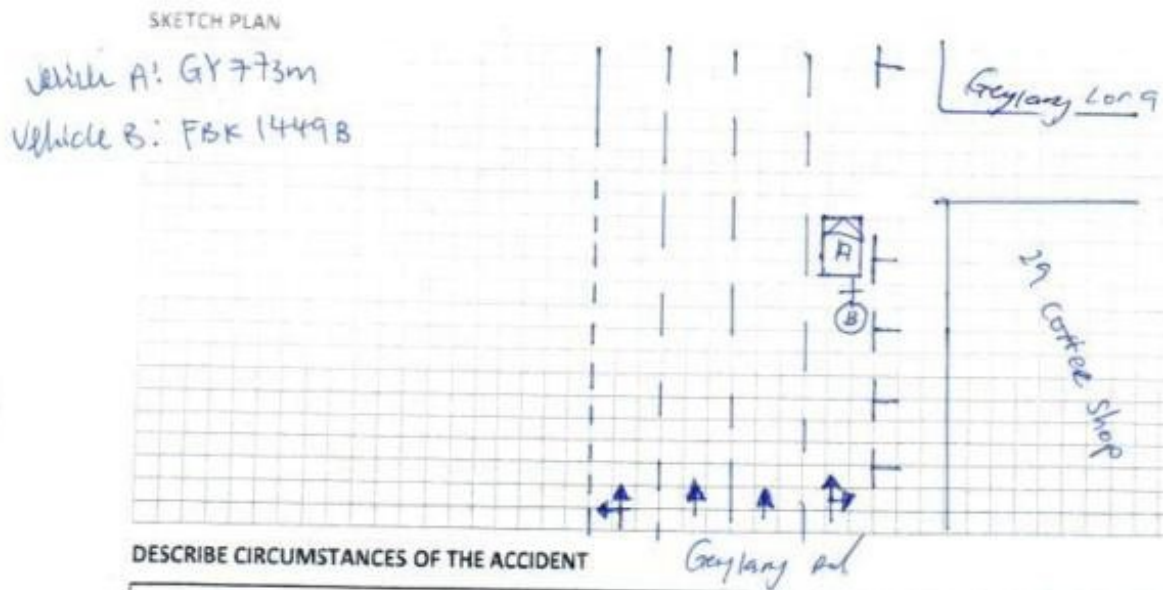
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I understand, acknowledge, agree and consent that:

- 宇力電機工程
UNI-Power Electrical Control

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

Accident Sketch Plan



Refer To Police Report

DECLARATION

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

宇力電器工程
UNIPower Electrical Contract
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/20191130/2072

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20191130/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 13:56	Vide Report No.: G/20191129/0160	Station Diary No.: 55
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Informant's Particulars

Name of Informant: KOH ENG SENG			Address: APT BLK 146 RIVERVALE DRIVE #13-509 SINGAPORE 540146		
ID Type / ID No.: NRIC NO / S1283040H			Contact No.: Home/Office: Mobile: 94517803		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 18/03/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2019 19:45	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1449B	Motorcycle				Slightly Damaged	0
GY773M	Lorry	NISSAN			Slightly Damaged	1

POLICE REPORT



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T/20191130/2072

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2 of 3

Report No. T/20191130/2072

CONTINUATION OF REPORT

Brief Details.

On 29/11/2019 at about 1945hrs, I was driving a lorry bearing GY773M along Geylang Road. I was at the second lane of five lane road. There was a vehicle in front me intending to turn right into Geylang Lorong 29. As such, he slowed down and I stop. Suddenly, the rear motorbike bearing registration FBK1449B collided onto my vehicle rear portion. The rider falls and the passer-by assisted him and brought him to the pavement. Subsequently, ambulance and traffic police came to scene reference to G/20191129/0160. The rider sustained cut on the left knee and conveyed by ambulance and I did not sustain any injuries.

I wish to state that I do have in car camera however is not working but the traffic police seized my camera's SD card. My lorry sustained dents, scratches and damaged on the light on the rear right portion.

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T/20191130/2072

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Tel No: 1800-4519999

3 of 3

Report No. T/20191130/2072

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:

F /

Sgt 2 TAN WEI REN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2019 13:56

Officer In Charge Of Case:

TP / GIT /

Staff Sgt QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187

Classification Of Case:

SN 085

Authentication Stamp

NP168



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



