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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/12/2019 17:49
Date Of Accident	12/12/2019 07:35
Exact Location Of Accident	TPE TOWARDS PIE AFTER PASIR RIS DRIVE 12
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY3652J
Insured/Policyholder	
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE.LTD.
Co Reg No	200407814Z
Email Address	LGW6356@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88215280
Alternative Phone No	OFFICE-88215280
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	WORKING PURPOSES
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	DMCVSN3016941900
Cover Note Number	
Driver	

Name of Driver

NRIC No

S8986707Z

Date Of Birth

31/07/1989

Date Of Birth 31/07/1989
Occupation INDOOR
Date Of Driving Pass 08/07/2017

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88215280

Fax Number

Contact Number OTHERS-88215280

EMail Address LGW6356@HOTMAIL.COM

Address 19 FERNVALE LANE

#21-21

Postcode 797499

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 WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

8

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191212/7005

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 SGX4895Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJS6305M

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKQ5830T

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBJ5745A

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 5

Vehicle Registration Number YP4250M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Page 3 of 17

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SLV7037R

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)

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number SLJ5849R

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)

DETAILS OF INJURED PERSON 1

Name LING GUONG WEI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GY3652J Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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:
 - 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")
- 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:
 - 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:

legarting Centre

NRIC/FIN No.

GIARMC Shetch/flanform_VI

Accident Sketch Plan

	LE APTER POSIR RUL DIONE 12	
		(A) GY365 DJ
		(B) SGX 48952
		(c) SJ 5 6305M
		(n) SKQ 5830T
		(#) GBJ 5745A
77 777	CONTRACTOR OF	
		(F) YP4250M
		(G) 51 4 7637R
		(H) SU5849R
		SAN I CHAP
lampin	es Espressury	(3)
SCRIBE CIRCUMSTANCES OF THE		A DILLO
Please refer -	o poice report (Report No. 7) 20	9 1212 /2005)
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		IN 8 CHAIN
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		(3) (2)
- Chang -		
/ Linux /	e true in every respect.	
ECLARATION We declare the foregoing particular can	e true in every respect.	
- Chang -	e true in every respect.	
Ve declare the foregoing of ticular sign	and go	

GIARMC SketchPlanForm_V3

POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191212/7005

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 10:43	Made:	Vide Report No.: Station Diary No.: G/20191212/0072				
Informa	nt's Partic	ulars					
	Informant: JONG WEI		Address; 19 FERNVALE LANE #21-21	SINGAPORE 797499			
ID Type NRIC NO	/ ID No.: D / S89867	07Z	Contact No.: Home/Office:	Mobile: 88215280			
National MALAYS			Email: LGW6356@HOTMAIL.COM				
Sex: Male	Age: 30	Date of Birth: 31/07/1989	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat ENGINE			Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/12/2019 07:35	Type of Location Straight Road
Weather:	XPRESSWAY	Road Surface:		Road Speed Limit:
		Wet		
Clear Traffic Flow:		Traffic Control:	172	Fraffic Volume:

Vehicle No.	Туре		Make	Model	Color	Condition	No of Passenge
GBJ5745A	Van E						0
GY3652J	Lorry	ł					0
SGX4895Z	Car p	5					0
SJS6305M	Car (,					0
SKQ5830T	Car T						0

POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191212/7005

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLJ5849R	Car H					0
SLV7037R	Car (/					0
YP4250M	Lorry C					0

Details of Perso	n Involved	OH SULL		4534	EVING	
Any Pedestrian II	nvolved: No	-				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		m Comme	OUT SHIP SHEET OF	altered)	The Republic	MARCHINE MARCHINE
Name	LING GUONG WEI			ID No		S8986707Z
Related Vehicle	GY3652J (Lorry)			Conta	ct No.	88215280
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			

Brief Details.

On 12th December 2019 at about 7:35am, I was travelling along TPE towards PIE after Pasir Ris Drive 12. I was on lane 2 of 3 lanes. The vehicle in front of me slowed down and stopped. Noticing that, I followed suit and stopped my vehicle. After a few seconds, I felt a great impact from the rear. The impact was so huge that it pushed my vehicle forward and collided onto the vehicle in front of me (SLJ5849R). I alighted and realised the vehicle behind of me (SGX4895Z) had collided onto my vehicle and it was a chain collision involving a total of 8 vehicles, I was the 3rd vehicle in the chain. I was told by the Traffic Police to lodge a Traffic Accident Report.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191212/7005

CONTINUATION OF REPORT

Sketch Plan	

NP168

Informant is not able to provide sketch plan

ite/Time: /12/2019 10:43
assification Of Case:















