





## 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	02/01/2020 16:26
Date Of Accident	31/12/2019 14:35
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9321D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGAPORE ASIA PUBLISHERS PTE. LTD.
Co Reg No	1XXXXX302N
Email Address	SHARONYOO@SAPGRP.COM
Mobile Phone No	(LOCAL) +65-96910920
Alternative Phone No	OFFICE-83658003

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097070600-02
Cover Note Number	

### Driver

Name of Driver	CHANG CHI FEN
Passport No/FIN	GXXXX007X
Date Of Birth	26/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96910920
Fax Number	
Contact Number	OTHERS-83658003
Email Address	SHARONYOO@SAPGRP.COM

Address	BLK 160 TAMPINES STREET 12 #11-107
Postcode	521160
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	2
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200102/2019

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1260G
Vehicle Make/Model/Colour	SCDF AMBULANCE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED FADZLI BIN MOHAMED PADIL
NRIC/Passport Number	SXXXX185G
Contact Number	92999214
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

  
Policyholder's Signature  
Date & Time: 2/1/2020

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

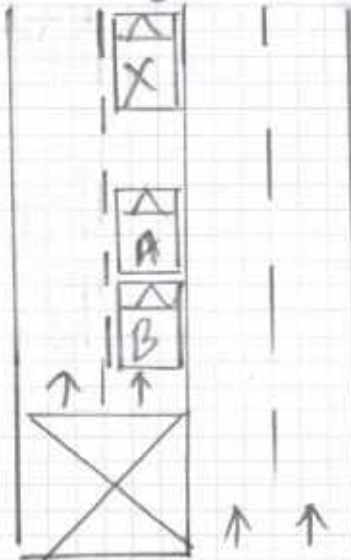
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Along UPMK Sijangkang Road

A) GGG 9321D

B) QX 1760G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Police Report*

*7/20200102/2019*

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: *21/1/2020*

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (31/12/2019) (DD/MM/YYYY), TIME: (0:35 PM) (HH:MM)

LOCATION: Along Upper Selegie Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 9321D  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Hilux  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SINGAPORE ASIA PUBLISHERS (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 96910920  
 c) ADDRESS: Blk 160 Tampines St 12 # 11-107 Singapore 521160

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: CHANG OH FEN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G7092007X CONTACT: 83658003  
 c) ADDRESS: Blk 160 Tampines St

\* d) DATE OF BIRTH: (26/08/1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/10/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Queenstown N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: QX 1260G MODEL:  
 b) DRIVER'S NAME: Mohamed Fadli Bin Mohamed Raddi  
 c) NRIC/FIN/PASSPORT: S8516185G CONTACT: 92995214

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email: sharon.yoo@sapgrp.com  
 video



# SINGAPORE POLICE FORCE



T/20200102/2019

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200102/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2020 10:04	Vide Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: CHANG CHI FEN			Address: APT BLK 160 TAMPINES STREET 12 #11-107 SINGAPORE 521160		
ID Type / ID No.: FIN NO / G7097007X			Contact No.: Home/Office: Mobile: 83658003		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 26/08/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MANUFACTURING			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: 31/12/2019 14:35	Type of Location:
Location: Along Road 1 UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9321D	Van				Slightly Damaged	0
QX1260G	SCDF AMBULANCE				Slightly Damaged	0

**Details of Person Involved**

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





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200102/2019

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	CHANG CHI FEN		ID No.	G7097007X
Related Vehicle	GBG9321D (Van)		Contact No.	83658003
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	MOHAMED FADZLI BIN MOHAMED PADIL		ID No.	S8516185G
Related Vehicle	QX1260G (SCDF AMBULANCE)		Contact No.	92999214
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 31.12.2019 at about 2.35pm, I was driving along Upper Serangoon Road on the most left lane and there was a vehicle in front of me the applied the jam brake. I also managed to apply the brakes on time however, the Ambulance which was driving behind me did not manage to brake on time thus, it collided on to the rear portion of my vehicle.

Due to the collision, the rear portion of my vehicle suffered dents and the Ambulance front portion of the Ambulance was also dented. There were no injuries during the incident.

I wish to state that I have a car camera installed in my vehicle but I am not sure if the footage of the incident was captured.



**SINGAPORE  
POLICE FORCE**



T/20200102/2019

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20200102/2019

**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:  
D /  
Sgt 3 NUR AIIN BINTE JAAIS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
02/01/2020 10:04

Classification Of Case:

Authentication Stamp  
NP168



## Claim Handling

Accident HT/1078214

Policy No.	1097070600-02	Vehicle No.	SGG0321D	GET Registration No.	
Confirmer No.					
Policyholder Name	SINGAPORE ASIA PUBLISHERS PTE. LTD.			Policyholder NRIC	184700302H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Leasing	0
Contact No.(Mobile)	86810800	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
Y/N	- No Yes	YCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

## Accident Details

Report Date	02/01/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	31/12/2019	Time of Accident (H:M:S)	14:35	Coverage of Accident	Singapore
Reporting Centre		Orange Force		DOF No.	
Accident Location	ALONG LIPPER SERANGOON ROAD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
RED OD Excess	0.00	RED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	15/01/1997
GST Registration No.	199701362H	GST Status Verified	Yes
Modification History:	02/01/2020 16:47:17 System changed GST Registered from No to Yes 02/01/2020 16:47:17 System changed GST Registration No. from null to 199701362H 02/01/2020 16:47:17 System changed GST Registration Date from null to 15/01/1997		

## Policyholder Mailing Address

Address 1	218 HENDERSON ROAD	Address 2	#10-04 HENDERSON IND PA	Address 3	SINGAPORE 158558
Address 4		Address Type	Singapore address	Post Code	159558
Unit No.		Related Policy Number	1097070600-02		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Named driver Name	CHANG CHI PHU	Driver NRIC	G7857807X	Driver DOB	26/08/1976
Register Date of Driver License	06/10/2006	Driver Age	43	Driving Experience	0
Contact No.(Mobile)	85838803	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 162 #11-107	Address 2	TAMKINES STREET 12	Address 3	SINGAPORE 531185
Address 4		Address Type	Foreign address	Post Code	531185
Unit No.	11-107				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SGG0321D	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No

Modification History:

Claim 001 New

Claim Type *	OD-MK	Insured Name	SINGAPORE ASIA PUBLISHERS	Insured NRIC	184700302H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	82768280
Email Address		CI Vehicle Number	SGG0321D	TP Vehicle Number	Q432500
Claim Description	SGG0321D / Q432500 On 31 Dec 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	COA Report	Received
Reported To: (Insured)	Yes	Preferred Workshop Name unknown			
Date Registered	02/01/2020 16:45	Claim Class		Date Received	02/01/2020 00:00
Report Taken By	80511 WYANG				

Print AK Letter

Save Submit

## Attachment

Accident No.	HT/1078214	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/01/2020 16:50
Choose File: No file chosen	Category *	Confidential	Urgency *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Choose File: No file chosen	Clear Please Select *	NO	Normal *
Message Read	Send Message	Upload	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_BIGDAYS NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 16:50	Photos	Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_BIGDAYS NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 16:50	Photos	Normal	Photos 2020-1-2		Edit
	NAC_BUKIT_MERAH_BIGDAYS NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Jan 2020 16:50	Photos	Normal	Photos 2020-1-2		Edit

2/2



## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/12/2019 10:15"/>							
Vehicle No. (For Motor)	<input type="text" value="G8091210"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	60370600-01		SINGAPORE ASIA PUBLISHERS PTE. LTD.	1097003029	OCV	Comprehensive	G8091210	G8091210	30/11/2019	28/11/2020
<input type="button" value="Continue"/>										

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MAY20000557 Vehicle Registration No: C8693ND  
Name (as shown in NRIC) : Chen Chuan Fui NRIC/FIN/Passport No : 91027001X  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 83658003  
Email Address : \_\_\_\_\_  
Date of Accident : 31/12/2019 Time of Accident : 14:35  
Place of Accident : Away Upper Selegie Road  
Insurance Company : NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To STATE QUARANTINE POLICE STATION

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rohi Choo  
NRIC/FIN No.: 91027001X  
Date: 05/01/2020