

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	26/02/2020 17:13
Date Of Accident	26/02/2020 11:30
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ535Y
Insured/Policyholder	
Name Of Registered Owner	ENG HUP LEONG DEPARTMENTAL STORE
Co Reg No	5XXXX161E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92710378
Alternative Phone No	OFFICE-92710378

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 DX 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5105891044-01
Cover Note Number	

Driver

Name of Driver	SOH BIN KUAN
NRIC No	SXXXX514A
Date Of Birth	03/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1973
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92710378
Fax Number	
Contact Number	OFFICE-92710378
EEmail Address	NOEMAIL

Address	87 BUKIT DRIVE #09-187
Postcode	587847
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?	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	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200301/2099.

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 Witness 1

Name	ONG KOK ENG
Phone Number	93688900
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF1562L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SOH BIN KUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBJ535Y
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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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.

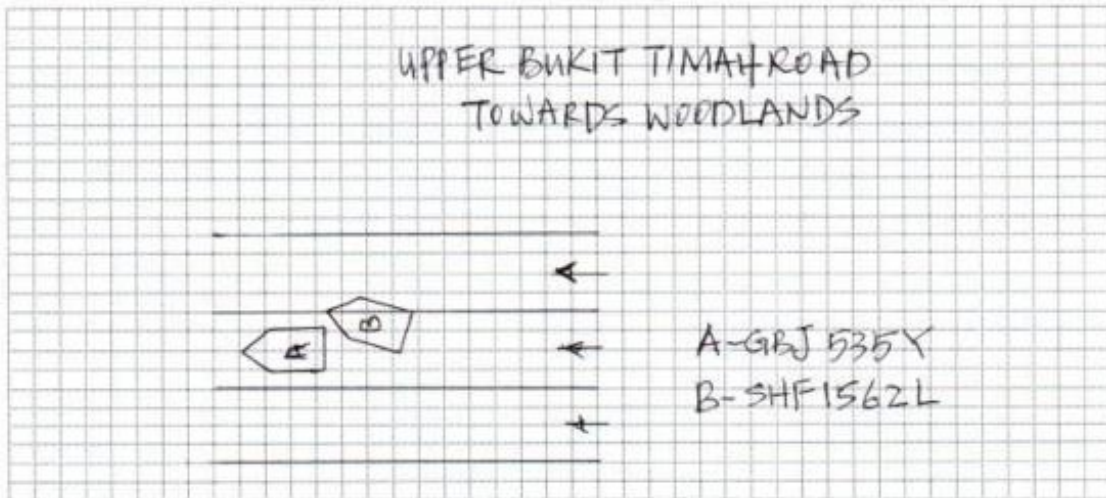
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS. VEHICLE B OVERTAKE ME FROM THE RIGHT & ACCIDENTLY HIT ONTO THE ~~REAR~~ RIGHT PORTION OF MY VEHICLE. MR. ONG KOK ENG MOBILE NO. 93688900 *SOP-Km* DRIVING VEHICLE NO. SJU6471E CAN BE MY WITNESS.

DECLARATION

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

SOP-Km

Eng Hun Leong Department Store
ENG HUN LEONG DEPARTMENTAL

SOP-Km

[Signature]

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/20200301/2099

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

1 of 3

Report No. T/20200301/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2020 22:13	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: SOH BIN KUAN			Address: 87 BUKIT DRIVE #09-18 SINGAPORE 587847		
ID Type / ID No.: NRIC NO / S0123514A			Contact No.: Home/Office: Mobile: 92710378		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 03/03/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Food deliverman			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2020 11:30	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD				
Upper Bukit Timah towards Woodlands				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBJ535Y	Van				Seriously Damaged	0
SHF1562L	Car					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/20200301/2099

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

2 of 3

Report No. T/20200301/2099

CONTINUATION OF REPORT

Driver			
Name	SOH BIN KUAN	ID No.	S0123514A
Related Vehicle	GBJ535Y (Van)	Contact No.	92710378
Hospital/Clinic	Tan and Koh Clinic and surgery	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 26/02/2020 at about 1130hrs, I was driving my vehicle GBJ535Y along Upper Bukit Timah Road towards woodlands. I was on the second lane from the right. I was driving and wanted to change to the right lane to make a U-turn and indicated a right signal.

As I wanted to move, another vehicle SHF1562L came from the back in hurry and overtook another vehicle from the left and then try to overtake my vehicle from the right. I was still on my lane but as that car could not control, his left front hit onto my right rear of the vehicle and moved forward causing scratches on the right side of the vehicle.

There is a witness from behind who saw this happening. I had pain on my shoulder and saw the doctor. At the first consultation, I was given two days MC and at the second consultation was given 3 days MC. I did exchange particulars with the driver.

The name of the witness is
Ong Kok Eng
S1694949C
HP: 93688900

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999



T/20200301/2099

3 of 3

Report No. T/20200301/2099

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 /
Sr Staff Sgt VINOD KUMAR YADAW S/O
RAMSING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/03/2020 22:13

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 38

SIGNATURE

Witness Statement

Name: ONG Kok Eng

Contact Number: 9368 8900

Date of Accident: 26 February 2020

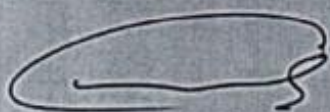
Time of Accident: 11.30am

Location of Accident:

Upper Bukit Timah Road towards Woodlands.

Dear Officer,

On 26 February 2020, I witness an accident. My vehicle was a distance behind Vehicle GBJ535Y. Vehicle GBJ535Y had his right signal light on and was filtering slowly from left lane to right lane. Vehicle SHF1562L, who was behind me was driving very fast as it overtook my vehicle ^{from my left and cut into my lane. After that he} ~~and~~ attempted to overtake vehicle GBJ535Y on the right side ^{in front of me about 100m away.} I remarked to my wife that SHF1562L was speeding. Moments later it crashed into the rear right hand side of Vehicle GBJ535Y which was still in its own left lane.



Yours Faithfully,
Ong Kok Eng

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 : Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500200 / GST Reg. No.: M400017735

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 : MNA120025539 Vehicle Registration No: GBJ535Y
Name (as shown in NRIC) : ENG HUP LEONG DEPARTMENTAL STORE NRIC/FIN/Passport No : 53042161E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 87 BUKIT DRIVE #09-18 Singapore 587847
Contact (Tel) : 92710378 Mobile No. : _____
Email Address : _____
Date of Accident : 26/2/2020 Time of Accident : 1130 HRS
Place of Accident : UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS
Insurance Company : NTUC


(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:

I WISH TO CHANGE FROM 3P TO OD CLAIM

 Eng Hup Leong Departmental Store

Policyholder / Driver's Signature
Date: _____


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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S661600200 / GST Reg. No.: M400017736

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 : MNA120025539 Vehicle Registration No: GBJ535Y
Name (as shown in NRIC) : ENG HUP LEONG DEPARTMENTAL STORE NRIC/FIN/Passport No : 53042161E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 87 BUKIT DRIVE #09-18 Singapore (587847)
Contact (Tel) : 92710378 Mobile No. : _____
Email Address : _____
Date of Accident : 26/2/2020 Time of Accident : 1130 HRS
Place of Accident : UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS
Insurance Company : NTUC

(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:

I WISH TO CHANGE FROM OD TO 3P CLAIM. ALSO I WISH TO ADD IN MY
WITNESS STATEMENT AND POLICE REPORT

Eng Hup Leong Eng Hup Leong Departmental Store

Policyholder / Driver's Signature
Date: _____

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