

## 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	21/01/2020 14:39
Date Of Accident	21/01/2020 11:15
Exact Location Of Accident	X-JUNC OF GUL CRESCENT & GUL LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5366G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SENG GUAN CONTAINER SERVICE
Co Reg No	5XXXX700A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65604516
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FP51JDR4RDEA-12.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
<b>Insurance Company</b>	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTHCVE001976
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN CHER BENG
NRIC No	SXXXX608Z
Date Of Birth	13/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1993
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90267812
Fax Number	
Contact Number	

Address BLK 225 CHOA CHU KANG CENTRAL #04-209  
 Postcode 680225  
 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 - CROSS JUNCTION  
 Weather Conditions CLEAR  
 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? YES  
 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 NANYANG NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

AS PER POLICE REPORT NO.T/20200121/2070.

**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 YN7347J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver LIM HOCK SOON  
 NRIC/Passport Number SXXXX652G  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name LIM HOCK SOON

Approximate Age

Injuries Sustain

Injured person in which vehicle? YN7347J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

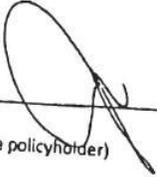
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

SENG GUAN CONTAINER SERVICE  
 BLK 535 JURONG WEST ST 52  
 #04-473 SINGAPORE 640535  
 TEL : 65604516 / 65640682  
 FAX : 65601078

\_\_\_\_\_  
 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.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.





**SINGAPORE  
POLICE FORCE**



T/20200121/2070

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Report No. T/20200121/2070

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2020 13:35	Vide Report No.: J/20200121/0050	Station Diary No.: 47
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<b>Informant's Particulars</b>		
Name of Informant: TAN CHER BENG		Address: APT BLK 225 CHOA CHU KANG CENTRAL #04-209 SINGAPORE 680225
ID Type / ID No.: NRIC NO / S1792608Z		Contact No.: Home/Office: Mobile: 90267812
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 53	Date of Birth: 13/01/1967
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Other heavy truck and lorry drivers	Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/01/2020 11:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 GUL CIRCLE  Gul Crescent and Gul Lane				
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD5366G	Lorry				Slightly Damaged	0
YN7347J	Lorry				Seriously Damaged	0



**SINGAPORE  
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T/20200121/2070

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649482  
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Report No. T/20200121/2070

CONTINUATION OF REPORT

**Brief Details.**

On 21/01/2020 at about 1110hrs, I was driving my prime mover bearing the registration of XD5366G along Gul Crescent.

On the same day at about 1115hrs, I was nearing the junction of Gul Crescent and Gul Lane. Suddenly, a lorry bearing the registration of YN7347J dashed out from Gul Lane of my left hand side. As it is very fast and I do not have enough time to react, I only managed to turn to right hand side a bit but he still collided with my vehicle. Due to that, I immediately get down my vehicle and assessed the damages. I observed some blood on the other driver, so I called for ambulance and police. Police came took down our particulars and facts for the case. At the mean time, ambulance are there too and they sent the driver to Ng Teng Fong General Hospital. Police also advised me to lodge traffic accident report as soon as possible. Subsequently, I just left the scene after police allowed me to go.  
I also want to inform that no government property was damaged.



SINGAPORE  
POLICE FORCE

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Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20200121/2070

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Report No. T/20200121/2070

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: J/ WU SHANGZHEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2020 13:35
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168 	