

## 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	21/05/2020 17:09
Date Of Accident	20/05/2020 14:20
Exact Location Of Accident	ALONG WOODLANDS AVENUE 10 BEFORE GAMBAS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4817J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUP HENG POULTRY INDUSTRIES PTE LTD
Co Reg No	1XXXXX442Z
Email Address	CALVIN.YEO@HUPHENG.P.COM.SG
Mobile Phone No	(LOCAL) +65-96725402
Alternative Phone No	OFFICE-96725402

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100498487-003
Cover Note Number	

### Driver

Name of Driver	ENG KEE HOCK
NRIC No	SXXXX845Z
Date Of Birth	24/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96725402
Fax Number	
Contact Number	OTHERS-96725402
Email Address	CALVIN.YEO@HUPHENG.P.COM.SG

Address	BLK 219A BDOK CENTRAL #04-06
Postcode	461219
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200521/7001

#### 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	SKT5872G
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	ENG KEE HOCK
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLK4817J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



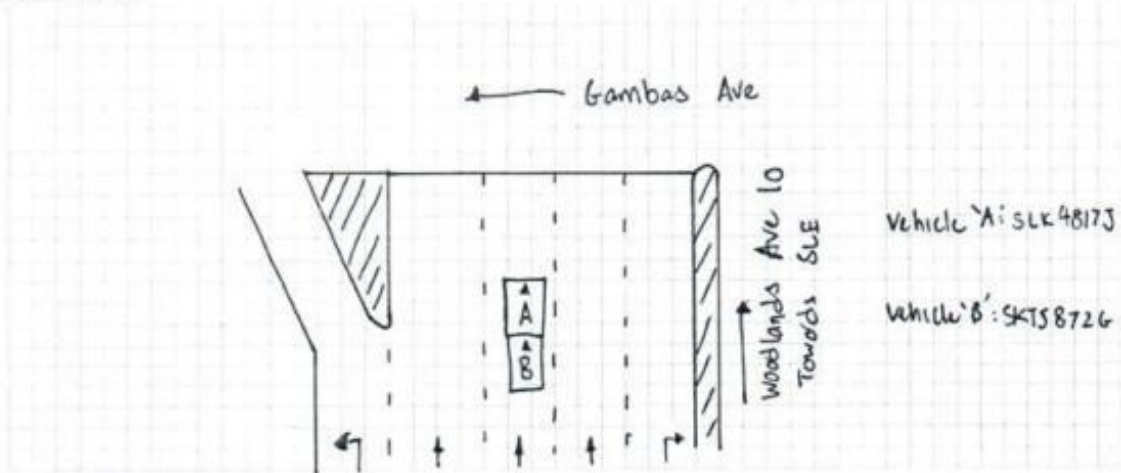
Policyholder's Signature  
Date & Time:

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



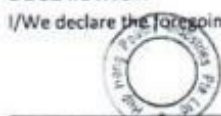
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling along my designated lane along woodlands Ave 10 towards SLE before gambas Ave Junction. The traffic light ahead was red and the vehicle in front of me slowed down to a stop as such i followed suit. After coming to a stop and being stationary for about 5 seconds i felt a huge impact hitting me from the rear of my vehicle. I got down to realized that Vehicle 'B' has collided into me. That is all.

POLICE REPORT T/20200521/1001

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200521/7001

1 of 3

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

Report No. T/20200521/7001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2020 13:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ENG KEE HOCK			Address: APT BLK 219A BEDOK CENTRAL #04-06 SINGAPORE 461219		
ID Type / ID No.: NRIC NO / S1537845Z			Contact No.: Home/Office:		Mobile: 96725402
Nationality: SINGAPORE CITIZEN			Email: calvin.yeo@huphengp.com.sg		
Sex: Male	Age: 57	Date of Birth: 24/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES DIRECTOR			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: 20/05/2020 14:20	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SKT5872G	Car					0
SLK4817J	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/20200521/7001

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

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Report No. T/20200521/7001

### CONTINUATION OF REPORT

Driver			
Name	ENG KEE HOCK	ID No.	S1537845Z
Related Vehicle	SLK4817J (Car)	Contact No.	96725402
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/05/2020	Date Discharge	21/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

#### Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A WAS TRAVELLING ALONG MY DESIGNATED LANE ALONG WOODLANDS AVE 10 BEFORE GAMBAS AVE TOWARDS SLE. THE TRAFFIC LIGHT IN FRONT WAS RED AND THE VEHICLE IN FRONT OF ME SLOWED DOWN TO A STOP AS SUCH I FOLLOWED SUIT. AFTER STOPPING AND BEING STATIONARY FOR ABOUT 5 SECONDS, I FELT A HUGE IMPACT HITTING ME FROM THE REAR. I GOT DOWN TO REALIZED THAT VEHICLE B HAS COLLIDED INTO ME. THAT IS ALL. AFTER THE ACCIDENT, I FELT ABIT OF DISCOMFORT ON MY NECK AND LOWER BACK AND HENCE WENT TO SEEK MEDICAL TREATMENT AT MOUNT ALVERNIA AND WAS GIVEN 7 DAYS OF MEDICAL LEAVE.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200521/7001

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

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Report No. T/20200521/7001

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/05/2020 13:59

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

