

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	23/06/2020 13:50
Date Of Accident	22/06/2020 11:05
Exact Location Of Accident	CTE TWDS OUTRAM RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG2194A
Insured/Policyholder	
Name Of Registered Owner	NAM WAH LONG PTE LTD
Co Reg No	2XXXXX207Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62858689
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DX 3.0 A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3039261800
Cover Note Number	
Driver	
Name of Driver	QUEK QIWEN (GUO QIWEN)
NRIC No	SXXXX061D
Date Of Birth	05/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2003
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90704654
Fax Number	
Contact Number	OFFICE-90704654
EEmail Address	NOEMAIL

Address	BLK 334A ANCHORVALE CRESCENT #13-120
Postcode	541334
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)	4
Passenger 1	NAME: : QUEK QIWEI GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20200623/7011.

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	SLG3758Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YONG HEE HWA

NRIC/Passport Number

SXXXX205J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

QUEK QIWEN (GUO QIWEN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBG2194A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

QUEK QIWEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBG2194A

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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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.



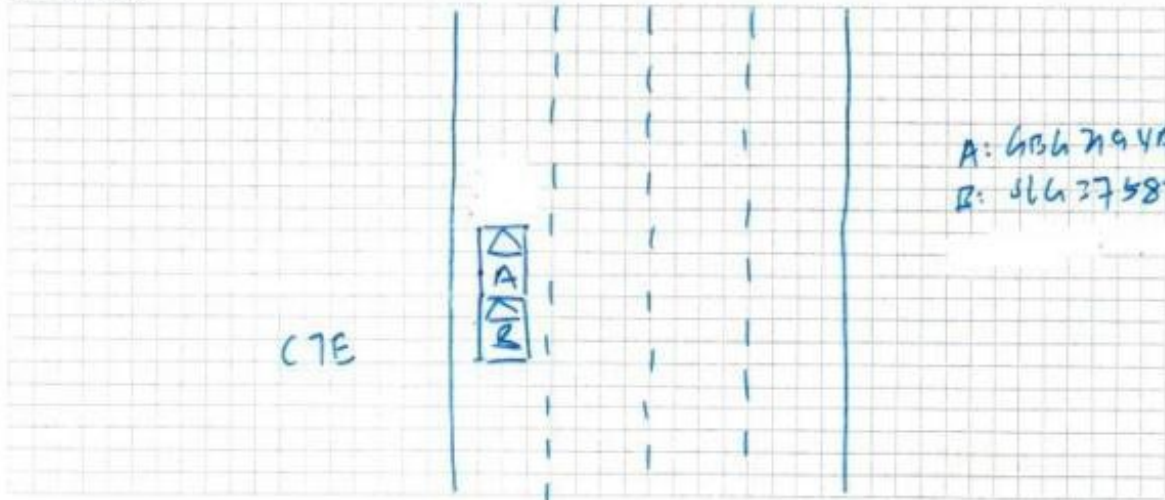
Policyholder's Signature
Date & Time:

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

Refer to police report - P/20220623/7011

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:

NRIC/FIN No.:

F/20200623/7911

POLICE REPORT (NP299)

Report No. F/20200623/7011

Date/Time Report Made 23/06/2020 10:55		Vide Report No.		Station Diary No.	
Name Of Informant QUEK QIWEN		Address 334A ANCHORVALE CRESCENT #13-120 SINGAPORE 541334			
ID Type / ID No. NRIC NO / S8334061D		Contact No. Home/Office: Mobile: 90704654			
Nationality SINGAPORE CITIZEN		Email Address QIWEN83@HOTMAIL.COM			
Occupation Management executive		Sex Male	Age 36	Date of Birth 05/11/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 22/06/2020 11:00 - 22/06/2020 11:05		Location Of Incident CTE towards outtram road exit			

My vehicle was going to enter the tunnel into CTE at the filter lane. When a car in front of me stop, and I proceed to stop behind. Thats when a vehicle hit my car from behind. I have got in cam car camera installed both front and back. Seems like the car behind was trying to filter right to join the main expressway and did not pay attention to my car in front.

Inside my car there are 3 other passengers. Both myself (im the driver) and my brother who sat beside me had substain neck pain few hours after the collision.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

23/06/2020 10:55

Classification Of Case:

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Police Report



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200623/7011

After the collision, I exchange personal particulars with the driver and proceed to leave the scene

Subjects Involved			
Victim			
Person Name	Quek Qiwei		
ID Type	NRIC NO	ID No	S8134850B
Gender	Male	Age	38
Race	Chinese	Language	English
Occupation	Management executive	Address	270A PUNGGOL FIELD #13- 219 PUNGGOL SAPPHIRE SINGAPORE 821270
Mobile No	84842245	Relation To Informant	brother
Person Name			
Person Name	Chellappan		
ID Type	FIN NO	ID No	G7699013T
Gender	Male	Age	36
Race	Indian	Language	English
Occupation	Electrician	Address	155 STILL ROAD #02-01 BOON COURT SINGAPORE 423992
Mobile No	86465706	Relation To Informant	my worker
Person Name			
Person Name	Satter		
ID Type	FIN NO	ID No	G6721909R
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		23/06/2020 10:55	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			

Police Report



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200623/7011

Gender	Male	Age	35
Race	Bangladeshi	Language	English
Occupation	Electrician	Address	155 STILL ROAD #02-01 BOON COURT SINGAPORE 423992
Mobile No	94684370	Relation To Informant	my worker
Person Name	QUEK QIWEN		
ID Type	NRIC NO	ID No	S8334061D
Gender	Male	Age	36
Race	Chinese	Language	English
Occupation	Management executive	Address	334A ANCHORVALE CRESCENT #13-120 SINGAPORE 541334
Mobile No	90704654	Is Informant A Victim?	Yes
Person Name	QUEK QIWEN (Informant)		

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: 23/06/2020 10:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



重量500kg未満
載量500kg以上



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: S66550020G / 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 : MNA120053651 Vehicle Registration No: GBG2194A
Name(as shown in NRIC) : NAM WAH LONG PTE LTD NRIC/FIN/Passport No : 2XXXXX207Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 62858689 Mobile No. : _____
Email Address : _____
Date of Accident : 22/06/2020 Time of Accident : 11:05
Place of Accident : CTE TWDS OUTRAM RD EXIT
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(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:

Amend name of registered owner

Policyholder / Driver's Signature
Date:



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