

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	15/03/2019 15:57
Date Of Accident	14/03/2019 15:30
Exact Location Of Accident	TPE TWDS AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW1756S
Insured/Policyholder	
Name Of Registered Owner	CHEN TIAN FURNITURE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96908760

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z18VC05000214
Cover Note Number	-

Driver

Name of Driver	KOH TENG MENG
NRIC No	S1574158I
Date Of Birth	02/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96908760
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 555 WOODLANDS DR 53 #05-33
 Postcode 730555
 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 CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
 Foreign Vehicle Registration Number JSM7 (COMMERCIAL VEHICLE)
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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 TECK GHEE NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4599999 - FAX NO: 64574478
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 JSM7
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

WMW8901

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

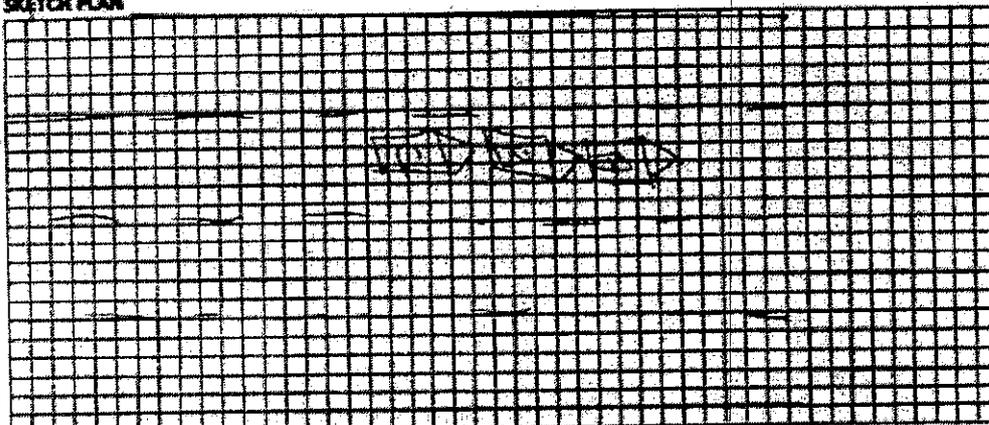
Nature Of Damage

No. Of Passenger (Including Driver)



Accident Sketch Plan

SKETCH PLAN



A = GW 17565
B = ISM 7
C = WHW 8901

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police Report I have [unclear]

DECLARATION
I/We declare the foregoing particulars are true to my knowledge.

Policyholder's Signature
Date & Time:

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

Witness
Date & Time:

GLAXAC StatePlanForm_V9



**SINGAPORE
POLICE FORCE**



T/20190314/2125

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Report No. T/20190314/2125

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2019 18:13	Vide Report No.: F/20190314/0094	Station Diary No.: 23
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Informant's Particulars

Name of Informant: SOH CHIN MENG		Address: APT BLK 127 ANG MO KIO AVENUE 3 #05-1875 SINGAPORE 560127	
ID Type / ID No.: NRIC NO / S7242433F		Contact No.: Home/Office:	Mobile: 96908760
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 14/11/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/03/2019 15:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY				
TPE towards Ang Mo Kio				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GW1756S	Lorry				Slightly Damaged	0
JSM7	Bus/Coach/Minibus				Slightly Damaged	0
WMW8901	Bus/Coach/Minibus				Seriously Damaged	0



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Tel No: 1800-4599999

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Report No. T/20190314/2125

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	SOH CHIN MENG	ID No.	S7242433F
Related Vehicle	GW1756S (Lorry)	Contact No.	96908760
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/03/2019 at about 1530hrs, I was driving my lorry, GW1756S, along TPE towards Ang Mo Kio on the second lane. As the van ahead was slowing down, I also slowed down. Suddenly, a Malaysian bus; JSM7 hit the rear of my lorry and it caused my lorry to swerved onto the third lane. I then went outside and discovered that another Malaysian bus, WMW8901, had collided onto JSM7. We were attended by Police and I was given report number; F/20190314/0094 with my IO namely; Abdillah, 65476246.



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Report No. T/20190314/2125

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:
F /
Sgt 3 MASHIDAYAT BIN MASZENI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2019 18:13

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



Signature:

SN 085

Singapore Police Force