

## 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	21/02/2020 11:31
Date Of Accident	20/02/2020 08:30
Exact Location Of Accident	LIM CHU KANG LANE 5A & LIM CHU KANG LANE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE4699Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN HENG LEE PTE LTD
Co Reg No	201429324N
Email Address	CHLT1988@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67107800

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-10.7 D FV70HJA00064 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ19-001013
Cover Note Number	

### Driver

Name of Driver	GOH KWANG HUI
NRIC No	S7010908E
Date Of Birth	02/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96178214
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	847 JURONG WEST ST81 #07-241
Postcode	840847
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 ON COLLISION
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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT NO: T/20200220/2165

#### 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	XD2213J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHINNAKUNCHU VEERAMANI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GOH KWANG HUI

Approximate Age

Injuries Sustain

Injured person in which vehicle? XE4699Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### 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:

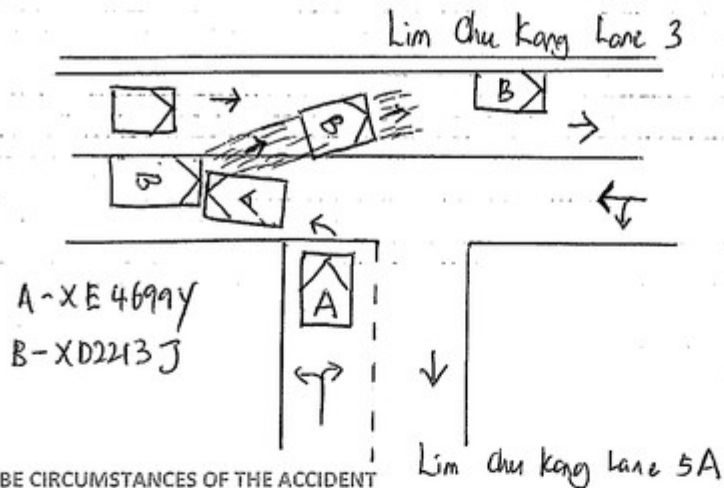
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

陳興利私人有限公司  
CHEN HENG LEE PTE LTD

715001 interested for any other third parties that assist in evaluating, investigating, controlling or managing fraud,  
#68-215001 enforcement and government agencies as reasonably required for the purposes stated, or  
SINGAPORE 627608  
TEL. #671 for compliance with requirements under any regulations, laws or court orders.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report No. T/2020 0220/2165

陳興利私人有限公司  
CHEN HENG LEE PTE LTD  
7 SOON LEE STREET  
#02-47 ISPACE  
SINGAPORE 627608  
TEL: 6710-7880 FAX: 6710-7881

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)

Reporting Centre Personnel's Signature  
Name:

POLICE REPORT



# SINGAPORE POLICE FORCE



T/20200220/2165

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20200220/2165

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/02/2020 21:50	Vide Report No.:	Station Diary No.: 217
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<b>Informant's Particulars</b>			
Name of Informant: GOH KWANG HUI		Address: APT BLK 847 JURONG WEST STREET 81 #07-241 SINGAPORE 640847	
ID Type / ID No.: NRIC NO / S7010908E		Contact No.: Home/Office: Mobile: 96178214	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/04/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2020 08:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 LIM CHU KANG LANE 5A LIM CHU KANG LANE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD2213J	Lorry				Slightly Damaged	0
XE4699Y	Lorry				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200220/2165

Police Station Of Origin:  
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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200220/2165

**CONTINUATION OF REPORT**

Driver			
Name	GOH KWANG HUI	ID No.	S7010908E
Related Vehicle	XE4699Y (Lorry)	Contact No.	96178214
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	20/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 20/02/2020 at about 0830hrs, I was driving my lorry, XE4699Y along Lim Chu Kang Lane 5A as I was working. Up ahead, there was a T-Junction along Lim Chu Kang Lane 3 and I wanted to make a left turn. As I was turning, I saw another lorry, XD2213J, on the opposing lane headed towards me. He was on the opposing lane as he thought he could overtake a vehicle to the right.

However, when the driver of the other lorry namely, Chinnakunchu Veeramani, G8306784K, wanted to swerved back into his lane it was too late. This caused a collision on his front right bumper and my front right bumper. The other lorry then went to drive to the left and stopped. At that point of time I could not get out of the vehicle as the driver's door was totally damaged. I then called for police. Subsequently, there were passer-by that saw the accident and they managed to help me get out of my lorry eventually at about 0840hrs.

Shortly after police and ambulance came and took our particulars respectively. I was then being conveyed by the ambulance straight away to Ng Teng Fong General Hospital. After getting checked by the doctor, I received 5 days MC and doctor said I have both neck and wrist contusion due to the accident.

I am lodging this report for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20200220/2165

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200220/2165

**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 /

Sgt 2 MUHAMMAD ISKANDAR BIN ROSSALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/02/2020 21:50

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM ENG KUAN, CLARENCE

Contact No: 65476195

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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