

## 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	21/08/2020 17:39
Date Of Accident	20/08/2020 17:00
Exact Location Of Accident	PIE (CHANGI) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5504D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACQUAL ENGINEERING LLP
Co Reg No	TXXXXX579G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65733004

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V05592/VCV/R00
Cover Note Number	

### Driver

Name of Driver	WONG CHEONG WENG
Passport No/FIN	FXXXX486R
Date Of Birth	03/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82098605
Fax Number	
Contact Number	OFFICE-82098605
Email Address	NOEMAIL

Address	BLK 583 WOODLANDS DRIVE 16 #07-460
Postcode	730583
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : CHONG MING BIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200820/2103 & T/20200820/2108.

#### 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	YN3301S
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 XE2404U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number 83995673  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name WONG CHEONG WENG  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? GBJ5504D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHONG MING BIN  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? GBJ5504D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
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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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN



A: GBJ 5504 D      B: YN3301S      C: XE2404 U

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE (Changi) after Stevens Road at the third lane. As the traffic was heavy at that point of time, vehicle in front of me stopped so I followed to stop my vehicle. Out of sudden, I felt an impact from my rear. When I went down to check, I realised that I was involved in a 3 cars chain collision.

### DECLARATION

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



Policy holder's signature  
Date & time:

*Julian*  
Driver's signature  
(if driver is not policy holder)  
Date & time:

*[Signature]*  
reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200820/2103

1 of 3

Police Station Of Origin:  
Tampines N.P.C.  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20200820/2103

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2020 20:07	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars			
Name of Informant: WONG CHEONG WENG		Address: APT BLK 1 KAKI BUKIT ROAD 1 #04-50 ENTERPRISE ONE SINGAPORE 415934	
ID Type / ID No.: FIN NO / F0328486R		Contact No.: Home/Office: Mobile: 82098605	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 56	Date of Birth: 03/10/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Building construction engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2020 17:00	Type of Location: Straight Road	
Location:  PAN-ISLAND EXPRESSWAY					
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
GBJ5504D	Lorry	TOYOTA			Slightly Damaged	1
YN3301S	Lorry	MITSUBISHI			Slightly Damaged	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/20200820/2103

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20200820/2103

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG CHEONG WENG		ID No. F0328486R
Related Vehicle	GBJ5504D (Lorry)		Contact No. 82098605
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>			
Name	Chong Ming Bin		ID No. G2571243P
Related Vehicle	GBJ5504D (Lorry)		Contact No. 97152953
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On 20/08/2020 at 1700hrs, I was driving my lorry(GBJ5504D) at PIE expressway after Stevens Road exit towards Changi Airport at the most left lane. I was slowing down my lorry as the cars in front of my vehicle are slowing down, the lorry(YN3301S) behind my vehicle ram into the back of my lorry. We then stopped our vehicle and check for the damages done and we took photo of the license plate. My lorry suffer a slight dent on the rear while the other lorry suffer a slight dent on the front. The particulars of the other lorry driver was not taken. No visible injury was seen on him. After the accident my colleague namely Chong Ming Bin and I proceed to Our Family Physician Clinic & Surgery after slight pain on our neck area. We were given a 2 days MC from 21/08/2020 to 22/08/2020. I wish to lodge this report for recording purposes

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200820/2103

3 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20200820/2103

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: G / <del>Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN</del> Sgt 2 WONG QING JIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2020 20:07
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	  SIGNATURE



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200820/2108

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20200820/2108

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2020 20:39		Vide Report No.:		Station Diary No.: 101	
<b>Informant's Particulars</b>					
Name of Informant: WONG CHEONG WENG			Address: APT BLK 1 KAKI BUKIT ROAD 1 #04-50 ENTERPRISE ONE SINGAPORE 415934		
ID Type / ID No.: FIN NO / F0328486R			Contact No.: Home/Office: Mobile: 82098605		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 56	Date of Birth: 03/10/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUILDING CONTRUCTION ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2020 17:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
XE2404U	Lorry			White	Slightly Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200820/2108

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No: T/20200820/2108

### CONTINUATION OF REPORT

#### Brief Details.

Earlier on I made a report reference to T/20200820/2105 and I wish to add that there was a third vehicle involved in the accident XE2404U. I wish to add this for insurance claim purposes.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200820/2108

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20200820/2108

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:

G /  
Sgt 2 BRYAN CHENG CHUN HENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/08/2020 20:39

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo





Accident Photo

