

## 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	27/10/2020 17:01
Date Of Accident	26/10/2020 18:40
Exact Location Of Accident	JUNC JLN BAHAR & LIM CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM4326U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WAH & HUA PTE LTD
Co Reg No	2XXXXX076M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FM657MSRDEC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSNA00065822000
Cover Note Number	

### Driver

Name of Driver	HUI AH MENG
Passport No/FIN	FXXXX314Q
Date Of Birth	20/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2008
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83335863
Fax Number	
Contact Number	OFFICE-83335863
Email Address	NOEMAIL

Address	11 KRANJI CRESCENT WH BUILDING
Postcode	728656
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 - CROSS JUNCTION
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)	2
Passenger 1	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT -T/20201026/2157.

#### 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	34241MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name HUI AH MENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? YM4326U  
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.

WAH & SON PTE LTD  
11 KRANJI CRESCENT  
SINGAPORE 728856  
TEL: 6282 0078 FAX: 6282 0079

X   
\_\_\_\_\_  
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**

Lim Chu Kung Road

Old Choe Chu Kung Rd

Old Choe Chu Kung Rd

Jalan Besar

Sketch Before

Veh A: Ym43264  
Veh B: 34241 MID

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report

Report No: T/20201026/2157

## DECLARATION

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

SINGAPORE 728656  
TEL: 6362 0078 FAX: 6362 0076

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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201026/2157

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3  
Report No. T/20201026/2157

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 23:37	Vide Report No.: L/20201026/0095	Station Diary No.: 60
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### Informant's Particulars

Name of Informant: HUI AH MENG	Address: APT BLK 13 Kranji Loop #02-01 SINGAPORE 739549		
ID Type / ID No.: FIN NO / F7053314Q	Contact No.: Home/Office: Mobile: 83335863		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 52	Date of Birth: 20/01/1968	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Other heavy truck and lorry drivers	Driving Licence Information: Class: 2B,3,4		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2020 18:40	Type of Location: X-Junction
Location:  OLD CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
34241MID	Army Vehicle	FORD		Green	Seriously Damaged	1
YM4326U	Garbage Truck	FUSO		Blue	Seriously Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201026/2157

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20201026/2157

### CONTINUATION OF REPORT

Driver			
Name	HUI AH MENG	ID No.	F7053314Q
Related Vehicle	YM4326U (Garbage Truck)	Contact No.	83335863
Hospital/Clinic	CENTRAL 24-HR CLINIC (YISHUN)	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	26/10/2020	Date Discharge	26/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	ADAM	ID No.	NIL
Related Vehicle	YM4326U (Garbage Truck)	Contact No.	86979700
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 26/10/2020 at about 6.40pm, I was driving the garbage truck along Jalan Bahar. My colleague, Adam, was sitting at the passenger seat in the garbage truck.

At that point of time, I was approaching the cross junction of Jalan Bahar and Old Chua Chu Kang Road. As the traffic light was green and in my favour, I continued driving straight. However, out of a sudden, another vehicle from the opposite direction, made a right turn and crashed onto the driver side of my garbage truck.

I later established that the other vehicle is an army vehicle. My colleague and I alighted from our garbage truck and spoke to the persons in the army vehicle. There is a driver and one passenger in the army vehicle. Moments later, Traffic Police and the ambulance came to scene. The 2 persons in the army vehicle were conveyed in the ambulance. The Traffic Police had also advised me to lodge a police report reference report number L/20201026/0095.

The garbage truck and the army vehicle was subsequently towed away. I had went to Central 24-hr Clinic (Yishun) and was given 2 days of medical leave. I was also referred by the clinic to go for an X-Ray examination on 27/10/2020. I am unsure if Adam is injured. I also do not have the particulars of the 2 persons in the army vehicle.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201026/2157

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20201026/2157

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:

L /

SI MUHAMMAD FAIZAL BIN AFFANDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2020 23:37

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





