

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	03/11/2020 11:32
Date Of Accident	30/10/2020 11:10
Exact Location Of Accident	JUNCTION OF JALAN BAHAR AND JURONG WEST AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4419E
Insured/Policyholder	
Name Of Registered Owner	HENG HUP HUAT FOODSTUFFS TRADING PTE LTD
Co Reg No	2XXXXX464Z
Email Address	DESMOND8992@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98167732
Alternative Phone No	OFFICE-98167732

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900232580-01
Cover Note Number	

Driver

Name of Driver	SOW JUN HAO
Passport No/FIN	GXXXX787P
Date Of Birth	09/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98167732
Fax Number	
Contact Number	OTHERS-98167732
Email Address	DESMOND8992@GMAIL.COM

Address	2 GAMBAS CRESCENT #03-09 NORDCOM TWO
Postcode	757044
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201030/7017

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	SLE540P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN DRIVER

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLE540P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SOW JUN HAO

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBD4419E

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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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

Jurong West Ave 2

Road Work

Jalan Bahar

Jalan Boonlay

V-A) GBD4419E

V-B) SLE540P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no.

T/20201030/7017.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201030/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 13:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOW JUN HAO			Address:		
ID Type / ID No.: FIN NO / G6752787P			Contact No.: Home/Office: Mobile: 60166836436		
Nationality: MALAYSIAN			Email: desmond8992@gmail.com		
Sex: Male	Age: 29	Date of Birth: 09/09/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2020 11:10	Type of Location: X-Junction
Location: JALAN BAHAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD4419E	Van	TOYOTA	HIACE VAN TURBO	Black	Seriously Damaged	0
SLE540P	Car	TOYOTA	WISH		Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201030/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOW JUN HAO	ID No.	G6752787P
Related Vehicle	GBD4419E (Van)	Contact No.	60166836436
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLE540P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON THE 30TH OCTOBER 2020 AT ABOUT 1110HRS I WAS DRIVING MY COMPANY'S VEHICLE GBD4419E ALONG JALAN BOONLAY TOWARDS JALAN BAHAR. I WAS DRIVING ALONG THE FIRST LANE TURNING LEFT. I ENTERED THE TURNING POCKET AND CHECK ROAD WAS CLEAR AND GREEN LIGHT IN FAVOUR HENCE I PROCEED TO MAKE MY TURN. UPON REACHING THE JUNCTION, I NOTICE A VEHICLE CAME AT A VERY FAST SPEED, UPON SEEING I SWERVED MY VEHICLE TOWARDS THE RIGHT TO AVOID A COLLISION HOWEVER VEHICLE B STILL COLLIDED AGAINST MY VEHICLE FRONT PORTION. AFTER THE IMPACT MY VEHICLE WENT TOWARDS THE OPPOSITE DIRECTION. SHORTLY TRAFFIC POLICE AND AMBULANCE CAME TO THE SCENE AND THE DRIVER OF SLE540P WAS CONVEYED TO HOSPITAL BY AMUBLANCE. THE TRAFFIC POLICE GAVE ME A CASE CARD NO. J/20201030/0063 I.O CLARANCE. I WAS TOLD TO LODGE A POLICE REPORT. I WISH TO STATE THAT THE OPPOSITE LANE WHERE VEHICLE SLE540P IS TRAVELLING ON HAD ROAD WORKS GOING ON LANE 2. IT COULD BE THE ROAD WORK BLOCKING BOTH OF OUR VIEW. AFTER THE ACCIDENT I DID FELT PAIN AROUND MY LEFT ARM AND RIGHT LEG AND I MIGHT BE SEEKING DOCTOR LATER.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201030/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPiB /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Authentication Stamp
NP158

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

Date/Time:
30/10/2020 13:36

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S665500206 / 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

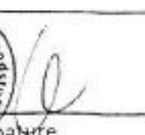
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

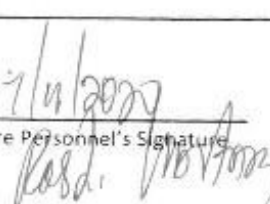
Original Report No: MNA420096747 Vehicle Registration No: GB D4419E
Name (as shown in NRIC): Heng Hup Huat Foodstuffs Trading Pte Ltd NRIC/FIN/Passport No: 2017364642
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 2 Gambas Crescent #103-09 Singapore 757044
Contact (Tel): 98167732 Mobile No.: -
Email Address: Desmond8992@gmail.com
Date of Accident: 30/10/2020 Time of Accident: 11:10
Place of Accident: Junc of Jalan Bahar & Jurong West Ave 2
Insurance Company: AIG

(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 to OD claim.


Policyholder / Driver's Signature
Date: 17/11/2020


Reporting Centre Personnel's Signature
Name: Rashid Mohd Arif
NRIC/FIN No.: -
Date: 17/11/2020