



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 Submission 01/12/2020 13:48 (SGT)
Date of Accident 27/11/2020 22:35 (SGT)
Exact Location of Accident 230 Tampines Ave 7, Singapore
Additional Location Information LAMP POST: 20F
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD8817C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CA TRANSPORTATION & WAREHOUSING PTE LTD
Company Reg No 199200740D
Email Address judy@catptn.com
Mobile Phone No (Phone) +65-65600028
Alternative Phone No (Office) +65-65600028

VEHICLE PARTICULARS

Manufacturer UDTrucks
Model GKB5
Variant -
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 - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D20MTHCVE000617
Cover Note Number -

DRIVER

Name of Driver CHEW SOI LIANG
NRIC No S0179733F
Date Of Birth 06/07/1954
Occupation Outdoor



Date Of Driving Pass	26/09/2002
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84363955
Alt. Phone Number	-
Email Address	judy@catptn.com
Address	APT BLK 497C TAMPINES STREET 45
Address complement	#10-38
Postcode	522497
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT T/20201128/2047

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	FBH9275Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD EDDY BIN NORDIN
NRIC No	S8935600H

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD EDDY BIN NORDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH9275Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

- [illegible]



Driver's Signature _____
 I declare that the information
 Contained _____

Responsible Centre Personnel's Signature:
Name: _____
SAC/FBI Title: _____

SKETCH PLAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to the police report T/20201128/Sciff -

DECLARATION

DECLARATION
(We declare the foregoing particulars are true in every respect).



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

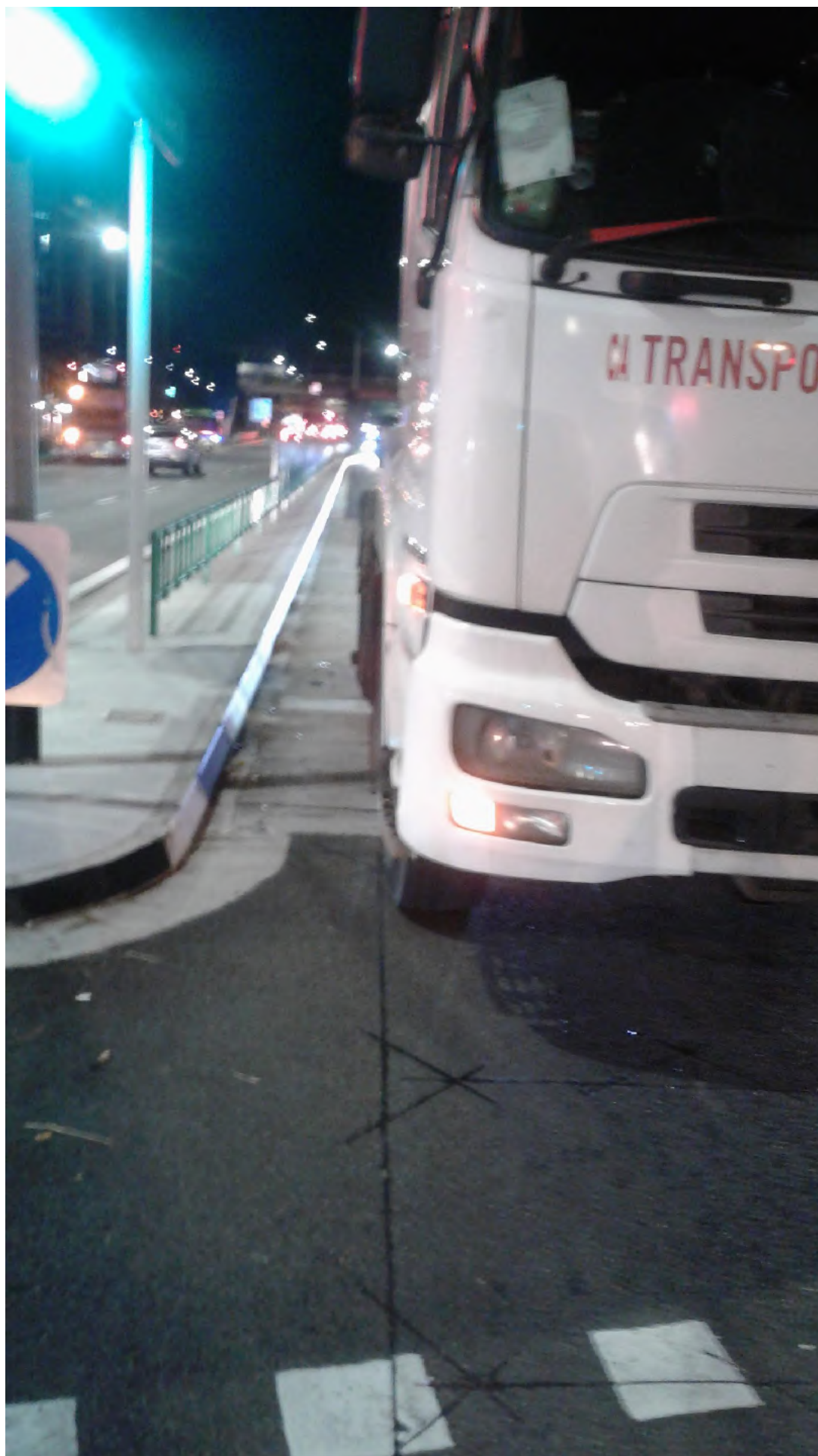
Reporting Centre Personnel's Signature
Name:
NBIC/FIN No.:

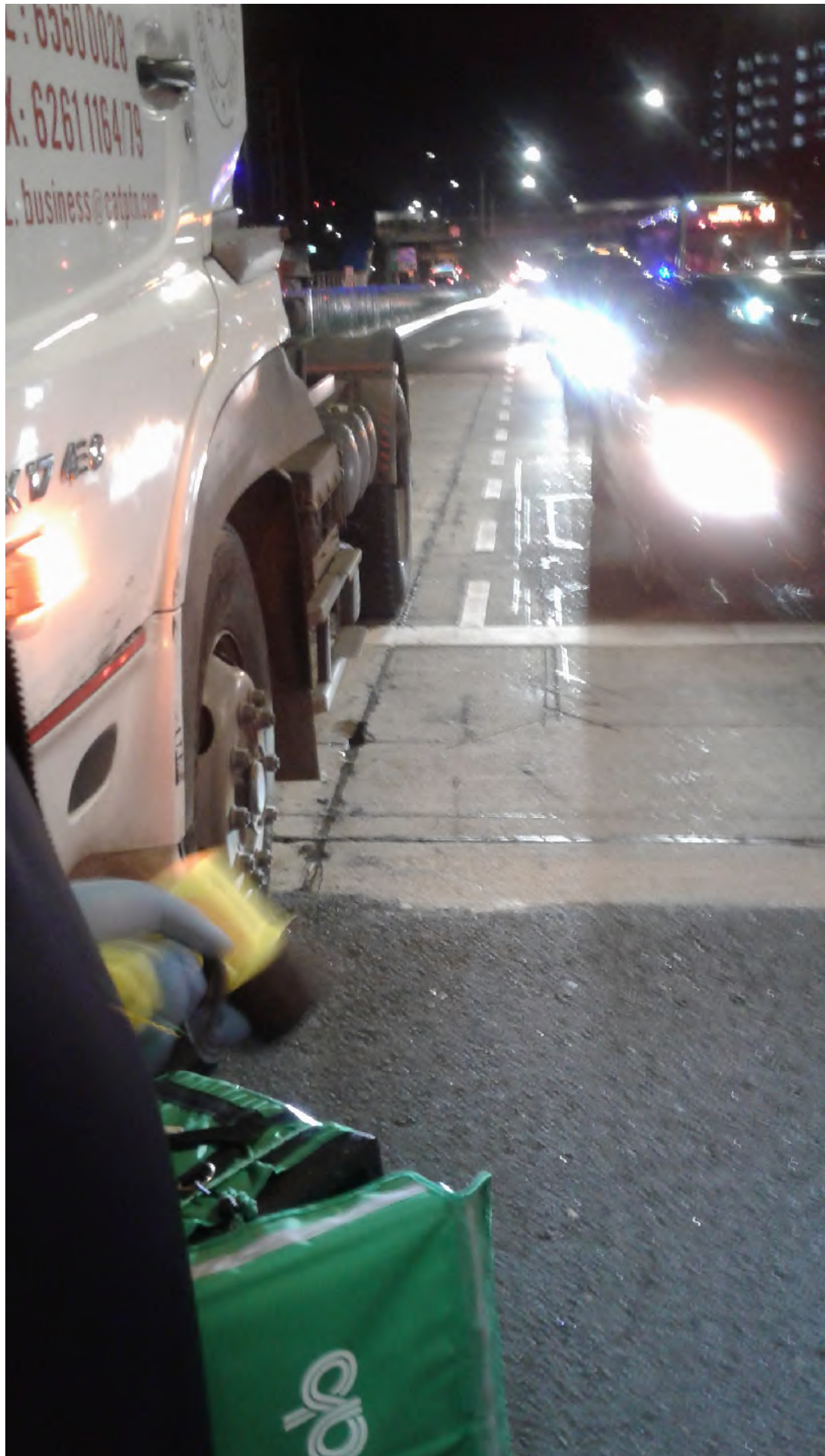






















**SINGAPORE
POLICE FORCE**



T20201128/2047

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
539925
Tel No: 1800-4519999

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Report No. T20201128/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2020 14:31 Vide Report No.: G/202011270193 Station Diary No.: 47

Informant's Particulars			
Name of Informant: CHEW SOI LIANG		Address: APT BLK 497C TAMPINES STREET 45 #10-38 SINGAPORE 522497	
ID Type / ID No.: NRIC NO.: SC179733F		Contact No.: Home/Office: Mobile: 84363955	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 06/07/1954	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3, 4, 5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Driver: No.	Date/Time of Accident: 27/11/2020 22:35	Type of Location: X-Junction
Location: TAMPINES AVENUE /				
Lamp Post Number: 20F				
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
FBH9275Z	Motorcycle			Blue		0
XD8817C	Prime Mover	NISSAN		White	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T202011282547

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
539523
Tel No: 1800-451 9599

Report No: T202011282547

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD EDDY BIN NORDIN	ID No.	S8935600H
Related Vehicle	FBH3275Z (Motorcycle)	Contact No.	NIL
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
Driver			
Name	CHEW SOI LIANG	ID No.	S0179733F
Related Vehicle	XD0017C (Prime Mover)	Contact No.	84363955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of injury	NIL

Brief Details:

On 27/11/2020 at about 2235hrs, I was driving my white colour Nissan prime mover (XD8817C) along Tampines Ave 7. When I was at the junction of Tampines Ave 7 and Ave 8, I was at the first lane to turn right and I was the first vehicle waiting for the red arrow to turn green. When the red arrow turned green, I started to move off. Suddenly one blue motorcycle (FBH9275Z) came from the left and wanted to turn right into my lane. I was unable to stop in time and as such, the motorcycle collided with my vehicle's front left bumper.

Ambulance and Traffic police came to scene and attended to us. The rider was then conveyed by ambulance. I was not injured and there was minor scratches on my vehicle's front left bumper.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569928
Tel No: 1800-4518698



122011282047

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Report No. T202011282347

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 /
S: Staff Sgt MUHAMMAD AZRI BIN ABDUL
RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP: GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476256

Authentication Stamp
N-195

Signature Of Informant:

Date/Time:
28/11/2020 14:31

Classification Of Case:

SH 083

