

# 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	26/12/2020 11:03 (SGT)
Date of Accident	23/12/2020 12:20 (SGT)
Exact Location of Accident	Kian Teck Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ197E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG5 PTE. LTD
Company Reg No	2XXXXX614C
Email Address	guoyuan.poh@sg5.com.sg
Mobile Phone No	(Phone) +65-87956303
Alternative Phone No	+65-87956303

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR75UH5A AMT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113237732-01-000013
Cover Note Number	-

### DRIVER

Name of Driver	CHEN ZHI MING
NRJC No	SXXXX657I
Date Of Birth	28/11/1991
Occupation	Indoor

Date Of Driving Pass	17/04/2013
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87174149
Alt. Phone Number	-
Email Address	alvinming2811@gmail.com
Address	BLK 271D JURONG WEST ST 24 #05-72
Address complement	-
Postcode	644271
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	Collision - Change/cross lane
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LETCHUHOMUMU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO.T/202012224/2031.

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	GBG2356A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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	CHEN ZHI MING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ197E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### INJURED 2

Name of injured person	PASSENGER OF VEHICLE A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ197E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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.



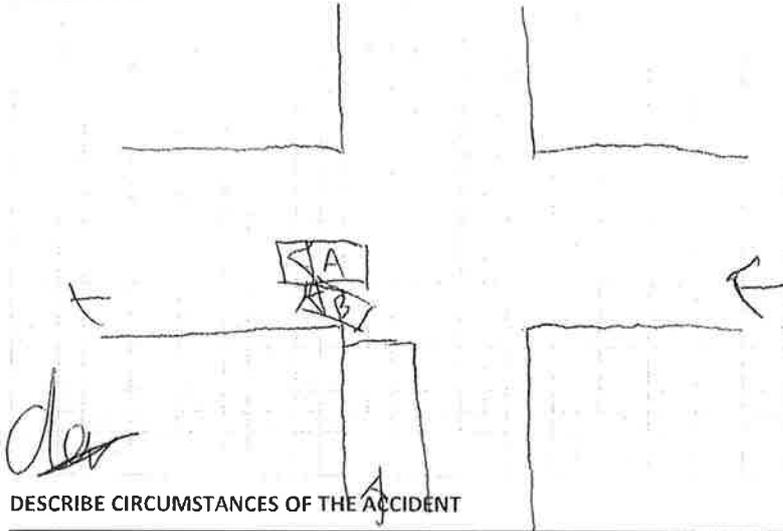
Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

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

SGS PTE. LTD.  
Logistics Dept.  
Policyholder's Signature  
Date & Time: \*

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

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



**SINGAPORE  
POLICE FORCE**



T/20201224/2031

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Report No. T/20201224/2031

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/12/2020 10:53	Vide Report No.: J/20201223/0071	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: CHEN ZHI MING		Address: APT BLK 271D JURONG WEST STREET 24 #05-72 SINGAPORE 644271	
ID Type / ID No.: NRIC NO / S91756571		Contact No.: Home/Office:	Mobile: 87174149
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 28/11/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY 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: 23/12/2020 12:20	Type of Location: X-Junction
Location: KIAN TECK WAY				
Lamp Post Number: 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
GBG2356A	Van	NISSAN			Seriously Damaged	0
YQ197E	Lorry	ISUZU			Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



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Report No. T/20201224/2031

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MINNA	ID No.	-
Related Vehicle	GBG2356A (Van)	Contact No.	87822291
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
<b>Driver</b>			
Name	CHEN ZHI MING	ID No.	S91756571
Related Vehicle	YQ197E (Lorry)	Contact No.	87174149
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	23/12/2020	Date Discharge	23/12/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	LETCHUMANAN A/L MUNIANDY	ID No.	G7514193P
Related Vehicle	YQ197E (Lorry)	Contact No.	93501451
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/12/2020	Date Discharge	23/12/2020
No. of Days granted Medical Leave	09	Degree of Injury	Slight

**Brief Details.**

On 23/12/2020 at about 1220hrs, I was driving my company lorry bearing registration plate number YQ197E along Kian Teck Avenue towards Kian Teck Crescent on the left lane of the two lane road. My colleague Letchumanan A/L Muniandy was seated in the passenger seat beside me. Upon reaching the cross junction, I continued driving straight towards Kian Teck Crescent. When I was passing through the cross junction, I felt an impact on the front left portion of my vehicle. I then realized that a van bearing registration plate number GBG2356A had collided into my vehicle. Both our vehicles were badly damaged and was not able to move off after that. I immediately informed my manager via phone call, Michael (Tel: 87956303), who called for police assistance. I exchanged particulars with the other driver. Shortly after, police and ambulance arrived at the scene. Both my colleague and I were conveyed to Ng Teng Fong Hospital via ambulance. I was experiencing pain in my right knee while my colleague was experiencing pain in his lower back area. There is an in-car camera in my lorry and I have handed over the SD card to



SINGAPORE  
POLICE FORCE



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Report No. T/20201224/2031

CONTINUATION OF REPORT

the Traffic Police officer at scene. The left front portion of my company lorry was badly damaged and the vehicle was not able to be driven after the accident.



**SINGAPORE  
POLICE FORCE**



T/20201224/2031

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20 Chai Chee Drive SINGAPORE 469045  
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Report No. T/20201224/2031

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 3 ANG CHING NEE, ANITA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/12/2020 10:53

Officer In Charge Of Case:  
TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN  
MUHAMMAD AJMAIN  
Contact No: 65476367

Authentication Stamp  
NP153

Classification Of Case: