# **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 witholding 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.

- 4. The issue and acceptance 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 18/12/2020 16:21 (SGT) Date of Accident 17/12/2020 09:20 (SGT) Exact Location of Accident Hougang Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBD3464E** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BESMAR ENERGY PTE LTD Company Reg No 2XXXXX293W Email Address chongkokchoychoy@gmail.com Mobile Phone No (Phone) +65-68423752 Alternative Phone No (Office) +65-68423752

## VEHICLE PARTICULARS

Manufacturer Nissan Model Cabstar Variant Exact purpose for which vehicle was being used at time of Employment accident 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 China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00070522002 Cover Note Number

## DRIVER

Name of Driver CHONG KOK CHOY NRIC No SXXXX024J Date Of Birth 13/09/1969 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	23/10/2002 18 YEARS AND 2 MONTHS Male (Phone) +65-83492202 - chongkokchoychoy@gmail.com BLK 16 TELOK BLANGAH CRESCENT #03-326 090016 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes Yes 4 No
PASSENGER 1	
Name Gender	ISLAM MD RASEDUL Male
PASSENGER 2	
Name Gender	- Male
PASSENGER 3	
Name Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201217/2056.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

Vehicle Registration Number Vehicle Manufacturer	GN5321J
	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANG BOON PENG
NRIC No	SXXXX672A
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 Address	ISLAM MD RASEDUL
	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBD3464E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

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- 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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

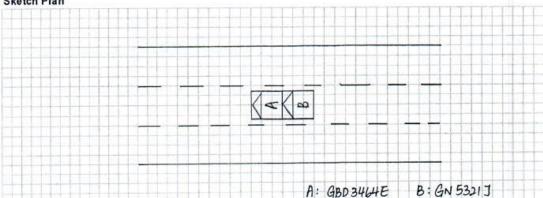


Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Re orting Centre Personnel

Sketch Plan



	Re-	fer to police	e report		
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Report No. T/20201217/2056

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

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 13:38	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	ulars	NEWS AND PROPERTY.			
	Informant: KOK CHO		Address: APT BLK 16 TELOK BLANGA FABER VIEW SINGAPORE 0	AH CRESCENT #03-326 MOUNT		
ID Type / ID No.: NRIC NO / S6968024J			Contact No.: Home/Office:	Mobile: 834922002		
National MALAYS	Charles Charles III		Email:			
Sex: Male	Age: 51	Date of Birth: 13/09/1969	Type of Informant: Driver	HALLES THE		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: CONSTRUCTION WORKER		VORKER	Driving Licence Information: Class:	ion: Date of Expiry:		

Type of Accident:	Lonveyed by Ambulance		Drink Drive: No	Date/Time of Accident: 17/12/2020 09:20	Type of Location Straight Road
Location: HOUGANG A	VENUE 3				
Weather: Clear		Road Dry	Surface:		Road Speed Limit:
Traffic Flow: One Way		100 100 100 100 100 100 100 100 100 100	Control:		Traffic Volume: Moderate
Type of Collis	ion: ing Vehicles - Head On			200	Anyone conveyed by ambulance:

Details of Volume Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3464E	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Silver		0
GN5321J	Lorry	TOYOTA	DYNA 150 5MT	Silver		0



T/20201217/2056

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201217/2056

# CONTINUATION OF REPORT

Details of Perso	n Involved	0120021E4		10000	F-72-33	VELOCIO-CO QUE LOS
Any Pedestrian I	nvolved: No		-			一世代為
No. of Pedestrian	ns Injured: NIL	No. 19 April	Use of Pe	destriar	Cross	sing: NA
Driver	· · · · · · · · · · · · · · · · · · ·			. 10%4		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
Name	CHANG KOK CHOY			ID No		S6968024J
Related Vehicle	GBD3464E (Lorry)	1	54	Contact No.		83492200
Hospital/Clinic	NIL		Sopra (n. n. n	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	4	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver	<b>网络阿尔巴斯斯</b> 拉萨斯纳斯	(2) 经产品	<b>建设在产业的企业企业</b>	<b>有""社会</b>	起制的金	
Name	Unknown Driver			ID No		NIL
Related Vehicle	GN5321J (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	<b>数数1. 整备20克子</b>

### Brief Details.

ON STATED DATE TIME AND LOCATION

ON 17/12/2020 AT ABOUT. 9:20 AM. I WAS BEARING A VEHICLE PLATE NUMBER (GBD3464E) AND THE OTHER PARTY WAS BEARING A VEHICLE PLATE NUMBER (GN5321J). I WAS TRAVELLING ALONG HOUGANG AVE 3 GOING TOWARDS AVE 2 AFTER BARTELY ROAD. AS I WAS IN THE SECOND LANE AFTER WHICH OUT OF THE SUDDEN A VEHICLE HIT ON TO MY REAR OF MY VEHICLE. TOTAL PASSANGER I HAVE WAS 2, ONE WAS INJURED AND WAS CONVEY BY THE AMBULANCE AND WAS SENT TO THE HOSPITAL.THEREFORE I AM MAKING A POLICE REPORT.



Tel No: 65470000

# SINGAPORE POLICE FORCE



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20201217/2056

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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: Signature Of Informant: SC MUHAMMAD SHAFFIY BIN ROSLAN Signature Of Interpreter: Date/Time: 17/12/2020 13:38 Not applicable Classification Of Case: Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN SINGAPORE Contact No.: 65476311 Authentication Stamp NP168 Signature: