

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 30/12/2020 11:29 (SGT)
Date of Accident 29/12/2020 16:30 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information ALONG UPP THOMSON RD TWDS LORNIE HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number 4987S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BENG HOCK MECHANICAL ENGINEERING PTE LTD
Company Reg No 201027103C
Email Address hr@benghock.com.sg
Mobile Phone No (Phone) +65-66863886
Alternative Phone No +65-66863886

VEHICLE PARTICULARS

Manufacturer Hino
Model 700 series
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 Goods vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMTPSN00000522004
Cover Note Number -

DRIVER

Name of Driver ONG WEI KANG
NRIC No S7244388H
Date Of Birth 26/11/1972
Occupation Outdoor

Date Of Driving Pass	18/01/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96955656
Alt. Phone Number	-
Email Address	alanong26@yahoo.com.sg
Address	86 DAWSON RD #26-13
Address complement	-
Postcode	141086
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	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SMK9601U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97600728

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

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.:

GIA RMC SketchPlanForm_V3

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SKETCH PLAN

Along Opp Thomson Rd

A: 14143

B: 14143/14143

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report

7/10/2015

DECLARATION

I/We declare the above 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.:

GIAR/MC SketchPlanForm_V3

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中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Trade Policy

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1953 (Malaysia)

CGENERAL

R SN

DR0666P

Cov. Type T

CERTIFICATE No.	DMTPSNAD0000522004	Engine No.: N/A. Chs. No.: N/A.
1. Make, Mark and Registration Number of Vehicle	4987S	
2. Name of Policy Holder	BENG HOCK MECHANICAL ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment	30/11/2020	Excess Said. II S\$1,500.00
4. Date of Expiry of Insurance	28/11/2021	
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>As Per Policy Schedule Any other person provided he is driving with the policyholder's permission and is accompanied by a named driver of the policyholder under this policy. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason or any enactment or regulation in that behalf from driving the Motor Vehicle</p> <p>NG KOK BENG GU QIAO DONG ONG YEE KANG SEAH KENG LAM (XIE QINGHAI)</p>		
<p>6. Limitations as to use**</p> <p>Use only for Trade Plate purpose.</p> <p>This Policy does not cover:- (a) Use for hire or reward (b) Use for racing, pace-making, reliability trial or speed testing (c) Use solely for "breakdown" purposes which is not deemed to be use for hire or reward</p>		

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Moses Chia Wen Jye
Authorised Officer

.....
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com













**SINGAPORE
POLICE FORCE**



T/20201230/2015

1 of 4

Report No. T/20201230/2015

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 09:31		Vide Report No.: E/20201229/0102	Station Diary No.: 66
Informant's Particulars			
Name of Informant: ONG WEI KANG		Address: APT BLK 86 DAWSON ROAD #26-13 SINGAPORE 141086	
ID Type / ID No.: NRIC NO / S7244388H		Contact No.: Home/Office:	Mobile: 96955656
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 26/11/1972	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2020 16:30	Type of Location: Straight Road
Location: UPPER THOMSON ROAD				
Weather: Cloudy	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
4987S	Lorry	HINO	700	White	Slightly Damaged	0
SMK9601U	Car	NISSAN	qashqai	White	Seriously Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20201230/2015

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20201230/2015

CONTINUATION OF REPORT

Driver			
Name	ONG WEI KANG	ID No.	S7244388H
Related Vehicle	4987S (Lorry)	Contact No.	96959656
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMK9601U (Car)	Contact No.	97600728
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 29/12/2020 @ about 1630hrs-1645hrs, I just sent the tipper truck (4987S) for inspection at LTA @ Sin Ming for my company vehicle from Beng Hock Mechanical Engineering Pte Ltd. I was driving along Upper Thomson Road towards PIE on Lane 2. The traffic was heavy, and the floor was wet. Suddenly, I felt something hit pushing my lorry from the left to the right. I had to control my steering hard. I brake hard and that was when I saw a White car going into lane 1 and crashing into the road divider.

I then came out of my lorry and made a check on the situation. The first thing I did was to take pictures of the scene. After which, both myself and the driver called our own insurance. During which, there was a male in his 20s who came to hand a bag over to the driver, but I am unsure what it was. There was also 2 of the construction workers who came to me and requested for my details. They informed that the railing/divider was done by their company however yet to handover to LTA. I did not provide them with the particulars and told them to clarify with Traffic Police later on.

I decided to call for the police as advised by my insurance and since that a government property (railing/road divider) was damaged. When Traffic Police came, they asked for what that had happened, and I was given a case card with report E/20201229/0102 and was advised to lodge a report within 24hours.

The damage to my lorry was that there were scratches and dents on the front left bumper and also the left passenger door.

I only have the contact number of the driver; 97600728.



SINGAPORE
POLICE FORCE



T/2020/1230/2015

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/2020/1230/2015

CONTINUATION OF REPORT

I do not have any in-veh camera however the other car has and that the TP officer has taken the memory card.



SINGAPORE
POLICE FORCE

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Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20201230/2015

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Report No. T/20201230/2015

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 /
Sgt 2 SITI ADILAH BINTE MAHDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2020 09:31

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65478170

Classification Of Case:

Authentication Stamp
NP168



Signature:
Singapore Police Force



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6724 0010 Fax (65) 6724 0380
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S685500286 / 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 : SA1A20CU0002 Vehicle Registration No: 4987s
 Name (as shown in NRIC) : ONG WEI KANG NRIC/FIN/Passport No : 388H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 96955656
 Email Address : _____
 Date of Accident : 29/12/2020 Time of Accident : 1630HRS
 Place of Accident : ALONG UPP THOMSON RD TWDS LORNIE HIGHWAY
 Insurance Company: _____

(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 COMPANY NAME

Ice Choong Hui Cheng
 Chief Admin Manager
 Metal Processing Production Maintenance Dept.
 Huang Hock Mechanical Engineering Pte Ltd

Policyholder / Driver's Signature
 Date: _____

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

GI/AINVIC addendum form_V3