

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 14:47 (SGT)
Date of Accident 29/12/2020 15:10 (SGT)
Exact Location of Accident Near 60 Hougang Ave 3, Singapore 538843
Additional Location Information Junction of Defu Lane 10 and Hougang Avenue 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF4176U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Chua Hiang Cheng
Company Reg No 27587900C
Email Address delivery.chua@gmail.com
Mobile Phone No (Phone) +65-96260119
Alternative Phone No +65-96260119

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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? Yes
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company QBE
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 8-V0015914-MVA-R003
Cover Note Number -

DRIVER

Name of Driver Chua Hiang Cheng
NRIC No S0915700Z
Date Of Birth 05/11/1949
Occupation Outdoor

Date Of Driving Pass	16/03/1967
Driving experience	53 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93367256
Alt. Phone Number	-
Email Address	delivery.chua@gmail.com
Address	Blk 119 Hougang Avenue 1
Address complement	#05-1144
Postcode	530119
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Chu Hiang Chin
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report:- T/20201229/2139

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	GBJ3443J
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJY5912K
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	Driver of GBJ3443J
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ3443J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

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

SKETCH PLAN

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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 & Time

Sketch Plan



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

30/12/2020 1445hrs



Witnessed by Reporting Centre Personnel

Lam Wei Sheng

Photo to accident scene photo

Describe Circumstances of the Accident

refer to police report:- T/20201229/2139

Declaration

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

蔡賢達
Policyholder's Signature / Date & Time

蔡賢達
Driver's Signature (if driver is not the policyholder) / Date & Time
30/12/2020 1445hr


Witnessed by Reporting Centre Personnel
Can Wei Sheng

























**SINGAPORE
POLICE FORCE**



T/20201229/2139

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20201229/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2020 20:26		Vide Report No.: F/20201229/0142	Station Diary No.: 34
Informant's Particulars			
Name of Informant: CHUA HIANG CHENG		Address: APT BLK 119 HOUGANG AVENUE 1 #05-1144 SINGAPORE 530119	
ID Type / ID No.: NRIC NO / S0915700Z		Contact No.: Home/Office: Mobile: 93367256	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 71	Date of Birth: 05/11/1949	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Carpenter		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2020 15:10	Type of Location: Straight Road
Location: DEFU LANE 10				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4176U	Lorry				Seriously Damaged	1
GBJ3443J	Lorry					0
SJY5912K	Car					0



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T/20201229/2139

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20201229/2139

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA HIANG CHENG	ID No.	S0915700Z
Related Vehicle	GBF4176U (Lorry)	Contact No.	93367256
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 at around 1550hrs, I was driving GBF4176U while exiting from Defu Lane 10 near to Blk 1 of Defu Lane into Hougang Ave 3, I was feeling unwell and lost control of my vehicle as such my the head of my lorry hit onto the side door of the lorry (GBJ3443J) and due to the impact, the lorry (GBJ3443J) went to the oncoming traffic lane and hit into a Mercedes (SJY5912K). As such there was a massive jam along Hougang Ave 3.

Police and Ambulance was on scene and the driver of GBJ3443J was conveyed to the hospital.

I do not have any in-car camera installed.



SINGAPORE
POLICE FORCE



T/20201229/2139

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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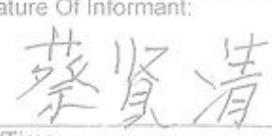
Report No. T/20201229/2139

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 / Sgt 1 Tan Jun Hao Derek	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2020 20:26
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	