

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 17:21 (SGT)
Date of Accident	29/12/2020 15:00 (SGT)
Exact Location of Accident	Near 60 Hougang Ave 3, Singapore 538843
Additional Location Information	HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5912K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK CHIN SOON
NRIC No	SXXXX864C
Email Address	ALANTAN.3778@GMAIL.COM
Mobile Phone No	(Phone) +65-91073359
Alternative Phone No	+65-91073359

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA556306
Cover Note Number	-

DRIVER

Name of Driver	QUEK CHIN SOON
NRIC No	SXXXX864C
Date Of Birth	09/07/1964
Occupation	Indoor

Date Of Driving Pass	16/10/1984
Driving experience	36 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91073359
Alt. Phone Number	+65-91073359
Email Address	ALANTAN.3778@GMAIL.COM
Address	BLK 603C PUNGGOL ROAD #02-728
Address complement	-
Postcode	823603
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Dry

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LAI POH YAM
Gender	Female

PASSENGER 2

Name	QUEK YI XIANG
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 THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3443J
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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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF4176U
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	QUEK CHIN SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJY5912K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

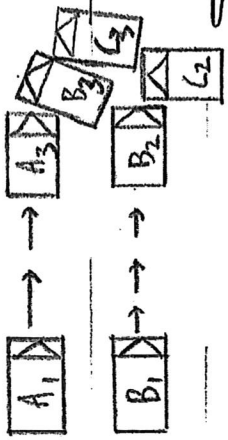
Name of injured person	LAI POH YAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJY5912K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	QUEK YI XIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle? SJY5912K
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

Hanging Ave 3



Hanging Ave 10

Defin lane 10

A: SY 5912K
B: GBJ 3443J
C: GBJ 4176U

Refer to police report.

We declare the foregoing particulars are true in every respect.

be made within

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

Witnessed by Reporting Centre
Personnel

days cause whereby the o
or more details.

[Signature]

Assessed by Reporting Centre
nnel

[Signature]

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

PW

Sketch Plan

Refer to attach



SINGAPORE POLICE FORCE



T/20201230/2052

1 of 4

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

Report No. T/20201230/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 13:28	Vide Report No.: F/20201229/0142	Station Diary No.: 12
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Informant's Particulars		
Name of Informant: QUEK CHIN SOON		Address: APT BLK 603C PUNGGOL ROAD #02-728 SINGAPORE 823603
ID Type / ID No.: NRIC NO / S1667864C		Contact No.: Home/Office: Mobile: 91073359
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 56	Date of Birth: 09/07/1964
Race: Chinese		Type of Informant: Driver
Occupation: UNEMPLOYED		Language: Institution / School Name:
Driving Licence Information: Class:		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 15:00	Type of Location: T-Junction
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4176U	Lorry				Slightly Damaged	0
GBJ3443J	Lorry				Slightly Damaged	0
SJY5912K	Car	MERCEDES BENZ	C 200 CGI	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20201230/2052

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

Report No. T/20201230/2052

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY5912K	AXA INSURANCE SINGAPORE PTE LTD	GA556306	30/10/2020	29/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LAI POH YAN		ID No.	S7765668E
Related Vehicle	SJY5912K (Car)		Contact No.	81854908
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/12/2020		Date Discharge	29/12/2020
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	QUEK CHIN SOON		ID No.	S1667864C
Related Vehicle	SJY5912K (Car)		Contact No.	91073359
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	Slight
Passenger				
Name	QUEK YI XIANG		ID No.	T0725594I
Related Vehicle	SJY5912K (Car)		Contact No.	89128360
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/12/2020		Date Discharge	30/12/2020
No. of Days granted Medical Leave	06		Degree of Injury	Serious



**SINGAPORE
POLICE FORCE**



T/20201230/2052

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Police Station Of Origin:
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SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20201230/2052

CONTINUATION OF REPORT

Brief Details.

On 29/12/2020 at about 1500hrs, I was travelling along Hougang Ave 3 in my vehicle (SJY5912K) together with my son and wife. I saw a lorry (GBF4176U) on the opposite coming out from Defu Lane 10 and it was driving at a very fast speed. The lorry then came toward my road side to make an illegal right turn. As such, the lorry front side collided into another lorry (GBJ3443J) right side.

At the point of time, a lorry (GBJ3443J) was travelling beside me. The lorry that was beside me was then being pushed into my lane due to the impact and my vehicle front side then collided into the lorry left side. I could not managed to brake in time as it happen too fast.

After which, I called for ambulance assistance as I noticed my son mouth was bleeding.

When the police, ambulance and SCDF arrived at scene. My son, wife and another person from the lorry (GBJ3443J) was conveyed to hospital. The traffic police advised me to lodge a police report. The traffic police also seized my samsung 64 GB memory card from my front installed camera.

My son was conveyed to KK hospital while my wife was being conveyed to Seng Kang Hospital. He sustained a right lower lip stellate laceration which was stitched and he was being admitted to hospital for a day from 29/12/2020 to 30/12/2020. He was given 6 days MC (MC number: PAS2020297020) from 29/12/2020 to 03/01/2021.

My wife was discharge on 29/12/2020 at about 1800hrs after being checked up.

I wish to state that I do not have other drivers particulars that was involved in the accident and I do not recall how many people were in the lorry as well as everything happen to quickly. I also wish to state that I injured my left hand during the accident and will see a doctor for medical treatment after making a police report. I have installed camera in my vehicle.

I am lodging this police report for record purpose and also insurance claims.



**SINGAPORE
POLICE FORCE**



T/20201230/2052

4 of 4

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SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20201230/2052

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 2 SEBASTIAN YIN JIA JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/12/2020 13:28

Classification Of Case: