



## 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	21/01/2021 16:07 (SGT)
Date of Accident	20/01/2021 18:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR60Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HEY DINGDONG PTE. LTD.
Company Reg No	2XXXXX228W
Email Address	LARRYLIT76@GMAIL.COM
Mobile Phone No	(Phone) +65-88171481
Alternative Phone No	(Home) +65-88171481

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119818348
Cover Note Number	-

#### DRIVER

Name of Driver	LIT WAI LUNG
NRIC No	SXXXX603C
Date Of Birth	30/01/1976
Occupation	Outdoor



Date Of Driving Pass .....	04/11/2013
Driving experience .....	7 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88171481
Alt. Phone Number .....	-
Email Address .....	LARRYLIT76@GMAIL.COM
Address .....	APT BLK 113 YISHUN RING ROAD #06-481 S 760113
Address complement .....	-
Postcode .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	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 .....	Serangoon Neighbourhood Police Centre
Police Station Address .....	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

#### 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 .....	GBB1771S
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 .....	LIT WAI LUNG
Address .....	APT BLK 113 YISHUN RING ROAD #06-481 S 760113
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GR60Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



SKETCH PLANIMPORTANT NOTICE

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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

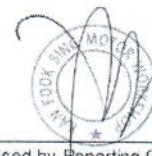
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

21/1/2021 @ 1510h



Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

Refer to the police report.

Insurance Co.	NTUC
Vehicle No.	6R60Z
Date of Accident	20/1/2021
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop	
Sheng Li Kai	

**Declaration**

(We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

21/1/2021 @ 1510W

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210121/2062

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20210121/2062

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KOH AH WENG	ID No.	S1441977B
Related Vehicle	GBB1771S (Car)	Contact No.	NIL
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	LIT WAI LUNG	ID No.	S7602603C
Related Vehicle	GR60Z (Car)	Contact No.	88171481
Hospital/Clinic	SHENTON MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	21/01/2021	Date Discharge	21/01/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 20/01/2021 at about 1824hrs, I recall driving my company's vehicle bearing (Plate No: GR60Z) along Upper Serangoon Rd for a delivery. However, a traffic accident had took place along 472 Upper Serangoon Rd towards the direction of Bartley Rd with another vehicle bearing (Plate No: GBB1771S). From my knowledge, the said road was congested, the traffic light was also red at that time. As such, my vehicle had also came to a complete stop just along 472 Upper Serangoon Rd.

Prior to the traffic light turning green, one vehicle bearing (Plate No: GBB1771S) had reverse his vehicle out of 472 Upper Serangoon Rd collided into the rear left side of my car. From my observation, no government property was damaged, but there were some dent and scratches to my rear left side of the vehicle. Nevertheless, we eventually exchange particulars and in moving off to prevent any further congestion to the heavy traffic.

I wish to inform that my car does have a incar camera as such the whole incident was captured. I'm willing to provide the necessary footages to the traffic police, if required for any police investigation.

Nevertheless, I wish to state that I had also since visited the doctor this afternoon as I was having some back pain. I had since been given 4 days MC for my back injury.

I'm lodging this traffic accident report for my encounter.



**SINGAPORE  
POLICE FORCE**



T/20210121/2062

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Report No. T/20210121/2062

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CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20210121/2062

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556129  
Tel No: 1800-4880999

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Report No. T/20210121/2062

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 LUM HOW MUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/01/2021 14:24

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 151

Authentication Stamp

NP168



Signature:

Singapore Police Force