

# 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 ..... 01/02/2021 16:46 (SGT)  
Date of Accident ..... 31/01/2021 10:47 (SGT)  
Exact Location of Accident ..... Ubi Ave 1, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH5015J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UNION ENERGY PTE LTD  
Company Reg No ..... -  
Email Address ..... CAROLHENG@UNIONGAS.COM.SG  
Mobile Phone No ..... (Phone) +65-66031794  
Alternative Phone No ..... +65-66031794

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D-21097015MFCV/96  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... POH WUI CHONG  
Work Permit No ..... GXXXX360N  
Date Of Birth ..... 30/05/1984  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/08/2017
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83814866
Alt. Phone Number .....	-
Email Address .....	QUENTINPWC@GMAIL.COM
Address .....	96 LORONG N TELOK KURAU #01-01
Address complement .....	-
Postcode .....	425249
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 - Head to Rear
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 .....	Kampong Ubi Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007479999
Alt. Police Station Phone No .....	(Fax) +65-67453410
Police Station Address .....	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT T/20210201/2040

#### 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 .....	SMN3665J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHOO CHEE MING
NRIC No .....	SXXXXX709E

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 .....	POH WUI CHONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	GBH5015J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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 firms/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 firms/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 firms/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

### Sketch Plan






**Describe Circumstances of the Accident**

On stated date and time, ~~2022~~ my vehicle (GBH 50153) was travelling  
on U21 A12 E, when I felt an impact on my vehicle. Vehicle B  
(SMN 3665T) had collided into the rear portion of my  
vehicle. I felt ~~be~~ pain in my neck and back, and went to see a  
doctor. I was given 2 days MC.

**Declaration**

I/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	 Witnessed by Reporting Centre Personnel
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**POLICE FORCE**

T/20210201/2040

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20210201/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2021 12:31		Vide Report No.:	Station Diary No.: 9
<b>Informant's Particulars</b>			
Name of Informant: POH WUI CHONG		Address: APT BLK 96 Lorong M Telok Kurau #01-01 SINGAPORE 425249	
ID Type / ID No.: FIN NO / G2978360N		Contact No.: Home/Office: Mobile: 83814866	
Nationality: MALAYSIAN		Email: quentinpwc@gmail.com	
Sex: Male	Age: 36	Date of Birth: 30/05/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2021 10:45	Type of Location: Straight Road
Location:  UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5015J	Lorry	TOYOACE	Dyna		Slightly Damaged	0
SMN3665J	Car	HONDA	Fit	Silver		0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210201/2040

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Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20210201/2040

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	POH WUI CHONG		ID No. G2978360N
Related Vehicle	GBH5015J (Lorry)		Contact No. 83814866
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 25/05/2022
Date Treatment	01/02/2021	Date Discharge	01/02/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	CHOO CHEE MING		ID No. S8414709E
Related Vehicle	SMN3665J (Car)		Contact No. 91443334
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 31/01/2021 at about 1047hrs, I was driving my vehicle (GBH5015J) along Ubi Avenue 1. As I was approaching the carpark for B/342 Ubi Ave 1, I slowed down my vehicle as I wanted to check my blind spot before turning into the carpark. I was unsure if I did signal.

Suddenly, I felt a bump from the rear. I alighted from my vehicle and saw one Silver Honda Fit(SMN3665J) collided into the rear of my vehicle.

We then exchange our particulars and took photos of the damages before leaving the scene. I wish to inform that there was no damages to any government properties, no pedestrian injured, no foreign vehicle involved and no one injured at that point in time.

However on 1 Feb 2021 when I wake up, I felt pain at the back of my neck area. I went to Advance Clinic and Surgery P/L located at B/301 Ubi Ave 1 and was given a 2 days MC. The doctor informed that the medical report will only be ready on 02/02/2021.

I wish to further inform that the vehicle belongs to my company (Union Energy P/L) and my company is aware of the accident.



**SINGAPORE  
POLICE FORCE**



T/20210201/2040

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Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20210201/2040

**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: G / Sgt 3 LAM WEI LIANG WILLIAM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2021 12:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	