

# 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 ..... 24/03/2021 11:16 (SGT)  
Date of Accident ..... 22/03/2021 10:08 (SGT)  
Exact Location of Accident ..... 48 Toh Guan Rd E, Singapore 608586  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE6655K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... P.C. ANG ENGINEERING CONSTRUCTION  
Company Reg No ..... 5XXXX200W  
Email Address ..... PHBMS@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-92354582  
Alternative Phone No ..... +65-92354582

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Cyz52k  
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  
Transmission ..... Manual  
CC ..... 15681

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00110792002  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEW BAK HEE  
NRIC No ..... SXXXX087F

Date Of Birth .....	18/11/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	28/12/1990
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92354582
Alt. Phone Number .....	-
Email Address .....	PHBMS@YAHOO.COM
Address .....	BLK 190A RIVERVALE DRIVE #07-980
Address complement .....	-
Postcode .....	541190
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? .....	Yes
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JSN5796
Vehicle Category .....	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210322/7056

#### 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 .....	JSN5796
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 .....	CHEW BAK HEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	XE6655K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.:

A: XE 6655K  
B: JSN 5796

48 TOH GUAN  
ROAD EAST

2E  
6655K  
(Lofry)

JSN  
5796  
(Lo(ry))

### Collision

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20210322/7056

I/We declare that the 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.:



















**SINGAPORE  
POLICE FORCE**



T/20210322/7056

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

1 of 3  
Report No. T/20210322/7056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/03/2021 21:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEW BAK HEE			Address: 190A RIVERVALE DRIVE #07-980 SINGAPORE 541190		
ID Type / ID No.: NRIC NO / S6940087F			Contact No.: Home/Office: Mobile: 92354582		
Nationality: SINGAPORE CITIZEN			Email: phbms@yahoo.com		
Sex: Male	Age: 51	Date of Birth: 18/11/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2021 20:25	Type of Location: T-Junction
Location:  TOH GUAN ROAD EAST				
Weather: Sunny		Road Surface: decline slope		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: STOPPED VEHICLE REAR COLLISION AGAINST MOVING VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JSN 5796	Lorry	ISUZU	(LIAN TAAT FOOD SDN BHD) company vehicle	White	Seriously Damaged	2
XE6655K	Lorry	ISUZU	JALCYZ52K H7000061	White	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210322/7056

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210322/7056

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XE6655K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW001107 92002	16/11/2020	15/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW BAK HEE	ID No.	S6940087F
Related Vehicle	XE6655K (Lorry)	Contact No.	92354582
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL	Date	22/03/2021
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

On 22 Mar 21,

At 10:08am, in the T-Junction of 48 Toh Guan Rd East near enterprise Hub, My lorry (XE 6655K) was stopped to be stationary to wait for oncoming vehicle to clear so that I can proceed to turn out from the T-junction safely then suddenly, my lorry (XE 6655K) rear was hit badly by the moving lorry (JSN 5796) behind me that failed to stop behind me on time. As a result, the collision impact was very big that it affect my physical health condition to feel uneasy. Hence, I need to go consult the doctor and was given Medical Certificate, MC for 5 days of outpatient sick leave from 22 Mar 21 to 26 Mar 21.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210322/7056

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Report No. T/20210322/7056

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/03/2021 21:11

Classification Of Case: