

# 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 ..... 21/04/2021 13:25 (SGT)  
Date of Accident ..... 16/04/2021 10:30 (SGT)  
Exact Location of Accident ..... Bedok North Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA924E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SOLID PLASTERCEIL DECOR  
Company Reg No ..... 5XXXX679M  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91007849  
Alternative Phone No ..... +65-91007849

### 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  
Transmission ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... Z/21/VC00/109783  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHONG WEE FONG  
NRIC No ..... SXXXX666C

Date Of Birth .....	15/01/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	15/03/1997
Driving experience .....	24 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91007849
Alt. Phone Number .....	-
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	BLK 269B YISHUN ST 22 #09-547
Address complement .....	-
Postcode .....	762269
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210417/2079

#### 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 .....	YP6009G
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 ..... CHONG WEE FONG  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... GBA924E  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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' 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.



*[Handwritten Signature]*

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: GBA 924E  
B: YP A009G

Bedok North Ave 4

















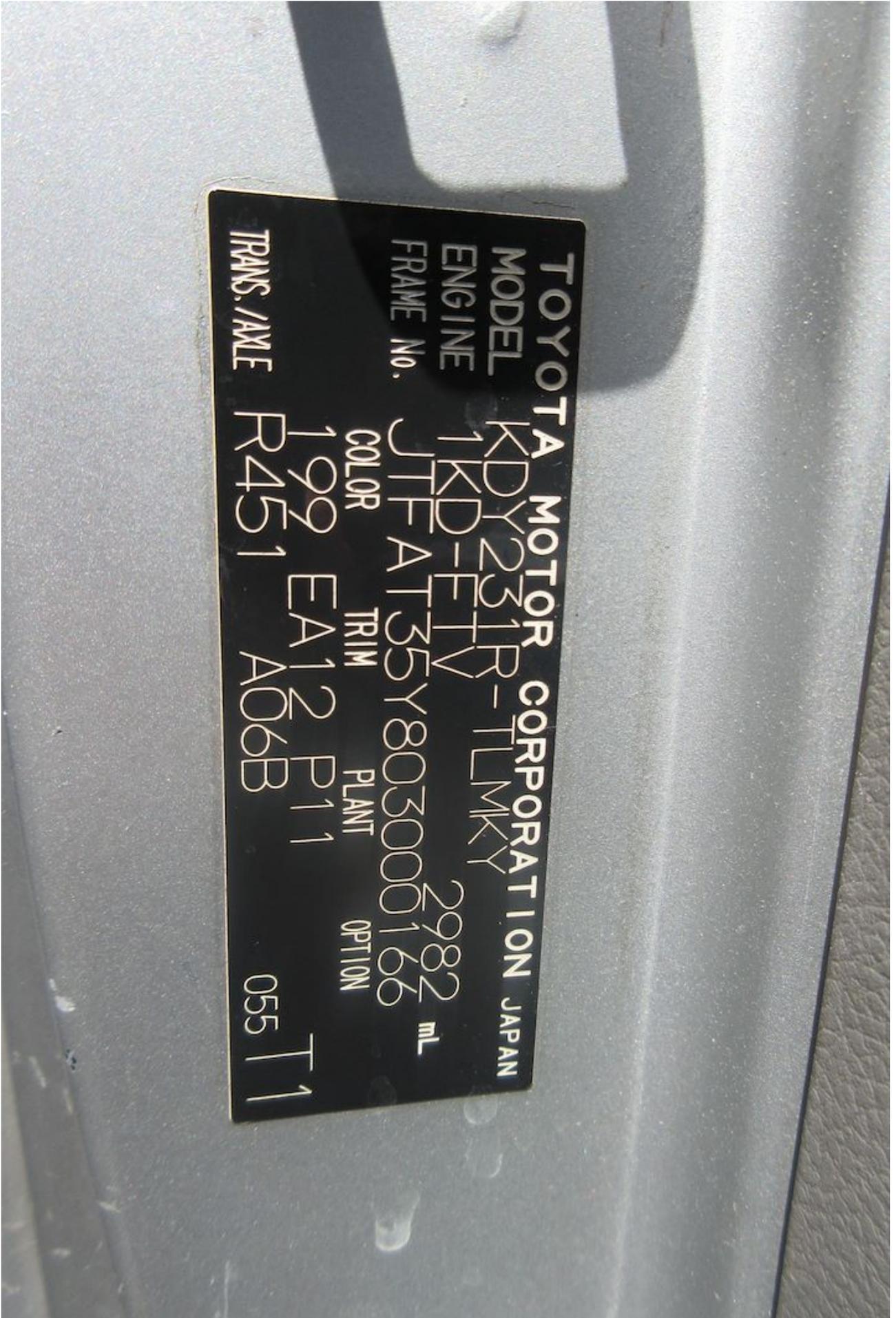
















**SINGAPORE  
POLICE FORCE**



T/20210417/2079

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4  
Report No. T/20210417/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/04/2021 20:24	Vide Report No.:	Station Diary No.: 75
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**Informant's Particulars**

Name of Informant: CHONG WEE FONG		Address: APT BLK 269B YISHUN STREET 22 #09-547 SINGAPORE 762269	
ID Type / ID No.: NRIC NO / S7477666C		Contact No.: Home/Office: Mobile: 91007849	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 15/01/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CONTRACTOR		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2021 10:30	Type of Location: Bend
Location: BEDOK NORTH AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
GBA924E	Lorry				Slightly Damaged	0
YP6009G	Lorry				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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Report No. T/20210417/2079

## CONTINUATION OF REPORT

Driver			
Name	CHONG WEE FONG	ID No.	S7477666C
Related Vehicle	GBA924E (Lorry)	Contact No.	91007849
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/04/2021	Date Discharge	17/04/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MOHAMMED TASBIH BIN MOHD IDRUS	ID No.	S8606855I
Related Vehicle	NIL	Contact No.	89431547
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 16/04/2021, at around 1030hrs, I was driving my company lorry (bearing registration no.: GBA 924E) along Bedok North Ave 4 and I was intending to turn left into Upper Changi Road.

At the stop line, I made a safety check on my right and I saw that there were cars travelling so I stopped to let the cars pass by.

Suddenly, I felt an impact from behind and I realized that a 14ft lorry (bearing registration no.: YP 6009G) had collided onto my rear. I stopped my vehicle ahead to make a check on the damages. My lorry sustained dents and damages onto the rear. The other lorry sustained dents and damages on the front bumper.

We exchanged particulars and agreed on claiming insurance after informing my company.

I felt pain and strain on the back of my neck.

I then left the scene.

On 17/04/2021, I went to Changi General Hospital to seek medical treatment as I still feel the pain and I was given 5 days of MC by the doctor.



**SINGAPORE  
POLICE FORCE**



T/20210417/2079

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Report No. T/20210417/2079

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CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210417/2079

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Report No. T/20210417/2079

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: L / Sgt 2 MUHAMAD SYABIL BIN SALLEH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2021 20:24
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:  SN 085

Authentication Stamp  
NP168

