

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	29/04/2021 14:04 (SGT)
Date of Accident	28/04/2021 07:00 (SGT)
Exact Location of Accident	Near Woodhaven, Singapore
Additional Location Information	WOODLANDS AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9433U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EVERGREEN 96 DESIGN CONSTRUCTION PTE LTD
Company Reg No	2XXXX237H
Email Address	chua@evergreen96design.com
Mobile Phone No	(Phone) +65-94384510
Alternative Phone No	(Office) +65-66842996

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	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	508213195-02
Cover Note Number	-

DRIVER

Name of Driver	CHUA BEE GUAN
NRIC No	SXXXX859F

Date Of Birth	23/08/1969
Occupation	Outdoor
Date Of Driving Pass	11/06/1993
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94384510
Alt. Phone Number	-
Email Address	sebas.chua1008@gmail.com
Address	BLK 110 RIVERVALE WALK
Address complement	#10-08
Postcode	540110
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	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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LUAR YEW CHING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	GBK1854P
Vehicle Manufacturer	Toyota

Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HUANG AIJUN
Work Permit No	GXXXX984K
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	SJS1296M
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LING LEONG MING
NRIC No	SXXXX719D
Contact Number	(Phone) +65-81571113
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

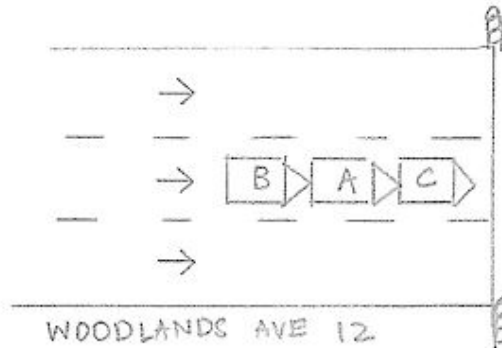
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LUAR YEW CHANG (LAI YOUQING)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	GBF9433U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

MEGA @ WOODLANDS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEH A : GBF94334

VEH B : GBK 1854P

VEH C : SSJ1296M

ACCIDENT DATE : 28-04-21 @ 0700 Hrs

Please refer to police report attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 29-04-21



Driver's Signature
(If driver is not the policyholder)
Date & Time: 29-04-21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN


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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: 29.04.21


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29.04.21


 Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No.











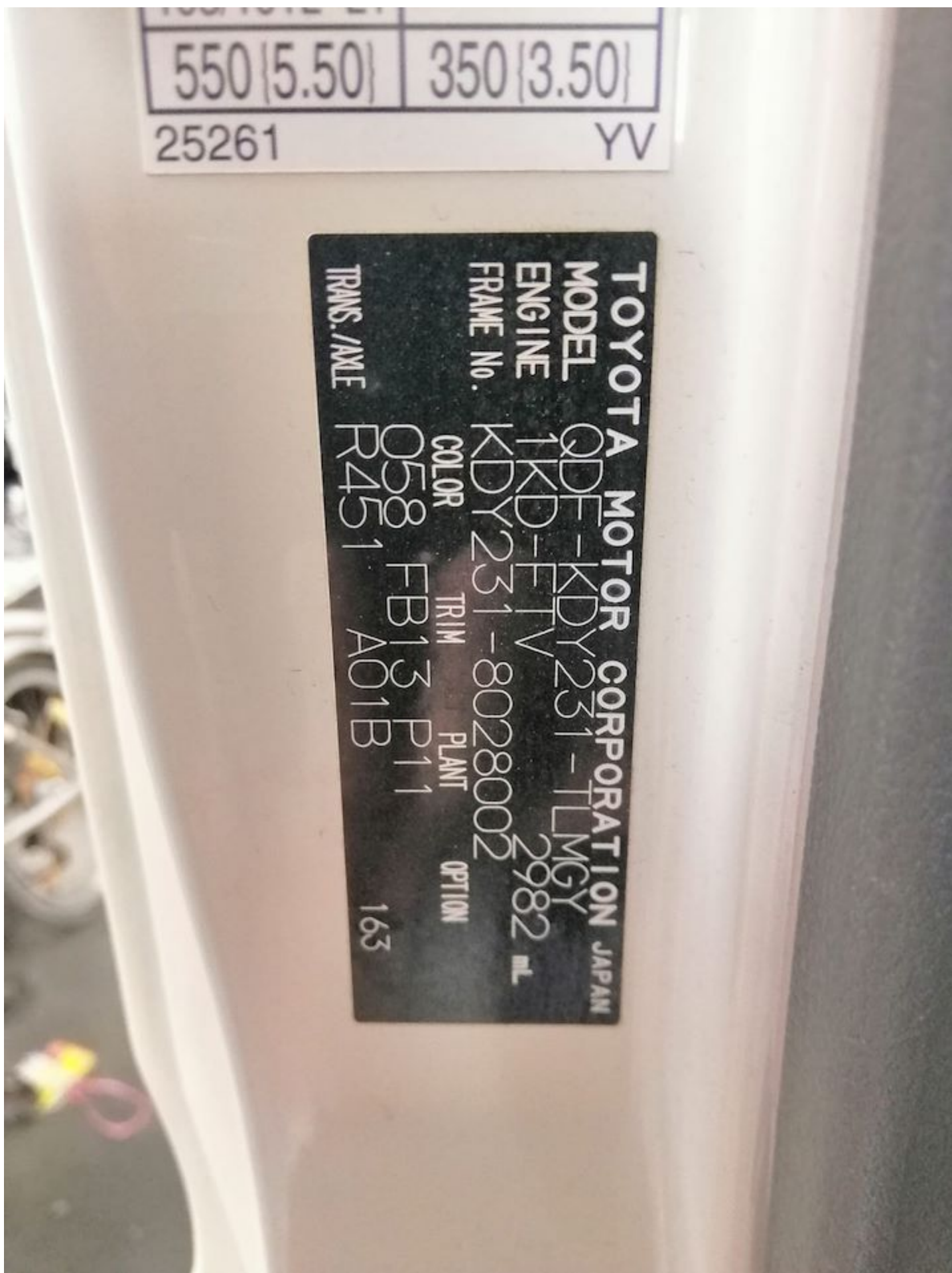
















**SINGAPORE
POLICE FORCE**



T/20210429/2043

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210429/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2021 12:35		Vide Report No.:		Station Diary No.: 13
Informant's Particulars				
Name of Informant: CHUA BEE GUAN		Address: APT BLK 110 RIVERVALE WALK #10-08 SINGAPORE 540110		
ID Type / ID No.: NRIC NO / S6928859F		Contact No.: Home/Office: Mobile: 94384510		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 23/08/1969	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: CONSTRUCTION FOREMAN		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/04/2021 07:00	Type of Location: X-Junction
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
GBF9433U	Lorry	TOYOTA	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY	White	Slightly Damaged	1
GBK1854P	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
SJS1296M	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1K21G5	Grey		0



**SINGAPORE
POLICE FORCE**



T/20210429/2043

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210429/2043

CONTINUATION OF REPORT

Driver			
Name	LING LEONG MING	ID No.	S6866719D
Related Vehicle	SJS1296M (Car)	Contact No.	81571113
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 28/04/2021 at around 0700hrs, I was driving vehicle(GBF9433U) along Woodlands Ave 12(in front of Woodlands MegaHub) on lane 2. As the traffic light was red, I slowed down and came to a complete stop. Suddenly, I felt an impact from my rear. Afterwhich, a second impact was felt and my vehicle moved forward and hit the vehicle(SJS1296M) in front of me. I then came down to make a check.

I saw that vehicle(GBK1854P) had knocked the rear of my vehicle. My vehicle's front and rear portion of the vehicle suffered dents due to the impact. I then exchanged particulars with the other parties and took photographs. Soon after, ambulance was at scene. I wished to state that both my wife, who was in the vehicle as well, and me were conveyed to Khoo Teck Puat Hospital as we felt pain. I was given 14 days MC whereas my wife was given 3 days MC. My vehicle was then towed away to the workshop. I wished to state that I have an in car camera in my vehicle and it is with my insurance company.

I am lodging this report for insurance claims and for Traffic Police investigation.



**SINGAPORE
POLICE FORCE**



T/20210429/2043

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20210429/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA BEE GUAN	ID No.	S6928859F
Related Vehicle	GBF9433U (Lorry)	Contact No.	94384510
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/04/2021	Date Discharge	28/04/2021
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Passenger			
Name	LUAR YEW CHANG, (LAI YOUQING)	ID No.	S7730528I
Related Vehicle	GBF9433U (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/04/2021	Date Discharge	28/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HUANG AIJUN	ID No.	G8653984K
Related Vehicle	GBK1854P (Lorry)	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



**SINGAPORE
POLICE FORCE**



T/20210429/2043

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Report No. T/20210429/2043

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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: E / Sgt 3 KHAIRUL SYAZWAN BIN SAHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2021 12:35
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> SN 070 </div>
Authentication Stamp NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS17214T0001 Vehicle Registration No: GBF 94334
 Name (as shown in NRIC) : Chua Bee Guan NRIC/FIN/Passport No : S6928859F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 28-4-2021 Time of Accident : 07:00
 Place of Accident : Woodland Ave 2
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Correct date of passing 7-11-6-1993

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: