

# 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 ..... 17/04/2021 13:03 (SGT)  
Date of Accident ..... 16/04/2021 18:45 (SGT)  
Exact Location of Accident ..... Bukit Batok East Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY5607G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FUN POH MENG (FAN BAOMING)  
NRIC No ..... S7833528I  
Email Address ..... JOEFUNPM@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97121807  
Alternative Phone No ..... (Home) +65-97121807

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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 ..... Private car  
Transmission ..... Auto  
CC ..... 1796

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00072232100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FUN POH MENG (FAN BAOMING)  
NRIC No ..... S7833528I

Date Of Birth	05/11/1978
Occupation	Indoor
Date Of Driving Pass	15/07/1999
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97121807
Alt. Phone Number	(Home) +65-97121807
Email Address	JOEFUNPM@GMAIL.COM
Address	BLK306 BUKIT BATOK STREET 31 #03-121
Address complement	-
Postcode	650306
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	4
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	CHEN PEI JEN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT.

#### 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	SHC6975L
Vehicle Manufacturer	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBC3632S
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	GBB8208G
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 .....	FUN POH MENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMY5607G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	CHEN PEI JEN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMY5607G
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.**
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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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

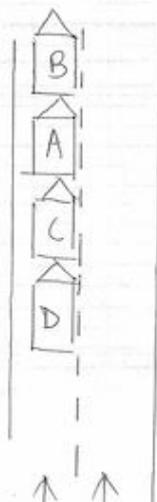
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Batok East Ave 3



17/04/21  
12:10 pm.

- (A) SMY 5607G
- (B) SHC 6975L
- (C) GBC 3632S
- (D) GBB 8208G

Describe Circumstances of the Accident

P/s refer to police report T/20210416/2134

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (F driver is not the policyholder) / Date & Time  
17/04/21  
12:10 pm.

  
Witnessed by Reporting Centre Personnel































**SINGAPORE  
POLICE FORCE**



T/20210416/2134

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20210416/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/04/2021 21:23	Vide Report No.:	Station Diary No.: 64
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**Informant's Particulars**

Name of Informant: FUN POH MENG		Address: APT BLK 306 BUKIT BATOK STREET 31 #03-121 SINGAPORE 650306	
ID Type / ID No.: NRIC NO / S7833528I		Contact No.:	Mobile: 97121807
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 05/11/1978	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class: 3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/04/2021 18:45	Type of Location:
Location:  BUKIT BATOK EAST AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
GBB8208G	Lorry				Slightly Damaged	2
GBC3632S	Lorry				Slightly Damaged	1
SHC6975L	Car				Slightly Damaged	0
SMY5607G	Car	MERCEDES BENZ	C180K	Silver	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20210416/2134

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20210416/2134

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY5607G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000722 32100	07/04/2021	27/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD NUR IQBAL BIN AHLIL	ID No.	S9401023C	
Related Vehicle	GBB8208G (Lorry)	Contact No.	91511703	
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	
Driver				
Name	HUANG JUNWEI, KELVIN	ID No.	S8236864G	
Related Vehicle	GBC3632S (Lorry)	Contact No.	87547451	
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	
Driver				
Name	SIM	ID No.	NIL	
Related Vehicle	SHC6975L (Car)	Contact No.	90112324	
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  
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T/20210416/2134

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20210416/2134

## CONTINUATION OF REPORT

Driver			
Name	FUN POH MENG	ID No.	S7833528I
Related Vehicle	SMY5607G (Car)	Contact No.	97121807
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHEN PEI JEN	ID No.	S7978163J
Related Vehicle	SMY5607G (Car)	Contact No.	81987189
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 16/04/21 at about 1844hrs, I was driving my car SMY5607G along Bukit Batok East Avenue 3 towards Pan Island Expressway, together with my wife in the front passenger seat. Ahead of me was a taxi SHC6975L. On approaching the area opposite the SPC petrol kiosk, the taxi came to a stop to pick up a passenger. I then stopped my car behind the taxi with ample safe distance.

Shortly after stopping, I heard a loud tyre braking noise which quickly followed with a strong impact from the rear, pushing my car and colliding into the taxi ahead. The impact caused my car to be shifted at an angle of about 45 degrees. I alighted and saw that it was a chain collision, where a lorry GBC3632S to have collided into the rear of my car. Behind the lorry was another lorry GBB8208G which was also involved in the accident, the rear most vehicle in the chain collision.

The passenger for the lorry which collided into my car, complained of pain where SCDF was called in. The rescuers had to break open the said passenger's door which got jammed from the collision. Ambulance also arrived and paramedics attended to everyone involved in the accident. Traffic police also came later.

The damages on my car were severe with dents and scratches on both the front and back. Both bumpers were slightly detached but the rear sustained more damages, also with a smashed right taillight. After exchanging particulars with the rest of the drivers, I left.

Both myself and my wife sustained injuries such as pain and aches on our neck area. I am feeling numbness on my right hand whereas my wife is having giddiness. We will seek medical treatment after lodging this report.



**SINGAPORE  
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Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20210416/2134

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Report No. T/20210416/2134

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210416/2134

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20210416/2134

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: J / Staff Sgt MUSHAWWIR BIN ADRUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2021 21:23
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication System NP16  SINGAPORE POLICE FORCE SAFEGUARDING EVERY CASE  SIGNATURE	