

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	12/05/2021 20:32 (SGT)
Date of Accident	10/05/2021 16:19 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2392A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Orange Clove Catering Pte Ltd
Company Reg No	2XXXXX605R
Email Address	calvin.ong@orangeclove.com
Mobile Phone No	(Phone) +65-87498772
Alternative Phone No	(Office) +65-98581861

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	Auto
CC	1700

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	B 400000918 MKF
Cover Note Number	-

DRIVER

Name of Driver	NG JIA JIAN
Passport No/FIN	GXXXX155W

Date Of Birth	20/07/1993
Occupation	Outdoor
Date Of Driving Pass	17/04/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87498772
Alt. Phone Number	-
Email Address	calvin.ong@orangedeclove.com
Address	1 KAKI BUKIT ROAD 1 #04-29
Address complement	-
Postcode	415934
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10/05/2021 @ 1619HRS I WAS DRIVING MY VEHICLE GBF2392A ALONG EUNOS LINK . WHILE TRAVELLING ON THIRD LANE FROM RIGHT , I STOPPED MY VEHICLE DUE TO AMBER TRAFFIC LIGHT CHANGING TO RED. WHILE MY VEHICLE WAS STATIONARY FOR FEW SECONDS , VEHICLE B GBC1227S COLLIDED ONTO MY REAR PORTION . EXCHANGED PARTICULAR. NOBODY WAS INJURED AT THE POINT OF ACCIDENT.

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	GBC1227S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DAS SWAPAN
Passport No/FIN	GXXXX107K
Contact Number	(Phone) +65-94320127
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	NG JIA JIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	GBF2392A
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' 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.

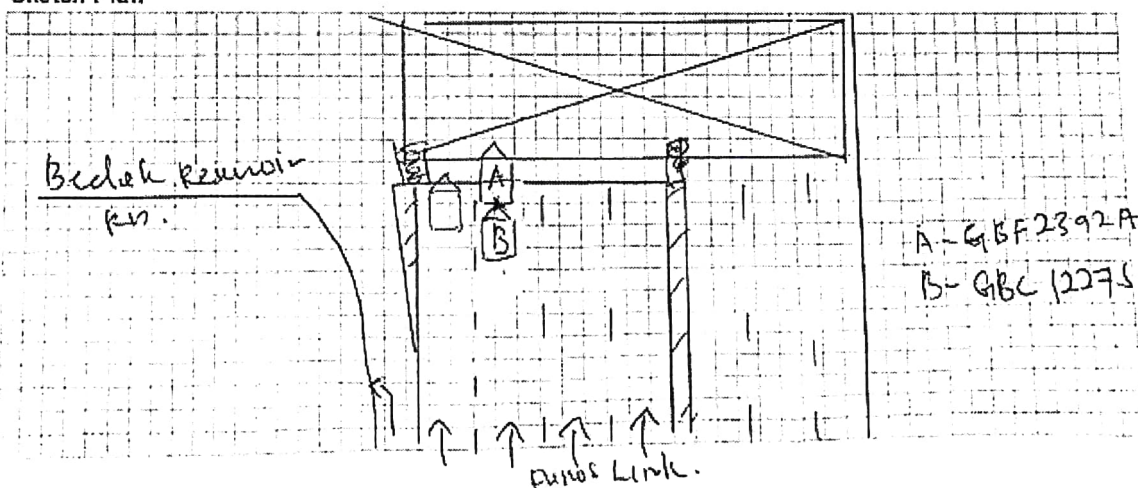
[Signature] B/LIA NG JIA JIA
G 2147155W

[Signature]
Witnessed by Reporting Centre
Personnel *[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
10/5/2021 - 1750H

Sketch Plan



Describe Circumstances of the Accident

On 10/5/2021 @ 1614hrs, I was
driving my vehicle GBE 2392A along Elbow Link.
While travelling on third lane from right, I stopped
my vehicle due to amber traffic light changing to
red. ~~While~~ While my vehicle was stationary for few
seconds seconds, vehicle B - GBC 12275 collided onto
my rear ~~lower~~ portion. Exchanged particulars. Nobody
was injured at the point of accident.

Declaration

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

Edwin NG JIA JUAN
G2/42155W
10/5/2021 - 1750H

[Signature]


**SINGAPORE
POLICE FORCE**


T/20210512/2126

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20210512/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2021 20:18	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: NG JIA JIAN			Address: APT BLK 449 Yishun Ring Road #02-96 SINGAPORE 760449	
ID Type / ID No.: FIN NO / G2142155W			Contact No.: Home/Office: Mobile: 87498772	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 27	Date of Birth: 20/07/1993	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2021 16:20	Type of Location: Straight Road
Location: EUNOS LINK				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
GBC1227S	Car	NISSAN	URVAN 3.0 5MT ABS AE 5DR LWB PANEL			3
GBF2392A	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL			0



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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20210512/2128

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Report No T/20210512/2128

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 /

Sgt 2 TAN CHIN ANN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Signature Of Informant:

Date/Time:

12/05/2021 20:18

Classification Of Case:

SN 125

Authentication Stamp
NP168

Signature:
Singapore Police Force



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0G215C0006 Vehicle Registration No: GBF2392A

Name (as shown in NRIC): Orange Clove Catering Pte Ltd NRIC/FIN/Passport No: 2XXXXX605R

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 10/05/2021 Time of Accident: 16:19

Place of Accident: Eunos Link

Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.

(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:

Attach Police Report, injury details.

Policyholder / Driver's Signature
Date:

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

DATES AND TIMES

PART 1



**SINGAPORE
POLICE FORCE**



T/20210512/2128

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No T/20210512/2128

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG JIA JIAN	ID No.	G2142155W
Related Vehicle	GBF2392A (Lorry)	Contact No.	87498772
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/05/2021	Date Discharge	12/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DAS SWAPAN	ID No.	G8387107K
Related Vehicle	NIL	Contact No.	94320127
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 the 10/05/2021 at about 1620hrs, I was driving my vehicle GBF2392A along Eunos Link. While travelling on 3rd lane from the right, I stopped my vehicle due to the traffic light turning amber. My vehicle stopped in time and was stationary when all of a sudden another vehicle GBC1227S behind me collided into my vehicle rear portion. We exchanged particulars and left. I then went to see a doctor and was given 3 days MC (MC number #351027)



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