

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 Report	23/03/2020 16:16
Date Of Accident	23/03/2020 08:15
Exact Location Of Accident	CTE NEAR ANG MO KIO AVENUE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1005U
Insured/Policyholder	
Name Of Registered Owner	AIRECONTROL PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66595959

Vehicle Particulars

Manufacturer	NISSAN
Model	NV 200
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05964/VCV/R00
Cover Note Number	

Driver

Name of Driver	HOOI YOKE WONG
NRIC No	G7806737W
Date Of Birth	09/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93913296
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	7030 ANG MO KIO AVENUE 5 #07-57 SINGAPORE NORTHSTAR@AMK
Postcode	569880
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT AND ATTACHED

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	YP1148X
Vehicle Make/Model/Colour	
Details Of Properties	REFER POLICE REPORT AND ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HOOI YOKE WONG
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	GBG1005U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.



AireControl Pte Ltd

7030 Ang Mo Kio Ave 5

#07-57 Northstar@AMK

Singapore 569880

Tel: 6659 5959 Fax: 6285 3687

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

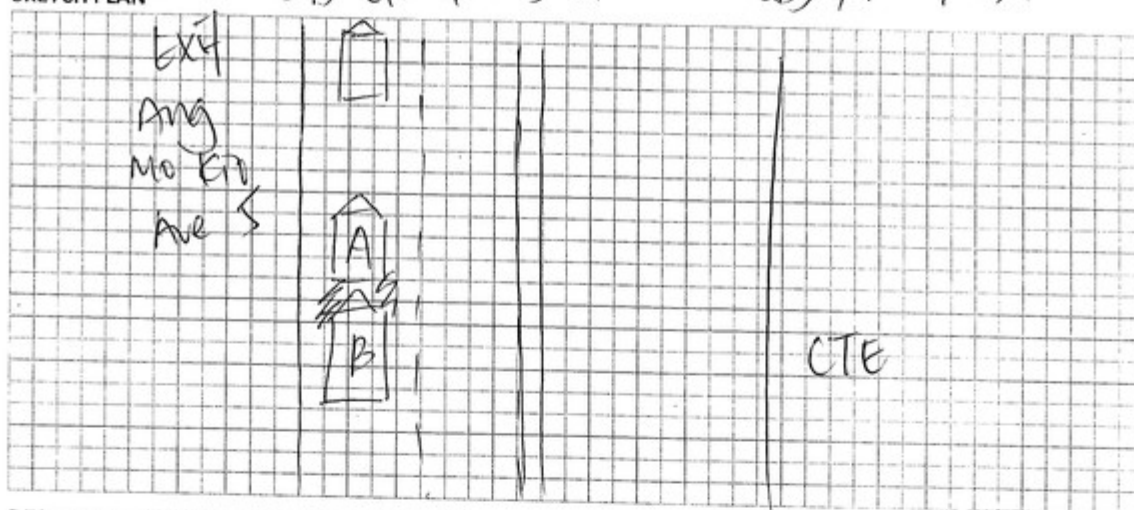
Name:

NRIC/FIN No.:

SKETCH PLAN

(A) GBG1005U

(B) YP1148X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No: T/20000323/2072

DECLARATION

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

7030 Ang Mo Kio Ave 5
#07-57 Northstar@AMK
Singapore 569880

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/20200323/2072

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

1 of 4

Report No. T/20200323/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2020 14:14	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: HOOI YOKE WONG	Address:		
ID Type / ID No.: FIN NO / G7806737W	Contact No.: Home/Office: Mobile: 93913296		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 34	Date of Birth: 09/02/1986	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: TECHNICIAN	Driving Licence Information: Class: 2B,3 Date of Expiry: 06/06/2020		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2020 08:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY along CTE near Ang Mo Kio Ave 5 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBG1005U	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Silver	Slightly Damaged	0
YP1148X	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB	White	Slightly Damaged	6

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200323/2072

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/20200323/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HOOI YOKE WONG	ID No.	G7806737W
Related Vehicle	GBG1005U (Van)	Contact No.	93913296
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 06/06/2020
Date Treatment	23/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	GANESH THIRUNAVUKKARASU	ID No.	G8097793Q
Related Vehicle	YP1148X (Lorry)	Contact No.	85109310
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 23 March 2020, at about 0815hrs, I was driving my van (GBG1005U), along CTE near Ang Mo Kio Ave 5 exit. I turned into the left-most lane as I wanted to exit CTE, and the vehicle in front of me had stopped. As such, I stopped my vehicle as well. Suddenly, I felt an impact from the back of my vehicle. I immediately alighted to make a check, and noticed that the lorry behind mine (YP1148X) had knocked into my van. My van had sustained multiple dents on both back doors, and his lorry had sustained several minor dents on the front bumper of his lorry. I exchanged particulars with the other driver before leaving the scene.

At about 1100hrs, I visited the doctor as I felt pains in the right side of my neck, the right side of my stomach, as well as my lower back. I was given 5 days of MC and as such I proceeded to Thomson NPP to make a police report.

I wish to state that my van has an in-car camera, however I am unsure whether it had captured the accident or not. I also wish to state that I do not have any of the particulars of the lorry's passengers.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20200323/2072

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/20200323/2072

CONTINUATION OF REPORT

Common Statement



**SINGAPORE
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T/20200323/2072

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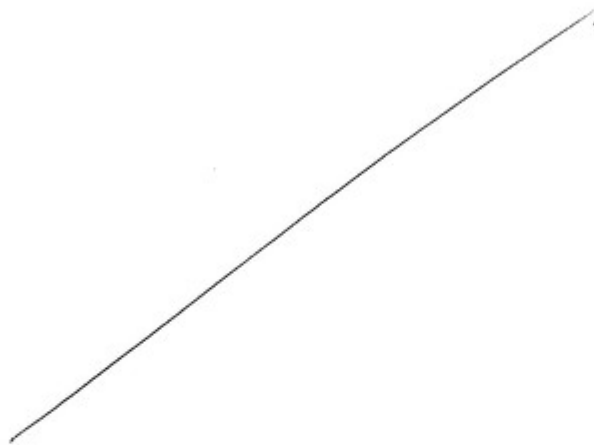
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Report No. T/20200323/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



RECEIVED
SINGAPORE POLICE
2020-03-23 14:14
THOMSON NPP

[Handwritten signature]

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 /

SC2 MOHAMMAD HANIF KOH TECK WEE

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2020 14:14

Officer In Charge Of Case:

TP / AEIT /

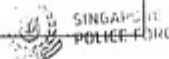
SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

SN 070

Authentication Stamp
NP168



[Handwritten signature]

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

