

# 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 ..... 03/08/2021 18:58 (SGT)  
Date of Accident ..... 02/08/2021 14:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BKE TO WOODLANDS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE1373G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WING TUCK ENGINEERING PTE LTD  
Company Reg No ..... 198801102Z  
Email Address ..... chongpc@wingtuck.com.sg  
Mobile Phone No ..... (Phone) +65-67581951  
Alternative Phone No ..... (Office) +65-67581951

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... CYH52T  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 15681

### INSURANCE COMPANY

Name of Insurance Company ..... QBE Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 8-BU100040-SPK-R002  
Cover Note Number ..... 12/01/21 - 11/01/22

### DRIVER

Name of Driver ..... ANG AH HUAT  
NRIC No ..... S1628863B

Date Of Birth .....	22/12/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	13/03/1986
Driving experience .....	35 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81561860
Alt. Phone Number .....	-
Email Address .....	chongpc@wingtuck.com.sg
Address .....	BLK 466D SEMBAWANG DRIVE #18-355
Address complement .....	-
Postcode .....	754466
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JKK4127
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER 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 .....	JKK4127
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEO TIONG CHOON
Contact Number .....	(Phone) +65-86484155
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

1. VEHICLE NO.: KE1373G  
 2. INSURER CO: QBE  
 3. ACCIDENT  
 DATE & TIME: 2/8/21 14:25

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. 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.



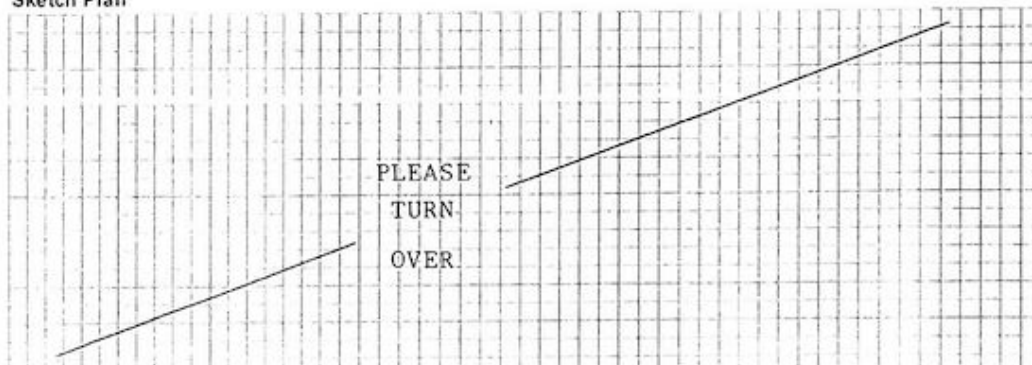
Policyholder's Signature / Date & Time

*[Signature]*

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

*(YS) [Signature]* 3/8/21  
 Witnessed by Reporting Centre Personnel

Sketch Plan


























**SINGAPORE  
POLICE FORCE**


T/20210803/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20210803/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2021 11:34	Vide Report No.:	Station Diary No.: 20
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: ANG AH HUAT			Address: APT BLK 466D SEMBAWANG DRIVE #18-355 SINGAPORE 754466	
ID Type / ID No.: NRIC NO / S1628863B			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 81561860
			Email:	
Sex: Male	Age: 56	Date of Birth: 22/12/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/08/2021 14:25	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Fallen Goods				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKK4127	Car	TOYOTA		Black	Slightly Damaged	0
XE1373G	Lorry	ISUZU	CYH52T	White	No Damage	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210803/2018

2 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20210803/2018

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YEO TIONG CHOON	ID No.	781108-01-5015
Related Vehicle	JKK4127 (Car)	Contact No.	86484155
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
<b>Driver</b>			
Name	ANG AH HUAT	ID No.	S1628863B
Related Vehicle	XE1373G (Lorry)	Contact No.	81561860
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/08/2021, at about 1425hrs, I was driving my company's lorry, XE1373G, along Bukit Timah Expressway towards Woodlands. My lorry was transporting goods at that point in time. Before the Mandai Road exit, a wooden plank dropped from my lorry and it hit onto the windscreen of a Malaysian vehicle, JKK4127, that was on my right side.

The windscreen of the Malaysian vehicle had a crack, but there were no injuries. I am lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20210803/2018

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20210803/2018

**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 TAN YU KAI, MARCUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2021 11:34

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168



Signature:

SN 085

Singapore Police Force