

# 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 15:12 (SGT)  
Date of Accident ..... 02/08/2021 14:40 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... ALONG PIE TOWARDS CHANGI NEAR LAMP POST 437  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GX8368C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CASSEROLE CATERING SERVICES PTE LTD  
Company Reg No ..... 201530426E  
Email Address ..... edwin@casserole.com.sg  
Mobile Phone No ..... (Phone) +65-63236445  
Alternative Phone No ..... (Office) +65-63236445

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... 2986

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00080672003  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WANG LOCK JENG  
NRIC No ..... S1453683C

Date Of Birth .....	14/01/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	21/02/1987
Driving experience .....	34 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92204006
Alt. Phone Number .....	-
Email Address .....	ericwlj@yahoo.com.sg
Address .....	BLK 221A JURONG EAST STREET 21
Address complement .....	#06-885
Postcode .....	601221
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 .....	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? .....	Yes
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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20210802/2097

#### 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 .....	SHD4054C
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHD4054C  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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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' 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.

*Casserole Catering Services Pte. Ltd.*  
 17 Chin Bee Crescent  
 Singapore 619898  
 Tel: (65) 6323 6445 Fax: (65) 6223 5246

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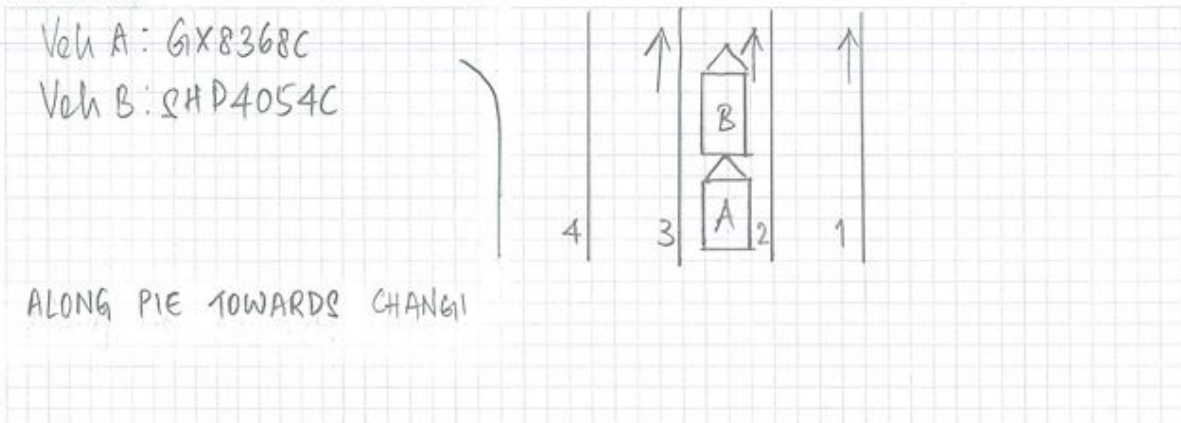


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





















SINGAPORE  
POLICE FORCE



T/20210802/2097

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210802/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2021 20:13		Vide Report No.: G/20210802/0115		Station Diary No.: 75	
<b>Informant's Particulars</b>					
Name of Informant: WANG LOCK JENG			Address: APT BLK 221A JURONG EAST STREET 21 #06-885 SINGAPORE 601221		
ID Type / ID No.: NRIC NO / S1453683C			Contact No.:		Mobile: 92204006
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 14/01/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			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: 02/08/2021 14:40	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY Lamp Post Number: 437				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX8368C	Van				Slightly Damaged	0
SHD4054C	TAXI				Slightly Damaged	1

## Details of Person Involved

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



**SINGAPORE  
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Report No. T/20210802/2097

**CONTINUATION OF REPORT**

Driver			
Name	WANG LOCK JENG	ID No.	S1453683C
Related Vehicle	NIL	Contact No.	92204006
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
Driver			
Name	POH JOO TUANG	ID No.	S0080071F
Related Vehicle	NIL	Contact No.	90227566
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 02/08/2021 at about 1440hrs, I was driving a van, GX8368C, along PIE towards the direction of airport. As I was approaching Jalan Eunos exit after the overhead bridge, I was on the Lane 2 of the 4-lane road. The Lane 4 is leading towards the Jalan Eunos exit. Lane 1 and Lane 3 traffic volume was light. However on my Lane 2, the vehicles in front of me were slowing down.

The taxi, SHD4054C, braked suddenly and I was unable to stop in time, and collided into the rear of the taxi. My van has no in-car camera. I got out of my van to check on the taxi driver and he said he was alright but he pointed to his passenger at the back seat who complained of headache and said she was hit on her head. I then took a look at the female passenger, she was without her safety belt on her. The taxi driver and me tried to asked whether she is alright but she kept talking on her handphone. Another driver passed by and assisted to call for ambulance.

Later the Traffic Police (TP) arrived and told me to lodge a traffic accident police report and the TP Investigation Officer is Ivan.



**SINGAPORE  
POLICE FORCE**



T/20210802/2097

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92 Boon Lay Way SINGAPORE 609962  
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Report No. T/20210802/2097

**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: D / Sr Staff Sgt KOK WEI SIEN JAVEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2021 20:13
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:

Authentication Stamp NP168	SINGAPORE POLICE FORCE	SN 34
SIGNATURE		