

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	01/07/2020 14:29
Date Of Accident	26/06/2020 22:00
Exact Location Of Accident	SIMS AVENUE TOWARD PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8817C
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Insured/Policyholder

Name Of Registered Owner	CA TRANSPORTATION & WAREHOUSING PTE LTD
Co Reg No	199200740D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65600028

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	ESCOT V-10.8 D GKB5ELDHNT (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTHCVE000617
Cover Note Number	

Driver

Name of Driver	CHEW SOI LIANG
NRIC No	S0179733F
Date Of Birth	06/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2002
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84363955
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 497C TAMPINES STREET 45 #10-38
Postcode	522497
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?	YES
Foreign Vehicle Registration Number	JMX5516 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT NO. T/20200627/2057

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	SKL8223C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JMX5516
Vehicle Make/Model/Colour
Details Of Properties
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)

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' 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

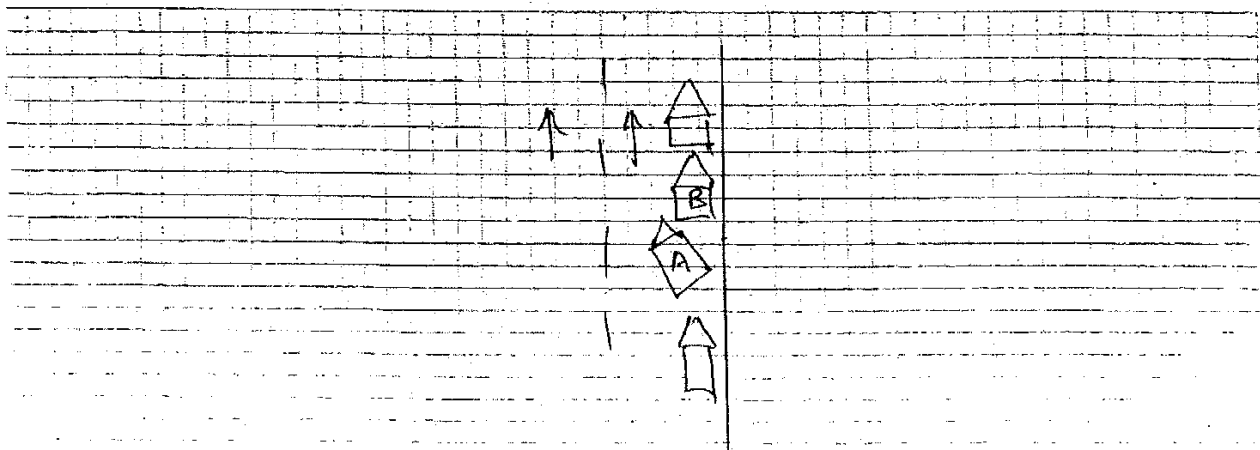
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was coming out from
Ref. police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre



**SINGAPORE
POLICE FORCE**



T/20200627/2057

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200627/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2020 18:56		Vide Report No.:		Station Diary No.: 55	
Informant Details					
Name of Informant: CHEW SOI LIANG			Address: APT BLK 497C TAMPINES STREET 45 #10-38 SINGAPORE 522497		
ID Type / ID No.: NRIC NO / S0179733F			Contact No.: Home/Office: Mobile: 84363955		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 06/07/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 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: 26/06/2020 22:00	Type of Location: Car Park
Location: Along Road 1 SIMS AVENUE TOWARDS PAYA LEBAR				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMX5516	Lorry					0
SKL8223C	Car					1
XD8817C	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200627/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200627/2057

CONTINUATION OF REPORT

Brief Details.

On 26/06/2020 at about 2200hrs, I was in my vehicle XD8817C along Sim Ave at parallel parking lot 207. I wanted to move off to the main road on the left when I collided into a car SKL 8223C and the impact cause the car to collided into the lorry JMX5516 in front of him. I got out of the vehicle to exchange particulars with the car driver but the Malaysian vehicle driver was not around. I did not see the car in front of me as my lorry was quite high and the parking space was small.

I do not have any in car camera and I am recording this for my insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20200627/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200627/2057

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:

G/

Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/06/2020 18:56

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTI SYED

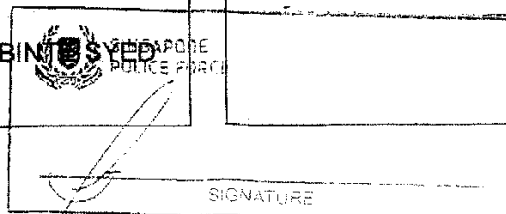
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Classification Of Case:



SIGNATURE

Accident Photo



Accident Photo



Accident Photo

