

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 04/10/2021 19:01 (SGT)
Date of Accident 01/10/2021 15:50 (SGT)
Exact Location of Accident MacPherson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2285R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG SENG PARQUET PTE LTD
Company Reg No 1XXXXX817Z
Email Address engsengparquet@yahoo.com.sg
Mobile Phone No (Phone) +65-67477702
Alternative Phone No (Office) +65-67477702

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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPCVE000708
Cover Note Number -

DRIVER

Name of Driver GAN CHOON HUAT
NRIC No SXXXX683B

Date Of Birth	05/02/1956
Occupation	Outdoor
Date Of Driving Pass	23/01/1985
Driving experience	36 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96682539
Alt. Phone Number	-
Email Address	engsengparquet@yahoo.com.sg
Address	BLK 139 BEDOK RESERVOIR RD
Address complement	#08-1489
Postcode	470139
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211002/2037

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	GBJ8765Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB2267A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	GAN CHOON HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH2285R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

ENG SENG PARQUET PTE LTD

Blk 1 Kaki Bukit Ave 3 #05-22

Singapore 416037

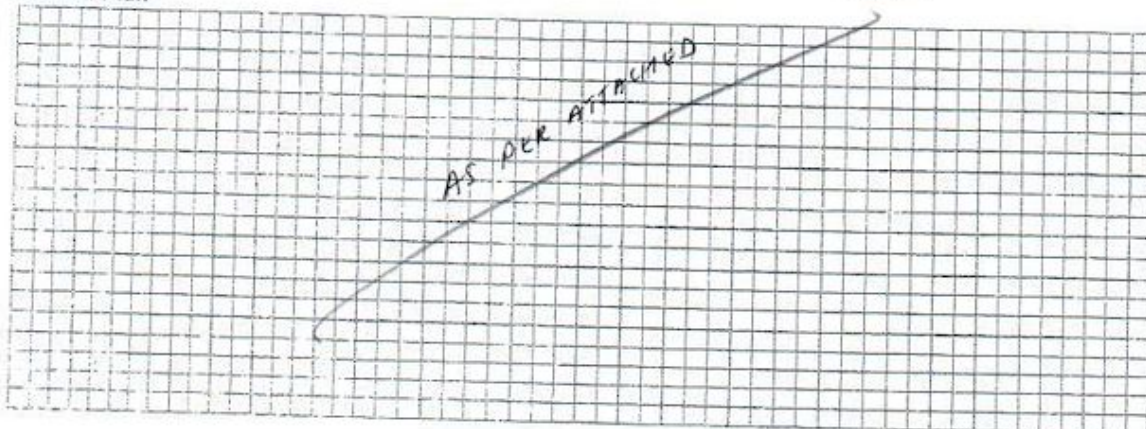
Tel: 6747 7702 Fax: 6747 3903

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

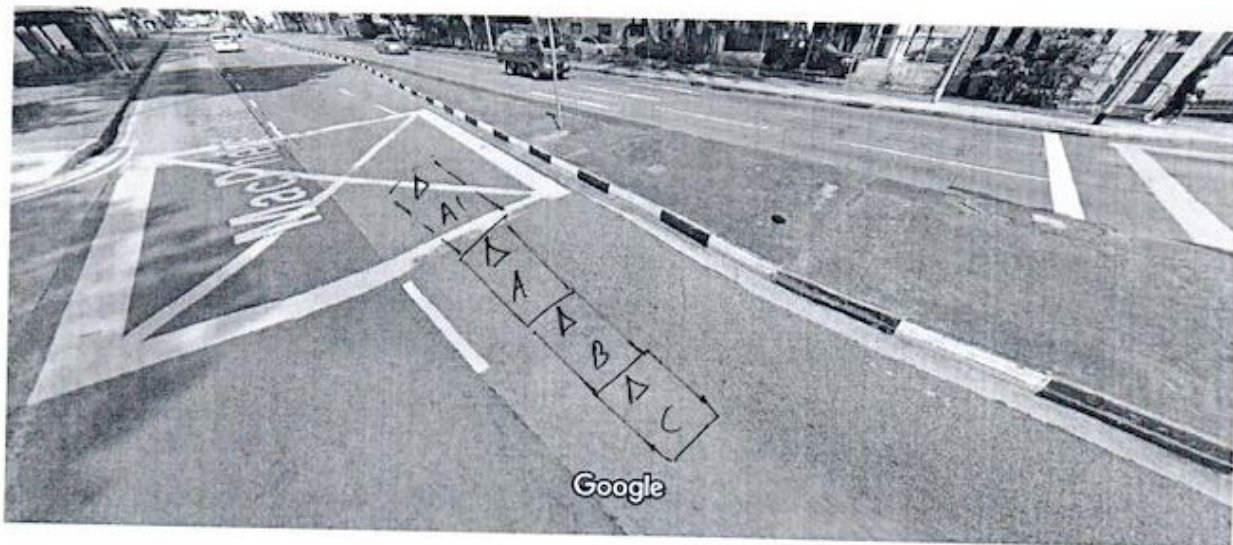
Sketch Plan



10/4/21, 11:51 AM

570 MacPherson Rd - Google Maps

Google Maps 570 MacPherson Rd



Singapore

Google

MACPHERSON ROAD

Street View - Oct 2020



A - GBH2285R
B - GBJ8765Y
C - GBB2267A

<https://www.google.com.sg/maps/@1.3329913,103.886825,3a,75y,304.71h,53.48t/data=!3m6!1e1!3m4!1sFe6e3nqGuLchpaVlhx13Mw!2e0!7!163...> 1/1

Describe Circumstances of the Accident

Pls refer to the police report: T/20211002/2037

Declaration

We declare the foregoing particulars are true in every respect.



永益昌木业有限公司

ENG SENG PARQUET PTE LTD

Blk 1 Kaki Bukit Ave 3 #06-22

Singapore 410002

Tel: 6742 2700

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Shun 04/10/21



**SINGAPORE
POLICE FORCE**



T/20211002/2037

2 of 3

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

Report No. T/20211002/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN CHOON HUAT	ID No.	S2558683B
Related Vehicle	GBH2285R (Lorry)	Contact No.	96682539
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 01/10/2021 AT ABOUT 1553HRS, I WAS DRIVING MY VEHICLE GBH2285R ALONG MACPHERSON ROAD. AS I WAS DRIVING ALONG THE SAID ROAD, I STOPPED MY VEHICLE BEHIND A YELLOW BOX AS THER WERE VEHICLES STOPPED IN FRONT OF ME AFTER THE YELLOW BOX. THE YELLOW BOX IS IN FRONT OF 570 MACPHERSON ROAD. WHILE I WAS WAITING FOR THE TRAFFIC IN FRONT OF ME TO CLEAR FOR ME TO DRIVE OFF, SUDDENLY A VAN(GBJ8765Y) HIT MY REAR. I THEN GOT OUT OF MY VEHICLE AND REALISED THAT THERE WAS ANOTHER LORRY(GBB2267A) HAD HIT ONTO THE SAID VAN BEHIND MY VEHICLE. THERE IS NO SERIOUS INJURY ON ME. ALL THE DRIVERS SPOKE AND THEY INFORMED ME THAT I COULD LEAVE AS NO ONE WAS SERIOUSLY INJURED. I DID NOT TAKE THEIR PARTICULAR OR CONTACT NUMBERS. A TRAFFIC POLICE OFFICER ATTENDED TO THE SCENE.

















**SINGAPORE
POLICE FORCE**



T/20211002/2037

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

1 of 3

Report No. T/20211002/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 12:53	Vide Report No.: G/20211001/0168	Station Diary No.: 27
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Informant's Particulars

Name of Informant: GAN CHOON HUAT			Address: APT BLK 139 BEDOK RESERVOIR ROAD #08-1489 SINGAPORE 470139	
ID Type / ID No.: NRIC NO / S2558683B			Contact No.: Home/Office: Mobile: 96682539	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 05/02/1956	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2021 15:50	Type of Location: Straight Road
Location: MACPHERSON ROAD			
Lamp Post Number: 109			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBB2267A	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Blue	Seriously Damaged	0
GBH2285R	Lorry	TOYOTA	DYNA 150 5MT	Silver	Seriously Damaged	0
GBJ8765Y	Van	TOYOTA	HIACE VAN TURBO 4DR AT	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211002/2037

2 of 3

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

Report No. T/20211002/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GAN CHOON HUAT	ID No.	S2558683B
Related Vehicle	GBH2285R (Lorry)	Contact No.	96682539
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.

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POLICE FORCE**

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T/20211002/2037

3 of 3

Report No, T/20211002/2037

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 MUHAMMAD FARHAN BIN
MAZLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/10/2021 12:53

Classification Of Case: