

# 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 ..... 03/11/2021 14:38 (SGT)  
Date of Accident ..... 02/11/2021 14:50 (SGT)  
Exact Location of Accident ..... Punggol, Singapore  
Additional Location Information ..... NEAR PUNGGOL ROAD JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD6345K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LIAN HENG HUAT TRADING & TRANSPORT  
Company Reg No ..... 33397600B  
Email Address ..... lianhenghuat22@hotmail.com  
Mobile Phone No ..... (Phone) +65-67469533  
Alternative Phone No ..... (Office) +65-67469533

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FV51JJD4RDEA  
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 ..... 12882

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00139662100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG KENT HEN  
Passport No/FIN ..... G8285443L

Date Of Birth .....	24/05/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	27/02/2013
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86697967
Alt. Phone Number .....	-
Email Address .....	lianhenghuat22@hotmail.com
Address .....	BLK 640 BEDOK RESERVOIR ROAD #10-59
Address complement .....	-
Postcode .....	410640
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD9005Y
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	LIM HO PENG
NRIC No .....	S1298771D
Contact Number .....	(Phone) +65-84237048
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WONG KENT HEN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	XD6345K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## Describe Circumstances of the Accident

I was driving straight along Punggol Central road towards Punggol road Junction. The traffic light for going straight is green & right arrow is red. The vehicle B stopped unnecessarily causing accident as there was no vehicle in front of his vehicle. After he stopped, he then signal right.

## Declaration

We declare the foregoing particulars are true in every respect.

 X  
Policyholder's Signature / Date & Time

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




  
Witnessed by Reporting Centre  
Personnel 03-11-2021, 14:20HR

## SKETCH PLAN

## IMPORTANT NOTICE

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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.

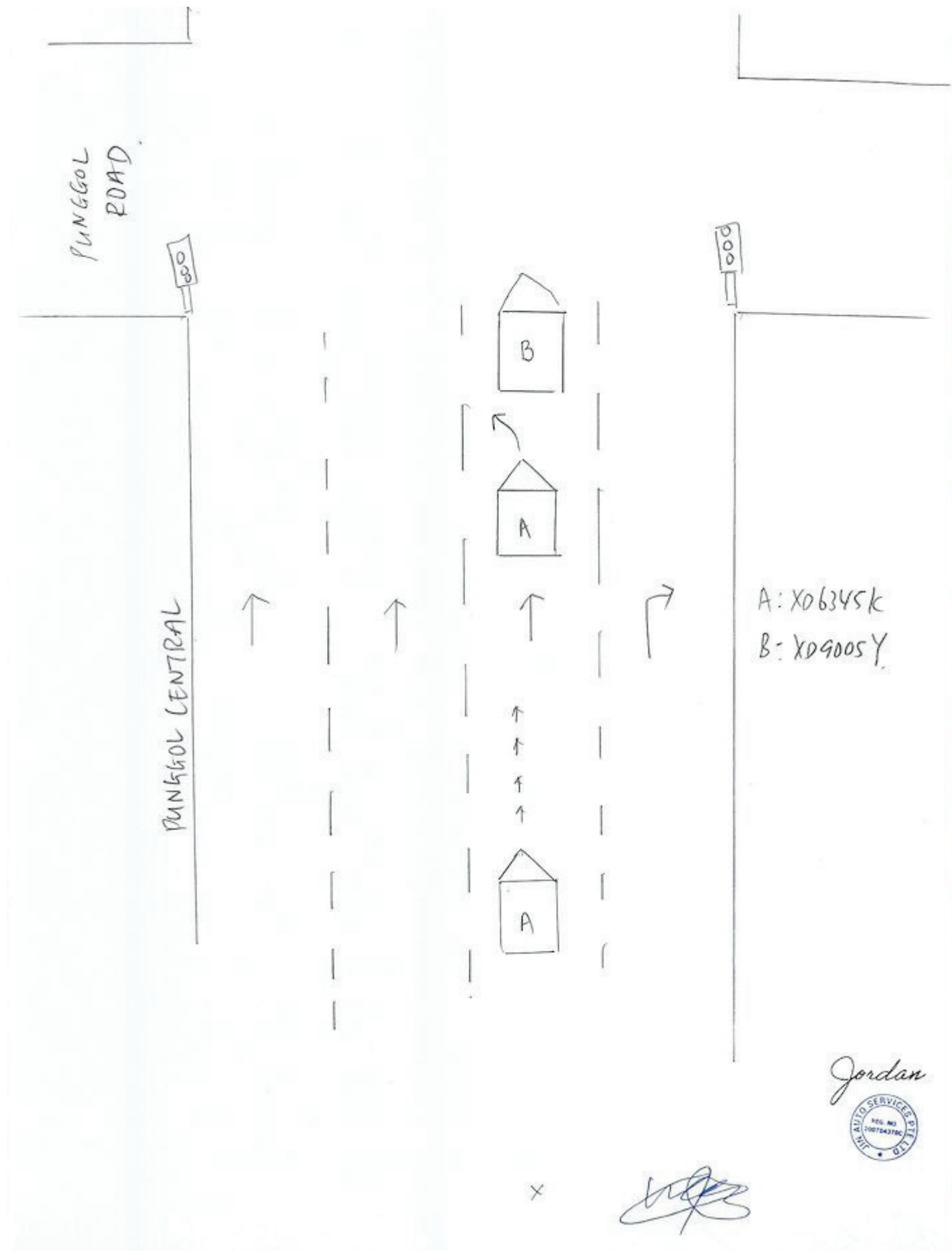
 x  
 Policyholder's Signature / Date & Time

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

   
 Witnessed by Reporting Centre Personnel 03-11-2021, 14:20HR

## Sketch Plan

Please refer to attached file.































**SINGAPORE  
POLICE FORCE**



T/20211103/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20211103/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/11/2021 13:23	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: WONG KENT HEN			Address:	
ID Type / ID No.: FIN NO / G8285443L			Contact No.: Home/Office:	Mobile: 86697967
Nationality: MALAYSIAN			Email: lianhenghuat22@hotmail.com	
Sex: Male	Age: 36	Date of Birth: 24/05/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Lorry/Truck Driver			Driving Licence Information: Class: 2B,3,4A,4,5	Date of Expiry: 09/06/2023

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2021 14:50	Type of Location: T-Junction
Location:  PUNGGOL CENTRAL				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Stopped Unnecessary				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
XD6345K	Lorry	MITSUBISHI	FV51J	White	Seriously Damaged	0
XD9005Y	Lorry	ISUZU	FXZ77	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211103/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211103/7020

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD6345K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNA0013966 2100	01/11/2021	31/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WONG KENT HEN		ID No.	G8285443L
Related Vehicle	XD6345K (Lorry)		Contact No.	86697967
Hospital/Clinic	TNG FAMILY CLINIC		Class of Driving Licence & Expiry	Class: 2B,3,4A,4,5 Date of Expiry: 09/06/2023
Date	03/11/2021		Date	03/11/2021
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	LIM HO PENG		ID No.	S1298771D
Related Vehicle	XD9005Y (Lorry)		Contact No.	84237048
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

**Brief Details.**

I was driving straight along Punggol Central towards Punggol Road junction. The traffic light for going straight is green & right arrow is red. The vehicle B (XD9005Y) stopped unnecessary causing accident as there was no vehicle in front of his vehicle. After he stopped, he then signal right. I have video recording in my vehicle to prove that the vehicle did stop unnecessary.



**SINGAPORE  
POLICE FORCE**



T/20211103/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20211103/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
03/11/2021 13:23

Classification Of Case:

NP168