

# 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 ..... 18/11/2021 13:28 (SGT)  
Date of Accident ..... 27/10/2021 17:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG GEYLANG LORONG 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ1069U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MEID PTE LTD  
Company Reg No ..... 201500943R  
Email Address ..... meidpteltd@gmail.com  
Mobile Phone No ..... (Phone) +65-97634390  
Alternative Phone No ..... +65-97634390

### 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 ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCPHQ20-004351  
Cover Note Number ..... 19/11/2020-01/01/2022

### DRIVER

Name of Driver ..... KONG KEAN CHENG  
Passport No/FIN ..... F8494636L

Date Of Birth .....	06/09/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	28/02/2002
Driving experience .....	19 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81684143
Alt. Phone Number .....	-
Email Address .....	meidpteltd@gmail.com
Address .....	BLK946 BEDOK NORTH AVE 4 #15-1431
Address complement .....	-
Postcode .....	464094
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 .....	Side Swipe
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? .....	No
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 .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFET TO POLICE REPORTS T/20211027/2111

#### ATTACHMENT(S)

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

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-

Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
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.

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*lis*

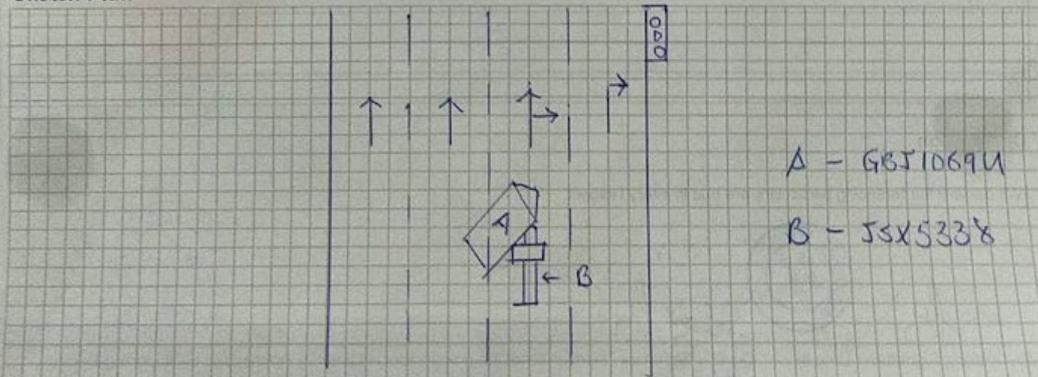


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



PW: JCNARD168168  
 (SMALL COMP)

FORZA: WIFI LINK

enquiry@jongrup.com - jongrup168168  
 enquiry@forzaauto.sg - ZAQ!xsw 2  
 claims@forzaauto.sg - 1qaz!WSX



**SINGAPORE  
POLICE FORCE**



T/20211027/2111

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3  
Report No. T/20211027/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2021 22:07	Vide Report No.: G/20211027/0141	Station Diary No.: 69
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Informant's Particulars			
Name of Informant: KONG KEAN CHENG		Address: APT BLK 94E Bedok North Avenue 4 #15-1431 SINGAPORE	
ID Type / ID No.: FIN NO / F8494636L		Contact No.: Home/Office: Mobile: 81684143	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 47	Date of Birth: 06/09/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Plumber		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2021 17:00	Type of Location: Bend
Location: LORONG 1 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1069U	Van				Slightly Damaged	0
JSX5338	Motorcycle				Slightly Damaged	0

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

Small cap

enquiry@jcongtrp.com - jcongtrp 168168  
enquiry@forzaauto.sg - ZAQ! xsw 21



**SINGAPORE  
POLICE FORCE**



T/20211027/2111

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3  
Report No. T/20211027/2111

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KONG KEAN CHENG	ID No.	F8494636L
Related Vehicle	GBJ1069U (Van)	Contact No.	81684143
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/10/2021 at about 5pm, I was driving my vehicle one Toyota Hiace bearing plate number GBJ1069U along Geylang Lorong 1. I was driving on the second lane from the right of the 4 lane road. The lane I was driving on is meant for vehicles that wants to turn right and I had wanted to make a right turn towards Boon Keng road.

The traffic light was green and the traffic from the opposite road was clear which allows me to make a right turn as such I had wanted to make a right turn when suddenly I felt an impact from the driver side of my vehicle and that is when I realize that one motorcycle bearing plate number JSX5338 had hit on to the driver side of my vehicle. I believe that the motorcycle had intended to proceed straight instead of turning right which caused the collision. I did not see where the motorcycle was coming from prior to wanting to make the right turn. I immediately went out of my vehicle and rendered assistance to the motorcyclist.

The ambulance and the Traffic Police then arrived shortly after. The motorcyclist was being conveyed to the hospital by the ambulance. There are scratches and dents on the door of the driver side of my vehicle. I am not sure of the damages on the motorcycle.

I have an in car camera installed in my vehicle and I have handed over the sd card of the in car camera to the Traffic Police.

PN : JONGRP168168  
(SMALL CAP)

faautoworks@gmail.com - 4168168  
enquiry@jongrp.com - jongrp1681



**SINGAPORE  
POLICE FORCE**



T/20211027/2111

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20211027/2111

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

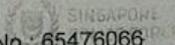
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report  
G /  
Sgt 3 LEE WEI LIANG *iw*

Signature Of Informant:  
*[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/10/2021 22:07

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt NUR ADELINA BINTE MOHAMMAD  
FUAT   
Contact No.: 65476066 *iw*

Classification Of Case:

USER NAME: ENQUIRY@FORZAAUTO.SG

*...@email.com - 65474885*



T/20211031/2031

1 of 3

Report No. T/20211031/2031

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20211027/2111  
 Report Number T/20211031/2031  
 Vide Report Number T/20211027/2111  
 Date/Time of Report Made 31/10/2021 12:46  
 Place Report Lodged Traffic Police  
 Type of Informant Driver  
 Name of Informant Kong Kean Cheng  
 ID Type / ID No. FIN NO / F8494636L  
 Home/Office  
 Mobile 81684143  
 Email  
 Type of Accident Non-Injury / Foreign Vehicle  
 Drink Drive No  
 Anyone conveyed by ambulance No  
 Date/Time of Accident 27/10/2021 17:00  
 Accident Location LORONG 1 GEYLANG

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1069U	Van					0
JSX5338	Motorcycle					0

PN : JCNCRP168168  
 (SMALL CAP)

faautoworks@jcngrp.com  
 enquiry@jcngrp.com - jcngrp 168168  
 enquiry@forzaauto.sg - ZAG! ksw 212



T/20211031/2031

2 of 3

Report No. T/20211031/2031

Continuation of CSF For NP168

**Brief Facts.**

I wish to make some amendments to my traffic accident report T/20211027/2111.

I wish to state that the accident happened before the traffic light junction. It happened while I was changing lane from lane 3 to lane 2. Before I changed lane from lane 3 to lane 2, I did not realized any motorcycle coming on my right side on lane 2. When my van starts to cut the lane lines and entered into lane 2, I felt an impact on the driver side door. I realized that a motorcycle had knocked onto the driver side door of my van.

That is all.

USER NAME : ENQUIRY@FORZAAUTO.SG

PN : JCN GRP168168  
(SMALL CAP)

faautoworks@gmail.com -- fa168168  
enquiry@jcngrp.com -- jcngrp168168



T/20211031/2031

3 of 3

Report No. T/20211031/2031

Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / TAN JEOK LENG
Classification of Case	1) NON-INJURY / FOREIGN VEHICLE


**SINGAPORE  
POLICE FORCE**  
  
 \_\_\_\_\_  
 SIGNATURE

VODIEN ACCOUNT MING

USER NAME : ENQUIRY@FORZAAUTO.SG

PW : JCNARPI68168  
(SMALL CAP)

faautoworks@gmail.com - fa168168  
enquiry@jengrp.com - jengrp168168