



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	09/11/2021 13:30 (SGT)
Date of Accident	08/11/2021 15:44 (SGT)
Exact Location of Accident	Seletar North Link, Singapore
Additional Location Information	L/P 131
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5011A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FUYUAN RESOURCES PTE LTD
Company Reg No	199902943D
Email Address	fuyuan88@singnet.com.sg
Mobile Phone No	(Phone) +65-62828398
Alternative Phone No	(Office) +65-62828398

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	FV70HJD2VDEA
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	10677

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00084272102
Cover Note Number	-

DRIVER

Name of Driver	KOH KIAN TIONG
NRIC No	S6944539Z



Date Of Birth	12/12/1969
Occupation	Outdoor
Date Of Driving Pass	04/02/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93639821
Alt. Phone Number	-
Email Address	fuyuan88@singnet.com.sg
Address	BLK 186B RIVERVALE DRIVE #02-816
Address complement	-
Postcode	542186
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?	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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
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
Reasons for not uploading a video of the accident	video is with the police.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9829L
Vehicle Manufacturer	Scania
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	KOH KIAN TIONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XE5011A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD9829L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

Describe Circumstances of the Accident

Please Refer To Police Report No : 7/2011108/2064

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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




Jordan

Witnessed by Reporting Centre Personnel 09/11/2021

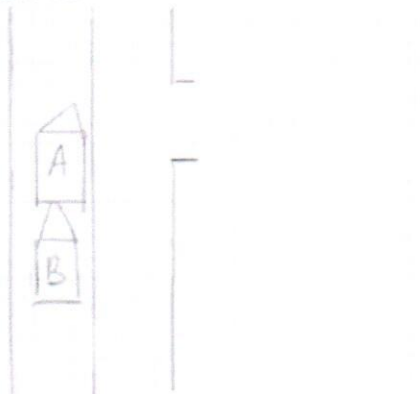
SKETCH PLAN**IMPORTANT NOTICE**

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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 firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes(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 firms/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 firms/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

 *Jordan*
Witnessed by Reporting Centre Personnel
09/11/2021

Sketch Plan

A: XE5011A

B: XD9829L


**SINGAPORE
POLICE FORCE**


T/20211108/2064

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20211108/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2021 15:44	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: KOH KIAN TIONG		Address: APT BLK 186B RIVERVALE DRIVE #02-816 SINGAPORE 542186	
ID Type / ID No.: NRIC NO / S6944539Z		Contact No.: Home/Office: Mobile: 93639821	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 12/12/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 3, 4, 5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2021 07:35	Type of Location: Straight Road
Location: SELETAR NORTH LINK				
Lamp Post Number: 131		Road Surface: Wet	Road Speed Limit:	
Weather: Raining		Traffic Control:	Traffic Volume: Moderate	
Traffic Flow: Two Way		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
XD9829L	Truck	SCANIA		Grey	Seriously Damaged	0
XE5011A	Truck	MITSUBISHI	FUSO	Orange	Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20211108/2064

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20211108/2064

CONTINUATION OF REPORT

Driver			
Name	KOH KIAN TIONG	ID No.	S6944539Z
Related Vehicle	XE5011A (Truck)	Contact No.	93639821
Hospital/Clinic	FAITH HEALTHCARE	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	08/11/2021	Date Discharge	08/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 8/11/2021 around 7.35am along Seletar North Link, I driving my vehicle bearing plate no XE5011A. I was waiting to turn right into a construction site, as there was on coming vehicle. Suddenly, I felt a great impact from the rear of my vehicle causes my vehicle to inched forward.

Furthermore, I wish to add that I am lodging this report for insurances claim. I was unable to exchange particular from other party as he was stuck inside of his truck. Subsequently, he was conveyed by ambulance. At the point of time Traffic Police was at scene.



SINGAPORE
POLICE FORCE



T/20211108/2064

3 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20211108/2064

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

F /

Sgt 2 SIM KAH CHUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

08/11/2021 15:44

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Classification Of Case:

Authentication Stamp
NP168