

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 23/11/2021 16:27 (SGT)
Date of Accident 22/11/2021 16:00 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2165P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LOH CHWEE MOORING SERVICES PRIVATE LIMITED
Company Reg No 1XXXXX178C
Email Address john-tang@lccmooring.com
Mobile Phone No (Phone) +65-62786776
Alternative Phone No +65-97555710

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Rosa
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 4900

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00009842100
Cover Note Number -

DRIVER

Name of Driver PHUI ENG HOE
NRIC No SXXXX749B

Date Of Birth	10/10/1959
Occupation	Outdoor
Date Of Driving Pass	26/08/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97317292
Alt. Phone Number	-
Email Address	phuienghoe@gmail.com
Address	BLK 105 HENDERSON CRESCENT
Address complement	#10-07
Postcode	150105
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	4
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2519G
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	SJZ2220M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 3

Vehicle Registration Number	PC5748M
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	PHUI ENG HOE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	PC2165P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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. The 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.
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.
- (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.


Policyholder's Signature / Date & Time


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

 23/11/21
Witnessed by Reporting Centre Personnel

Sketch Plan

A
B
C
D

- Ⓐ PC 2165 P
- Ⓑ GBS 2519 G
- Ⓒ STZ 2200 M
- Ⓓ PC 5748 M

Describe Circumstances of the Accident

Refer to police report : 7/20211122/2127

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T2021112202127

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

Report No: T 20211122-2027

CONTINUATION OF REPORT

Driver			
Name	PHUI ENG HOE	ID No	S1376749B
Related Vehicle	PC2165P (Bus/Coach/Minibus)	Contact No	97317292
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	22/11/2021	Date Discharge	22/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 22/11/2021 at about 1600hrs, I was driving my vehicle (PC2165P) along AYE towards Tuas. I was travelling on the extreme left lane of 4 lane road and the traffic flow was slow moving as the traffic volume was heavy. While I was travelling in between Jurong Port Road and Penjuru Road ext, I felt an impact from the rear as such I alighted from my vehicle to make a check.

I then discovered that there are 4 cars collision among one lorry (GBJ2519G), 1 sedan car (SJZ2220M) and one bus (PC5748M). I was the first vehicle in the chain collision. My vehicle left rear bumper was dislodged and both rear door was damaged as well. My side sliding auto door was malfunction due to the accident.

I do not have any passenger in my vehicle and I felt neck ache due to the accident. I had also suffered a small scratch from my spectacles on my right eyebrow area due to the collision impact. Ambulance was at scene however I do not require to be conveyed by ambulance. I then went to seek medical assistance and was given 3 days MC. I was scheduled for X-Ray on 23/11/2021 for further check up.

Traffic Police was at scene to attend to us and I was told by them to lodge a traffic accident report.

My vehicle belongs to my company, Mooring Services Pte Ltd and I have an in-vehicle camera which captured the whole incident.



















**SINGAPORE
POLICE FORCE**



T/20211122/2127

1 of 3

Police Station Of Origin:
Orchard-N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No: F 20211122/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 22:12	Vide Report No: J/20211122/0078	Station Diary No.: 99
--	------------------------------------	--------------------------

Informant's Particulars

Name of Informant: PHUI ENG HOE			Address: APT BLK 105 HENDERSON CRESCENT #10-07 SINGAPORE 150105		
ID Type / ID No: NRIC NO / S1378749B			Contact No.: Home/Office: - Mobile: 97317292		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 10/10/1959	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Bus driver			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: 22/11/2021 16:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
PC2165P	Bus/Coach/Minibus				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211122/2127

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

Report No: T/20211122/2127

CONTINUATION OF REPORT

Driver Name	PHUI ENG HOE	ID No	S1376749B
Related Vehicle	PC2165P (Bus/Coach/Minibus)	Contact No	97317292
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	22/11/2021	Date Discharge	22/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 22/11/2021 at about 1600hrs, I was driving my vehicle (PC2165P) along AYE towards Tuas. I was travelling on the extreme left lane of 4 lane road and the traffic flow was slow moving as the traffic volume was heavy. While I was travelling in between Jurong Port Road and Penjuru Road ext, I felt an impact from the rear as such I alighted from my vehicle to make a check.

I then discovered that there are 4 cars collision among one lorry (GBJ2519G), 1 sedan car (SJZ2220M) and one bus (PC5748M). I was the first vehicle in the chain collision. My vehicle left rear bumper was dislodged and both rear door was damaged as well. My side sliding auto door was malfunction due to the accident.

I do not have any passenger in my vehicle and I felt neck ache due to the accident. I had also suffered a small scratch from my spectacles on my right eyebrow area due to the collision impact. Ambulance was at scene however I do not require to be conveyed by ambulance. I then went to seek medical assistance and was given 3 days MC. I was scheduled for X-Ray on 23/11/2021 for further check up.

Traffic Police was at scene to attend to us and I was told by them to lodge a traffic accident report.

My vehicle belongs to my company, Mooring Services Pte Ltd and I have an in-vehicle camera which captured the whole incident.



**SINGAPORE
POLICE FORCE**



T1202111222127

Police Station Of Origin:
Orchard M.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



Report No: T_20211122_2127

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 E / Sgt 3 YAN LUFENG	Signature Of Informant. 
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2021 22:12
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: 
Authentication Stamp NP158	