

VEHICLE NO: PC 216XP

MAKE & MODEL: MITSUBISHI ROSA

AUTO / MANUAL

DATE OF ACCIDENT	22 / 11 / 21	C.C. 4900
TIME OF ACCIDENT	16.00	AM / <u>PM</u>
LOCATION OF ACCIDENT	AYER RAJAH EXPRESSWAY	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Loh Chwee Chew Mooring Services PTE LTD	
EMAIL	John-tang@Lecmooring.com	Office: 6278 6776 MOBILE: 97555710
NEC	199503178C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
EXCESS POLICY	YES / NO ?	
INSURANCE CO	China TAIPING	
DATE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO	DMB1SNW00009842100	
NAME OF DRIVER	AS ABOVE / IF NO, PHU ENG HOE	
IC	S1378749B	
DATE OF BIRTH	10 / 10 / 1959	
ANY PASSENGER	YES <u>NO</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	26 / Aug / 1981	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 97317292 Office: Home:	
EMAIL	Phuenghoe@gmail.com	
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>yes</u> Who? PHU ENG HOE	
CONTACT NO.		
POLICE REPORT	No / If <u>yes</u> , Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	<u>GBJ 289G</u> Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	<u>S32 220M</u> Any Passenger:	
VEHICLE D NO.	<u>PC 5748 M</u> Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
WERE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES / 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.

5. 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A
B
C
D

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

Describe Circumstances of the Accident

Refer to police report

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211122/2127

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

1 of 3

Report No: T/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/Mi nibus				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.	S1378749B
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 exit, 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

3 of 3

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

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
NP168