

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 29/11/2021 18:35 (SGT)
Date of Accident 29/11/2021 08:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS JURONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH7998J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PHUKOM INTERNATIONAL PTE LTD
Company Reg No 199002752D
Email Address ADMIN@PHUKOM.COM.SG
Mobile Phone No (Phone) +65-81592282
Alternative Phone No (Office) +65-81592282

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2021-V0109401-VCV-R002
Cover Note Number -

DRIVER

Name of Driver CHIN CHEE WAN
NRIC No S1108916Z

Date Of Birth	26/04/1955
Occupation	Outdoor
Date Of Driving Pass	22/10/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81592282
Alt. Phone Number	-
Email Address	ADMIN@PHUKOM.COM.SG
Address	BLK 225 ANG MO KIO AVE 1 #09-579 S 560225
Address complement	-
Postcode	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

REFER 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 WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3606S
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 2

Vehicle Registration Number	SKU6913K
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	SMN5211Y
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)	-

Describe Circumstances of the Accident

Refer to the Police report : T/20211129/7032.

Declaration

We declare the foregoing particulars are true in every respect.

X

[Signature]

Policyholder's Signature / Date & Time

X

福康國際企業有限公司
PHUKOM INTERNATIONAL PTE. LTD.
8, Jalan Pari Bidor,
Singapore 488674

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

Witnessed by Reporting Centre Personnel

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' 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

X

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIR TOWARDS
TUNIS NEAR
CLEMENTI RD
EXIT

福康國際企業有限公司
PHUKOM INTERNATIONAL PTE. LTD.
8, Jalan Pari Eurlong,
Singapore 188074

(A) S'GBH7998J
(B) SHD 3606S
(C) SKU 6913K
(D) SMN 5211Y



































**SINGAPORE
POLICE FORCE**



T/20211129/7032

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

3 of 3

Report No. T/20211129/7032

CONTINUATION OF REPORTSketch 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 / TPIB /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

NP168

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

Date/Time:
29/11/2021 15:00

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211129/7032

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

1 of 3

Report No. T/20211129/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2021 15:00		Vide Report No.: J/20211129/0047		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIN CHEE WAN			Address: 225 ANG MO KIO AVENUE 1 #09-579 SINGAPORE 560225		
ID Type / ID No.: NRIC NO / S1108916Z			Contact No.: Home/Office: Mobile: 81592282		
Nationality: SINGAPORE CITIZEN			Email: ADMIN@PHUKOM.COM.SG		
Sex: Male	Age: 66	Date of Birth: 26/04/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2021 08:20	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH7998J	Van					0
SHD3606S	Car					0
SKU6913K	Car					0
SMN5211Y	Car					0



**SINGAPORE
POLICE FORCE**



T/20211129/7032

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

2 of 3
Report No. T/20211129/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN CHEE WAN	ID No.	S1108916Z
Related Vehicle	GBH7998J (Van)	Contact No.	81592282
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/11/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was travelling along PIE towards on lane 3 of 5 lanes. Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. The impact was so huge that it pushed me forward and collided onto the rear of the vehicle in front of me. After the collision, I alighted and realised it was a chain collision involving 4 vehicles. I was the 3rd vehicle from the front.

1st : SKU6913K
2nd : SMN5211Y
3rd : GBHJ7998J
4th : SHD3606S