

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 24/12/2021 14:21 (SGT)
Date of Accident 21/12/2021 19:25 (SGT)
Exact Location of Accident Punggol Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD1624Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PLEASE REFER TO POLICE REPORT T/20211222/2052
Company Reg No 2XXXXX316D
Email Address nigel_god@yahoo.com.sg
Mobile Phone No (Phone) +65-86663898
Alternative Phone No +65-90783437

VEHICLE PARTICULARS

Manufacturer Citroen
Model Berlingo
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 Auto
CC 1420

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPCVE001663
Cover Note Number -

DRIVER

Name of Driver CHUA HOCK KHEE
NRIC No SXXXX104D

Date Of Birth	24/06/1956
Occupation	Outdoor
Date Of Driving Pass	25/07/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90783437
Alt. Phone Number	-
Email Address	nigel_god@yahoo.com.sg
Address	BLK 207B COMPASSVALE LANE #15-22
Address complement	-
Postcode	543207
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
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

FOREIGN VEHICLE 1

Vehicle Registration Number	PNS192
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211222/2052

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PNS192
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	AZHAR NAZMI BIN AHZAR
Contact Number	(Phone) +65-88723965
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

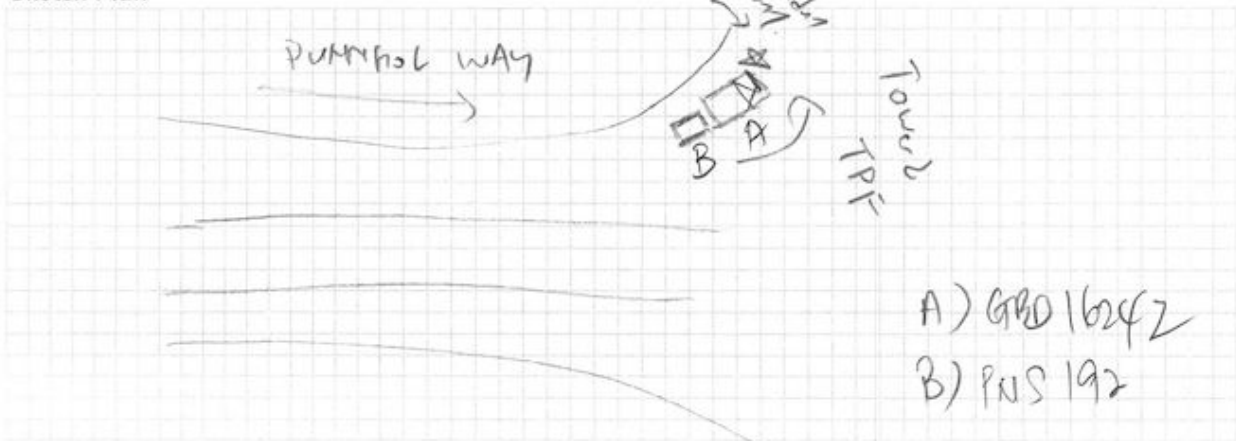
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

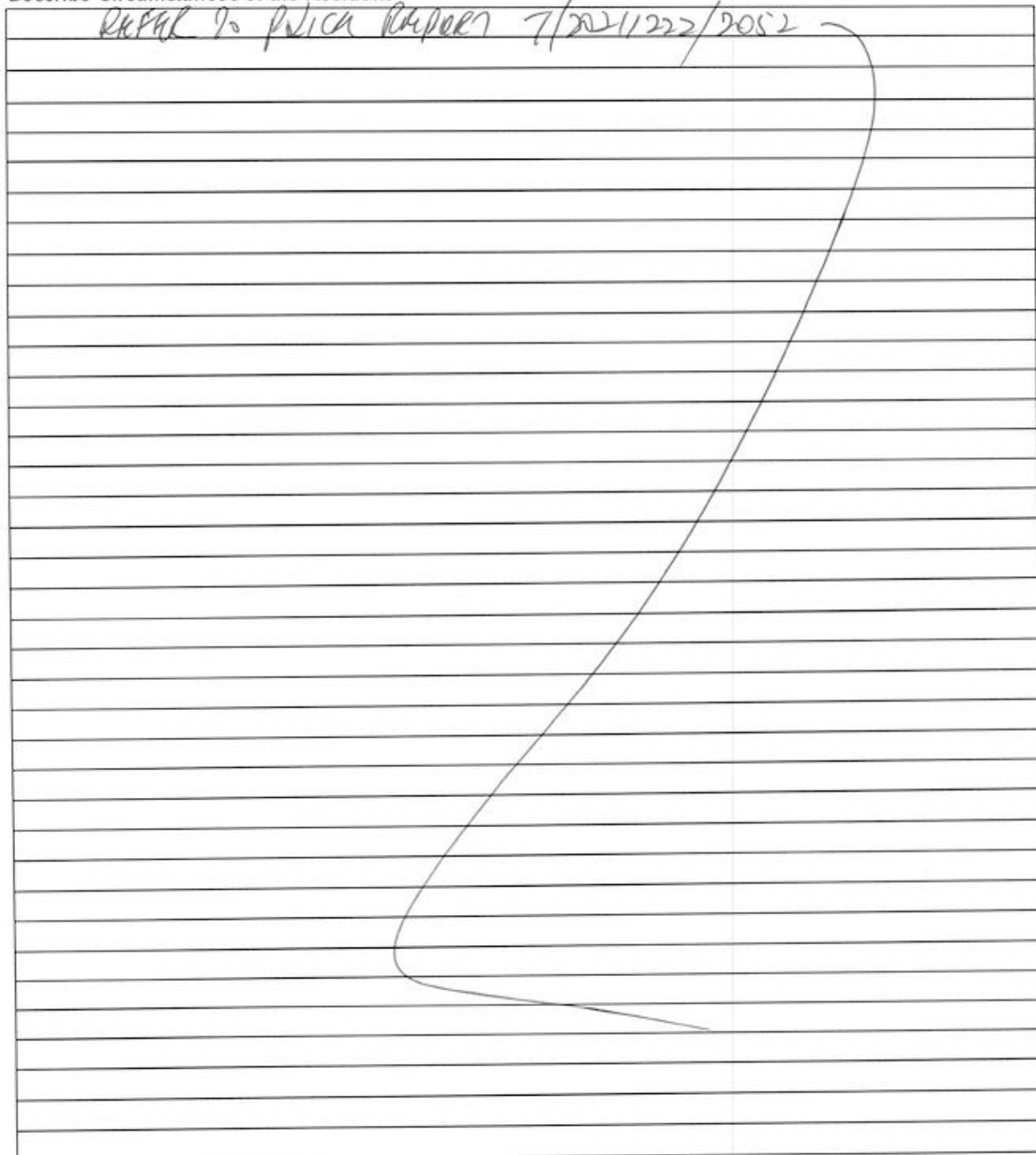
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFR 90 Police Report 7/22/1222/2052



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Chun 22-12-21
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 22/12/2021
Witnessed by Reporting Centre Personnel






















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20211222/2052

1 of 3

Report No. T/20211222/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2021 14:41		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: CHUA HOCK KHEE			Address: APT BLK 207B COMPASSVALE LANE #15-22 SINGAPORE 543207		
ID Type / ID No.: NRIC NO / S1231104D			Contact No.: Home/Office:		Mobile: 90783437
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 24/06/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/12/2021 19:25	Type of Location: Bend
Location: PUNGGOL WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1624Z	Van	CITROEN	Berlingo LWB 1.6L	Grey	Slightly Damaged	0
PNS192	Motorcycle				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD1624Z	LONPAC INSURANCE BHD.			



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T/20211222/2052

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Queenstown N.P.C
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Tel No: 1800-4719999

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Report No. T/20211222/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA HOCK KHEE	ID No.	S1231104D
Related Vehicle	GBD1624Z (Van)	Contact No.	90783437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	Azhar Nazmi Bin Azhar	ID No.	NIL
Related Vehicle	PNS192 (Motorcycle)	Contact No.	88723965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/12/2021, I was deployed as driver for GBD 1624Z, and the van belongs to my company (Sing Tung Technologies Pte Ltd). At about 1925hrs, I was traveling along Punggol way towards TPE direction. It was a 3-lane road and I was traveling on the most left lane. I suddenly heard a loud bang from my rear. I then stopped my vehicle at the side of the road to make a check and realised that Malaysian motorcycle registration number PNS192 collide onto my van causing a dent on the rear left bumper. We then exchanged our particulars.

No one was injured during the incident. I have no in car camera and no witness.



SINGAPORE POLICE FORCE



T/20211222/2052

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20211222/2052

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
D /

Sgt 3 SURAIYAH PARVEEN
BINTE HABIB MUHAMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/12/2021 14:41

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921CO0006 Vehicle Registration No: QPD16242
 Name (as shown in NRIC): CHIA BOON KHEE NRIC/FIN/Passport No: SXXXX1040
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90783437
 Email Address: _____
 Date of Accident: 21/12/2021 Time of Accident: 19:25
 Place of Accident: RAFFLES WAY
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

From T/P claim to R/POR claim only

Policyholder / Driver's Signature
Date:

06/01/2022
Reporting Centre Personnel's Signature
Name: Rodri Montano
NRIC/FIN No.:
Date: