

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 15:24 (SGT)
Date of Accident	23/12/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVE WEST SLIP RD TWDS CLEMENTI AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4914X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA TECHNICAL GAS CO(PTE) LTD
Company Reg No	1XXXXX958Z
Email Address	alanthong@atg.com.sg
Mobile Phone No	(Phone) +65-62576531
Alternative Phone No	(Office) +65-62576531

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1461

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21098275MFCV/2
Cover Note Number	-

DRIVER

Name of Driver	THONG WAI LOON
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Passport No/FIN	GXXXX016N
Date Of Birth	12/06/1989
Occupation	Outdoor
Date Of Driving Pass	02/02/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98379699
Alt. Phone Number	-
Email Address	alanthong@atg.com.sg
Address	BLK 125 BUKIT BATOK CENTRAL
Address complement	#12-399
Postcode	650125
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FUNG
Gender	Female

PASSENGER 2

Name	RAYSON
Gender	Male

PASSENGER 3

Name	ZHAO
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLF4302D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAJENDRAN
Contact Number	(Phone) +65-90065460
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	THONG WAI LOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH4914X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZHAO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH4914X
Were seat belts worn?	-
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 willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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.

(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

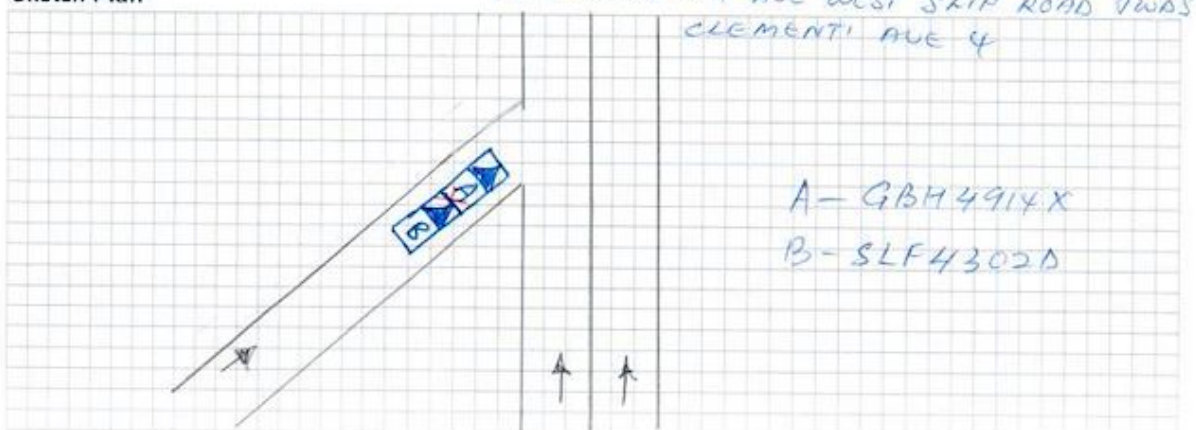
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On the stated date and time, I vehicle A has come to a complete stop on the stated venue as there was oncoming traffic on the right. Suddenly I felt a huge impact on the rear portion of my vehicle. I then came down to check and realised that it was vehicle B who have collided onto my vehicle.

Declaration

I/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

24/12/21



**SINGAPORE
POLICE FORCE**



T/20211223/7028

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

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Report No. T/20211223/7028

CONTINUATION OF REPORT

Driver			
Name	THONG WAI LOON		ID No. G8343016N
Related Vehicle	GBH4914X (Van)		Contact No. 98928733
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	23/12/2021		Date 23/12/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A BEARING CARPLATE (GBH 4914 X) HAS CAME TO A COMPLETE STOP ON THE STATED VENUE AS THERE WAS ONCOMING TRAFFIC ON THE RIGHT. SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE . I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B BEARING CARPLATE (SLF 4302 D) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT , I THEN WENT TO CONSULT A DOCTOR AT LIFEPLUS MEDICAL GROUP (BEDOK)

I WAS GIVEN 3 DAYS OF MC.





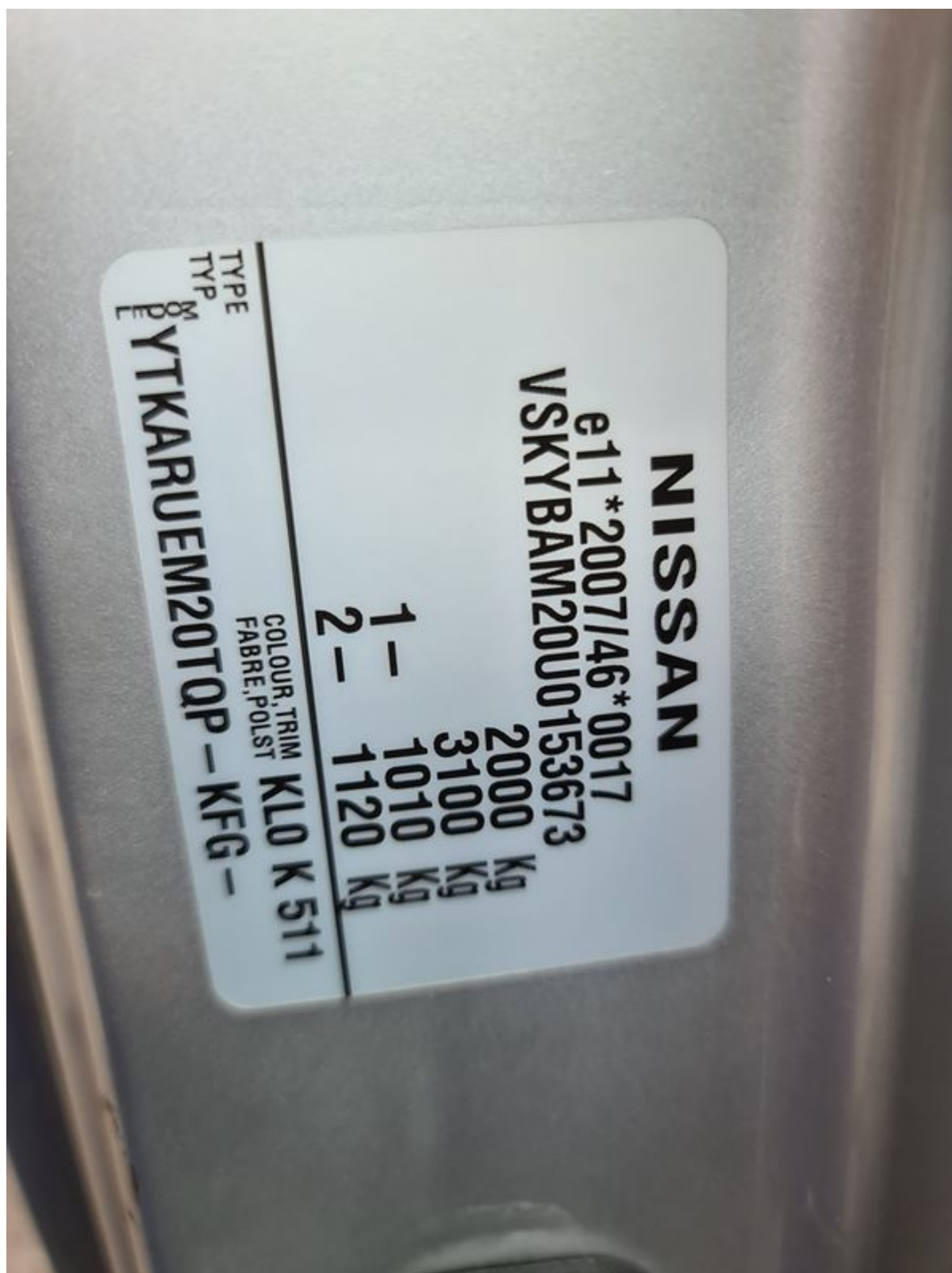














**SINGAPORE
POLICE FORCE**



T/20211223/7028

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

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Report No. T/20211223/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2021 16:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THONG WAI LOON			Address:		
ID Type / ID No.: FIN NO / G8343016N			Contact No.: Home/Office: Mobile: 98928733		
Nationality: MALAYSIAN			Email: ALAN_THONG@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 12/06/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2021 07:30	Type of Location: Bend
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH4914X	Van	NISSAN	NV200			3
SLF4302D	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211223/7028

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

2 of 3

Report No. T/20211223/7028

CONTINUATION OF REPORT

Driver			
Name	THONG WAI LOON		ID No. G8343016N
Related Vehicle	GBH4914X (Van)		Contact No. 98928733
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	23/12/2021		Date 23/12/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A BEARING CARPLATE (GBH 4914 X) HAS CAME TO A COMPLETE STOP ON THE STATED VENUE AS THERE WAS ONCOMING TRAFFIC ON THE RIGHT. SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE . I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B BEARING CARPLATE (SLF 4302 D) WHO HAVE COLLIDED ONTO MY VEHICLE.

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**SINGAPORE
POLICE FORCE**

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



T/20211223/7028

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Report No. T/20211223/7028

CONTINUATION OF REPORT

Sketch 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 / TPB /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

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

Date/Time:
23/12/2021 16:09

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: SN0921CO0005 Vehicle Registration No: GBH4914X
 Name (as shown in NRIC): THONG WAI LOON NRIC/FIN/Passport No: GXXXX016N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 125 BUKIT BATOK CENTRAL #12-399 Singapore (650125)
 Contact (Tel): _____ Mobile No.: 98379699
 Email Address: _____
 Date of Accident: 23/12/21 Time of Accident: 07:30
 Place of Accident: COMMONWEALTH AVE WEST SIAPO RD TWD3 CLEMENTI
 Insurance Company: FIRST CAPITAL AUE 4

(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:

AMENA POLICY NO

 Policyholder / Driver's Signature
 Date:

lym 07/01/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: