

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 06/01/2022 16:23 (SGT)
Date of Accident 05/01/2022 21:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS RD & MANDAI RD JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE3448Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EXCELTEC EXPRESS
Company Reg No 53438986D
Email Address kiven7836@gmail.com
Mobile Phone No (Phone) +65-83368211
Alternative Phone No +65-83368211

VEHICLE PARTICULARS

Manufacturer Fiat
Model DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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 1598

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCPHQ21-003339
Cover Note Number 06/09/21 - 05/09/22

DRIVER

Name of Driver NG CHEE YEONG(HUANG ZHIYONG)
NRIC No S7836718J

Date Of Birth	28/11/1978
Occupation	Outdoor
Date Of Driving Pass	03/08/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83368211
Alt. Phone Number	-
Email Address	kiven7836@gmail.com
Address	BLK 734 WOODLANDS CIRCLE #04-359
Address complement	-
Postcode	730734
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF EMPLOYED
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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	FBN3215E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	CHINESE MALE IN HIS 40'S
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

1. VEHICLE NO.: GBE34484
 2. INSURER CO.: EQ
 3. ACCIDENT
 DATE & TIME: 05/11/22 @ 21:40

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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

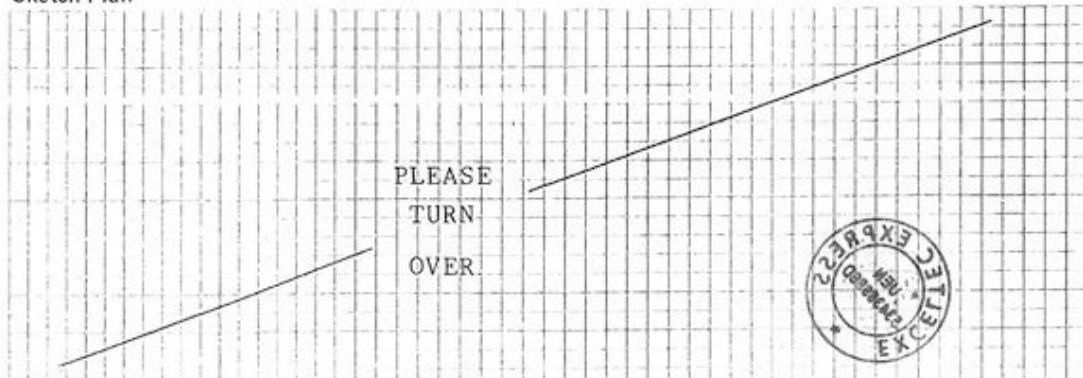
Driver's Signature (If driver is not the policyholder) / Date & Time

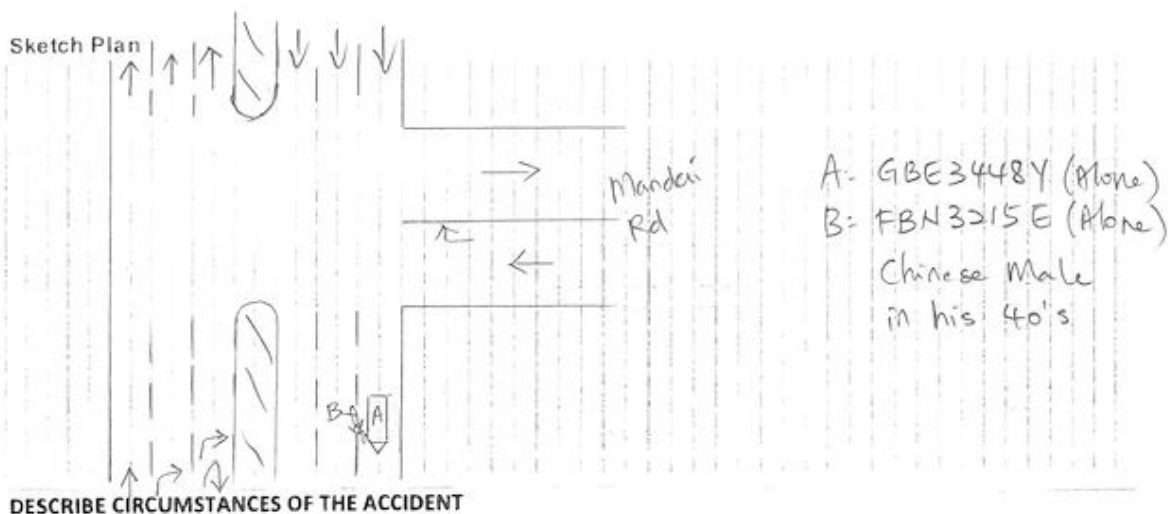
Witnessed by Reporting Centre Personnel

6/1/22

(15)

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Woodlands Road

Refer to Police Report No: T/20210106/2011

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the following particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

















**SINGAPORE
POLICE FORCE**



T/20220106/2011

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220106/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2022 09:51		Vide Report No.: L/20220105/0134		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: NG CHEE YEONG			Address: APT BLK 734 WOODLANDS CIRCLE #04-359 SINGAPORE 730734		
ID Type / ID No.: NRIC NO / S7836718J			Contact No.: Home/Office: Mobile: 83368211		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 28/11/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/01/2022 21:40	Type of Location: X-Junction
Location: WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN3215E	Motorcycle					0
GBE3448Y	Van					0

Details of Person Involved

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



**SINGAPORE
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T/20220106/2011

Police Station Of Origin:
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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220106/2011

CONTINUATION OF REPORT

Driver			
Name	NG CHEE YEONG	ID No.	S7836718J
Related Vehicle	NIL	Contact No.	83368211
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 the 05/01/2022 at around 940pm, I was driving my company's van, GBE3448Y, along Woodlands Road when I got into a traffic accident at the junction of Woodlands Road and Mandai Road.

I was driving on the left most lane along Woodlands Road. I approached the junction with Mandai Road and the traffic light was green in my favour. I drove pass the junction as usual. After crossing the junction, I heard a sound and I immediately tap on my brakes to slow down. I checked my blind spot and noticed a motorcycle and the rider lying on the road behind me on the right side.

I stopped my van and alighted to make a check on the rider. I called for ambulance as well. Traffic police also came to scene. The rider was eventually conveyed to the hospital by the ambulance.

I wish to add that my right side mirror was damaged.



**SINGAPORE
POLICE FORCE**



T/20220106/2011

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20220106/2011

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

L /

Sgt 3 SPENCER HO JIAN
LOONG



Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
06/01/2022 09:51

Officer In Charge Of Case:
TP / GIT /
SI CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168