

# 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 ..... 22/03/2022 14:59 (SGT)  
Date of Accident ..... 21/03/2022 14:23 (SGT)  
Exact Location of Accident ..... Woodlands Ave 12, Singapore  
Additional Location Information ..... JUNCTION OF GAMBAS AVE TOWARDS WOODLANDS AVE 10  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL1268B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SINGAPORE TOOL & DIE (PTE) LTD  
Company Reg No ..... 1XXXXX378D  
Email Address ..... claims@1AP.com.sg  
Mobile Phone No ..... (Phone) +65-96341552  
Alternative Phone No ..... +65-96341552

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K2500  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2497

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00034312100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HIEW CHEE KEONG  
NRIC No ..... SXXXX994G

Date Of Birth .....	16/05/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	22/10/2004
Driving experience .....	17 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96341552
Alt. Phone Number .....	-
Email Address .....	claims@1AP.com.sg
Address .....	BLK 289B COMPASSVALE CRESCENT
Address complement .....	#08-335
Postcode .....	542289
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? .....	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) .....	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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE POLICE REPORT : T/20220321/2057 AND T/20220322/7009.

#### 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 .....	QX1589J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD ZUKHAIR

Contact Number .....	(Phone) +65-85333961
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 .....	HIEW CHEE KEONG
Gender .....	Male
Phone No .....	(Phone) +65-96341552
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN, BACK OF THE HEAD AND LEFT SHOULDER PAIN, AND FELT NAUSEOUS. (5DAYS MC)
Injured person in which vehicle? .....	GBL1268B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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

*[Handwritten Signature]*

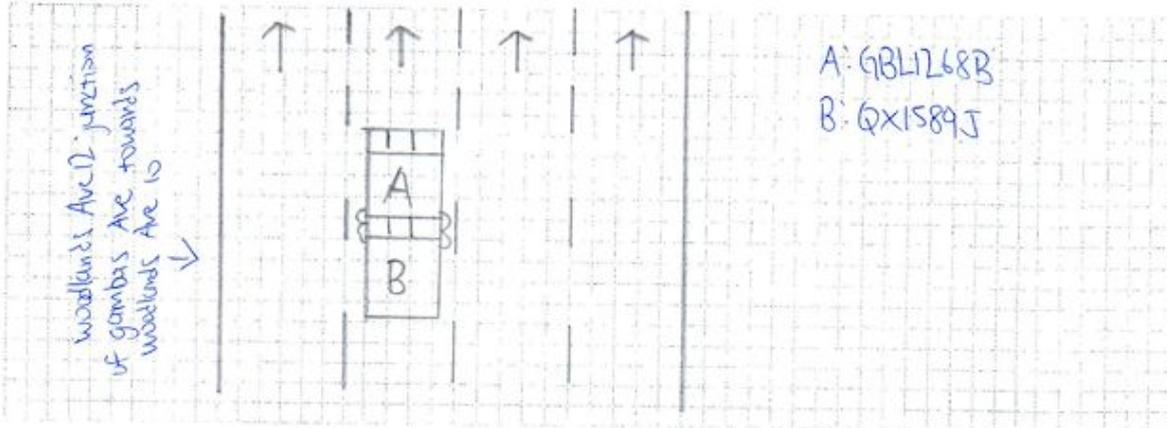
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel

*[Handwritten Signature]* 22/3/2022

**Sketch Plan**



Describe Circumstances of the Accident:

refer to police report  
T/20220321/2057 and T/20220322/7009.

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]* 22/3/2022  
Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20220321/2057

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3  
Report No. T/20220321/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2022 16:05	Vide Report No.:	Station Diary No.: 54
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Informant's Particulars			
Name of Informant: HIEW CHEE KEONG		Address: APT BLK 289B COMPASSVALE CRESCENT #08-335 SINGAPORE 542289	
ID Type / ID No.: NRIC NO / S7773994G		Contact No.: Home/Office:                      Mobile: 96341552	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 16/05/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MANAGER		Driving Licence Information: Class: 3                              Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2022 14:25	Type of Location:
Location:  WOODLANDS AVENUE 12				
Lamp Post Number: 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL1268B	Lorry				Slightly Damaged	0
QX1589J	Ambulance				Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20220321/2057

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20220321/2057

## CONTINUATION OF REPORT

Driver			
Name	HIEW CHEE KEONG		ID No. S7773994G
Related Vehicle	GBL1268B (Lorry)		Contact No. 96341552
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
Driver			
Name	MUHAMMAD ZUKHAIR		ID No. S9044759J
Related Vehicle	QX1589J (Ambulance)		Contact No. 85333961
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 21.03.2022 at 1423hrs, I was driving my company vehicle, a 10 feet lorry, GBL1268B along Woodlands Ave 12 junction of Gambas Ave towards Woodlands Ave 10. It was a red light thus I drove my lorry to a stop. However, there was an ambulance, QX1589J behind my vehicle. I believed the driver did not able to stop in time. As a result, the said driver had hit onto the rear of my vehicle.

Subsequently, both of us came down from our vehicle to make a check. No one was injured during that incident. The damages of my vehicle were the rear bar and registration plate was dented and the light to shine the registration plate was broken. The damages of the ambulance was the front bonnet dented in making it not able to close properly.

I have in-car camera located at the front.



**SINGAPORE  
POLICE FORCE**



T/20220321/2057

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20220321/2057

**CONTINUATION OF REPORT**

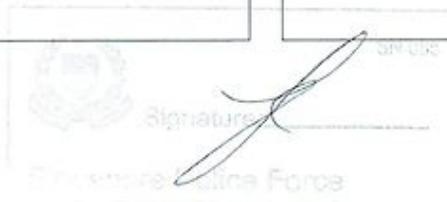
**Sketch Plan**

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 WAN FARAH DINA BINTE SAIFULLIZAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/03/2022 16:05
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

NP168




**SINGAPORE  
POLICE FORCE**


T/20220322/7009

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

1 of 3

Report No. T/20220322/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/03/2022 11:57	Vide Report No.: T/20220321/2057	Station Diary No.:
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Informant's Particulars			
Name of Informant: HIEW CHEE KEONG		Address: 289B COMPASSVALE CRESCENT #08-335 SINGAPORE 542289	
ID Type / ID No.: NRIC NO / S7773994G		Contact No.:	Mobile: 96341552
Nationality: SINGAPORE CITIZEN		Email: ERIC_HIEW@HOTMAIL.COM	
Sex: Male	Age: 44	Date of Birth: 16/05/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Manufacturing plant/production manager		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2022 14:25	Type of Location: X-Junction
Location:  WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
GBL1268B	Lorry	KIA	K2500	White	Slightly Damaged	0
QX1589J	Ambulance	MERCEDES BENZ		White	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220322/7009

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

2 of 3

Report No. T/20220322/7009

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HIEW CHEE KEONG	ID No.	S7773994G
Related Vehicle	GBL1268B (Lorry)	Contact No.	96341552
Hospital/Clinic	PINNACLE FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MUHAMMAD ZUKHAIR BIN ABDUL RASHID	ID No.	S90447591
Related Vehicle	QX1589J (Ambulance)	Contact No.	85333961
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

With reference to my previous police report, T/20220321/2057.

After I reach home in the evening, my neck, back of my head and left shoulder start to hurt and I felt nauseous.

I went to see GP and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220322/7009

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

3 of 3

Report No. T/20220322/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/03/2022 11:57

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168