

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 29/03/2022 13:11 (SGT)
Date of Accident 28/03/2022 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ENG NEO AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB7102J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NAM SING AUTO SERVICES PTE LTD
Company Reg No 201332773E
Email Address Service@namsing.com.sg
Mobile Phone No (Phone) +65-64837230
Alternative Phone No (Office) +65-64837230

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00108842001
Cover Note Number 26/11/2020 - 25/11/2021

DRIVER

Name of Driver CHEANG KOK HUA
NRIC No S1276479J

Date Of Birth	01/08/1957
Occupation	Indoor
Date Of Driving Pass	13/03/1975
Driving experience	47 YEARS
Gender	Male
Mobile Number	(Phone) +65-96695525
Alt. Phone Number	-
Email Address	Cheangkokhua@gmail.com
Address	47 KOVAN ROAD #02-03
Address complement	-
Postcode	548132
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEANG KOK SIM
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU1619R
Vehicle Manufacturer	Suzuki

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BRYAN SEET QUAN ZHI
NRIC No	S9707216G
Contact Number	(Phone) +65-81255462
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	CHEANG KOK SIM
Gender	Male
Phone No	(Phone) +65-96200365
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	GBB7102J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEANG KOK HUA
Gender	Male
Phone No	(Phone) +65-96695525
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	GBB7102J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1. VEHICLE NO.: 9BB7102J

2. INSURER CO.: China

3. ACCIDENT DATE & TIME: 28/03/22 @ 1420

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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.

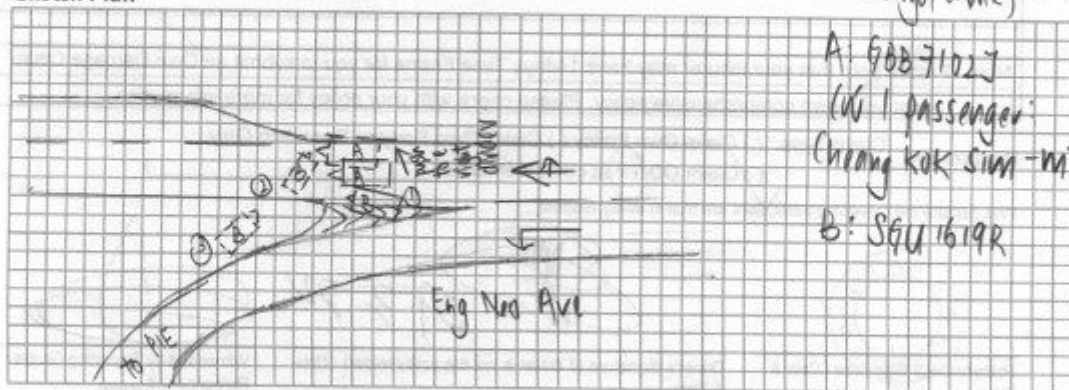


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 9BB7102J
 (W 1 passenger)
 (Chang Kok Sim - M)
 B: SGU1619R

Describe Circumstances of the Accident

Vehicle No: 688 7102 J (China)

refer to police report no: 7/20220328/2089.

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 Claim Type: ☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim OD/TP at other workshop ()

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

29.3.22

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

Witnessed by Reporting Centre
Personnel (AMK)



























**SINGAPORE
POLICE FORCE**



T/20220328/2089

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20220328/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 20:19	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: CHEANG KOK HUA	Address: 47 KOVAN ROAD #02-03 SINGAPORE 548132		
ID Type / ID No.: NRIC NO / S1276479J	Contact No.: Home/Office: Mobile: 96695525		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 64	Date of Birth: 01/08/1957	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: CAR MECHANIC	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2022 14:20	Type of Location: Y-Junction
Location: ENG NEO AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7102J	Lorry					0
SGU1619R	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20220328/2089

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Report No. T/20220328/2089

CONTINUATION OF REPORT

Passenger			
Name	CHEANG KOK SIM	ID No.	S1747583E
Related Vehicle	GBB7102J (Lorry)	Contact No.	96200365
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/03/2022	Date Discharge	28/03/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHEANG KOK HUA	ID No.	S1276479J
Related Vehicle	GBB7102J (Lorry)	Contact No.	96695525
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/03/2022	Date Discharge	28/03/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	BRYAN SEET QUAN ZHI	ID No.	S9707216G
Related Vehicle	SGU1619R (Car)	Contact No.	81255462
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 28/03/2022 at about 2:40pm, I was driving my lorry, GBB7102J with my brother, Cheang Kok Sim as my passenger, along Eng Neo Avenue. While reaching the Y-junction of PIE, I was at the right lane going towards PIE(Changi), suddenly one car, SGU1619R from the left lane, had cut the chevrons and collided on my lorry's front left. This resulted my lorry to swerve right and hit onto the road divider and the car had turn a big round and went up the kerb and landed on the grass patch in front of my lorry. There was traffic police and ambulance attended to us. There was no one injured at that point of time, we had exchanged particulars and was advised to lodge a accident report with our insurance company.

At about 4pm, I felt pain at my neck, right shoulder and lower back area and my brother felt pain on the neck and left shoulder area. Both my brother and me went to seek medical treatment at Mount Alvernia Hospital and both of us were issued with 5 days MC.

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Report No. T/20220328/2089

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20220328/2089

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Report No. T/20220328/2089

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:
E / SR STAFF SGT TAN MENG
SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/03/2022 20:19

Officer In Charge Of Case:
TP / GIT /
STAFF SGT ROIZMAN BIN MOHAMED
POSARI
Contact No.: 65476131

Classification Of Case:

SN 57

NP168



SINGAPORE
POLICE FORCE

SIGNATURE