SN0922450004-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 05/04/2022 13:11 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 2 (07/04/2022 16:14 (SGT))

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 witholding 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	05/04/2022 13:11 (SGT)
Date of Accident	04/04/2022 10:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AFTER TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7684D

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOSHIZAKI SINGAPORE PTE LTD
Company Reg No	1XXXXX436R
Email Address	i.am.javen@live.com.sg
Mobile Phone No	(Phone) +65-91122211
Alternative Phone No	(Office) +65-62252612

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	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE001272
Cover Note Number	-

DRIVER

Name of Driver	TOH JUN CHENG
NRIC No	SXXXX108I

Date Of Birth	02/01/1992
Occupation	Outdoor
Date Of Driving Pass	24/03/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91122211
Alt. Phone Number	-
Email Address	i.am.javen@live.com.sg
Address	BLK 112 BUKIT BATOK WEST AVENUE 6 #09-140
Address complement	-
Postcode	650112
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	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

PLEASE REFER TO POLICE REPORT T/20220404/7041

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	GBE8012M
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SENTHIL KARTHIK
Passport No/FIN	GXXXX036R
Contact Number	(Phone) +65-97252240
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE4438U
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG CHIN EIK
NRIC No	SXXXX727D
Contact Number	(Phone) +65-94574774
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC9681U
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	NEO SIM BOK
NRIC No	SXXXX697Z
Contact Number	(Phone) +65-96405917
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	TOH JUN CHENG
Gender	Male
Phone No	(Phone) +65-91122211
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBJ7684D
Were seat belts worn?	Yes
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.
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5. **Any false reporting may be referred to the Police for investigation**.
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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**")

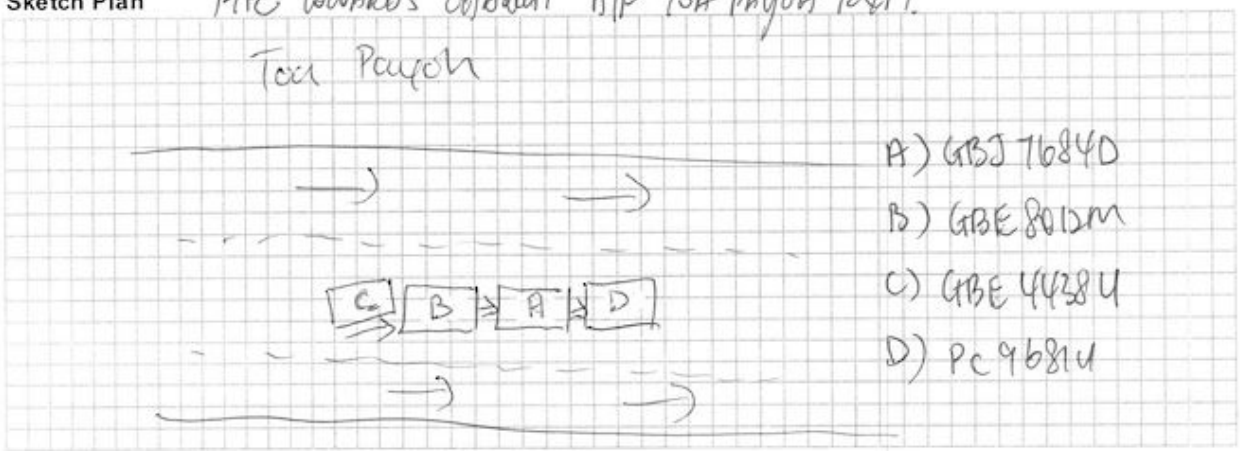
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

HOSHIZAKI SINGAPORE PTE LTD

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	1205pm @ 5/4/22	05/04/2022

Sketch Plan PIE TOWARDS OTAHUHU A/E TOH PAYOH EXIT.



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220404/7041

Declaration

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

HOSHIZAKI SINGAPORE PTE LTD

Policyholder's Signature / Date & Time

5/4/22 1205pm

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

05/04/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


HOSHIZAKI SINGAPORE P/L
18 BOON LAY WAY #07-102
TRADEHUB 21 S'PORE 609966
CO REG NO : A199906436R
PAX : 1 DRIVER 1 OTHERS

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19

IMAGES #20


NISSAN
VSKYBAM20Z0179060
2000 Kg
3100 Kg
1 – 980 Kg
2 – 1100 Kg
TYPE
TYP
E YTKARURM20TWPBCAAC
COLOUR,TRIM
FABRE,POLST KLO K 934
TIRE PRESSURE
PRESIÓN DEL NEUMÁTICO kg/cm²

IMAGES #22

IMAGES #23

IMAGES #24

IMAGES #25

IMAGES #26

IMAGES #27

IMAGES #28

IMAGES #29

IMAGES #30

IMAGES #31

IMAGES #32

IMAGES #33

IMAGES #34

IMAGES #35

IMAGES #36

IMAGES #37


HOW AM I DRIVING?
我驾驶的如何?
For compliments or feedbacks:
6310 8301
feedback@chltrans.com.sg
PLEASE GIVE WAY
PC 9681U
70 km/h

SINGAPORE POLICE FORCE

T/20220404/7041

Report No. T/20220404/7041

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/04/2022 14:52		

Informant's Particulars

Name of Informant: TOH JUN CHENG			Address: 112 BUKIT BATOK WEST AVENUE 6 #09-140 SINGAPORE 650112	
ID Type / ID No.: NRIC NO / S9201108I			Contact No.: Home/Office: Mobile: 91122211	
Nationality: SINGAPORE CITIZEN			Email: I.AM.JAVEN@LIVE.COM.SG	
Sex: Male	Age: 30	Date of Birth: 02/01/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Electrical engineering technician (general)			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2022 10:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				

Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: chain collision		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE4438U	Van	TOYOTA	Hiace	Black	Seriously Damaged	0
GBE8012M	Van	TOYOTA	Hiace	White	Seriously Damaged	0

SINGAPORE POLICE FORCE

T/20220404/7041

Report No. T/20220404/7041

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ7684D	Van	NISSAN	NV200	Silver	Seriously Damaged	0
PC9681U	Bus/Coach/Minibus	TOYOTA	Hiace	Silver	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHIN EIK	ID No.	S7412727D
Related Vehicle	GBE4438U (Van)	Contact No.	94574774
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SENTHIL KARTHIK	ID No.	G6125036R
Related Vehicle	GBE8012M (Van)	Contact No.	97252240
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TOH JUN CHENG	ID No.	S9201108I
Related Vehicle	GBJ7684D (Van)	Contact No.	91122211
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

SINGAPORE POLICE FORCE

T/20220404/7041

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

Report No. T/20220404/7041

CONTINUATION OF REPORT

Driver			
Name	NEO SIM BOCK	ID No.	S0485697Z
Related Vehicle	PC9681U (Bus/Coach/Minibus)	Contact No.	96405917
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i was travelling along PIE towards changi for my work and the chain collision accident happened after toa payoh exit and before kim keat exit. the vehicle (PC9681) infront of me braked and came to a hard stop, i also braked and came to a hard stop behind him. after that i looked into my rear mirror and saw the vehicle (GBE8012M) stopped very close to me. wanting to look and check back on the front and the chain collision impact happened. after recovering from the shock i went out of my vehicle where the other 3 drivers were taking photos and videos of the scene. i then also took some photos and videos and proceed to call the police. while checking on the conditions of the other 3 drivers i asked them to exchange our particulars. then a man appeared claiming to be from the last vehicle (GBE4438U) offered us to repair our vehicle at their workshop. a LTA traffic controller showed up shortly after we exchanged our particular to check on us and briefed us to make a police and insurance report and released us from the accident scene. i then proceeded to the nearest carpark at toa payoh stadium to check on the condition of my vehicle and report back to my office of what happened and came to this police station at toa payoh central to make this report.

SINGAPORE POLICE FORCE

T/20220404/7041

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

Report No. T/20220404/7041

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: 04/04/2022 14:52
Officer In Charge Of Case: TP / TPIB / DAVID YAP Contact No.: 65476138	Classification Of Case:

This report is lodged at Toa Payoh NPC Kiosk 1

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SN0922450004 Vehicle Registration No: GBJ 9684D

Name (as shown in NRIC): Tan Jun Cheng NRIC/FIN/Passport No: SXXXX1087

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: 91122211

Email Address: _____

Date of Accident: 04/04/2022 Time of Accident: 10:40

Place of Accident: PIE Towards Changi after TOA Payoh Exit

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:

(1) To change Position of Accident on Sketch [C][B][A][D] ⇒ Vehicle

(2) To upload Video

Policyholder / Driver's Signature
Date:

07/04/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form