SN072242000E / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 02/04/2022 11:47 (SGT)
SUBMITTED BY: Chen Jun Liang
VERSION: 1 (02/04/2022 11:47 (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	02/04/2022 11:47 (SGT)
Date of Accident	02/04/2022 06:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3565L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
Company Reg No	199300070D
Email Address	LCKFM@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-83389559
Alternative Phone No	+65-83389559

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5084833844-05
Cover Note Number	22/09/2021 - 21/09/2022

DRIVER

Name of Driver	WANG GUOJI
NRIC No	G2663642L

Date Of Birth	15/02/1974
Occupation	Outdoor
Date Of Driving Pass	26/11/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80323919
Alt. Phone Number	-
Email Address	LCKFM@SINGNET.COM.SG
Address	C/O 13 KAKI BUKIT ROAD 1 #05-07
Address complement	-
Postcode	415928
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	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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH COMPANY SUPERVISOR
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1307Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	CHAN GHIM THIAM PETER
NRIC No	S0032760C
Contact Number	-
Address	BLK 135 LORONG AH SOO #01-504
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN GHIM THIAM PETER
Gender	Male
Phone No	-
Address	BLK 135 LORONG AH SOO #01-504
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC1307Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

NTUC Income Motor Service Centre 2422 Vehicle No: GBF3565L Report Date: 2.4.2022 Start Time: 10:38 AM

Report No: MT/_____ D.O.A: __/__/__ Make / Model: 7 Pass Reporting Type: TP End Time: __/__

SKETCH PLAN

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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 w ith 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.

(d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders.

LEONG CHAU YEE FOOD MANUFACTURER PTE LTD

2/4/2022 10:38

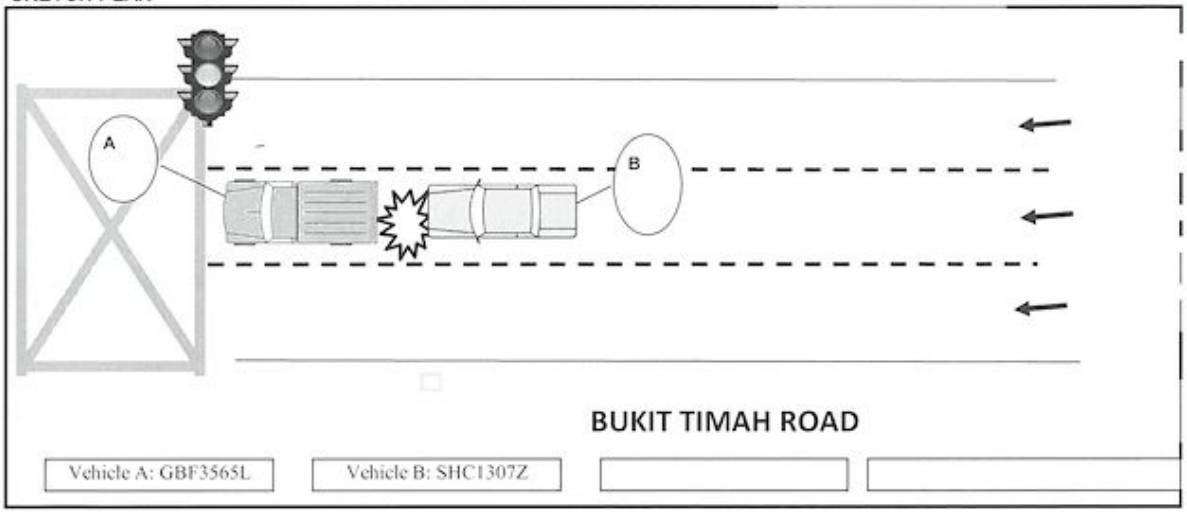
Policyholder's Signature
Date & Time:

2/4/2022 10:38

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

SKETCH PLAN



Vehicle A: GBF3565L	Vehicle B: SHC1307Z		

MY VEHICLE WAS STOPPED STATIONARY ON THE CENTRE LANE OF BUKIT TIMAH ROAD DUE TO RED TRAFFIC LIGHT AHEAD. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION.

DECLARATION

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

/2022 10:38	2/4/2022 10:38	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/ Fin No: S990765

IMAGES

IMAGES #2


Edward Bouste Centre
DELIVERY IN PROGRESS
CABSTAR
NISSAN
GBF 3565L

IMAGES #3


eazea
AUTO EXCHANGE
MOTOR
LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
精致製造，美味食品
营业:猪肠粉,水粿,芋粿,
菜头粿,
筒粿,红桃.

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
精致製造，美味
食品
LEONG CHAI KEE FOOD MANUFACTURER PTE LTD
70
km/h

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

SINGAPORE POLICE FORCE

T/20220402/2041

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

Report No. T/20220402/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/04/2022 11:33		

Informant's Particulars

Name of Informant: WANG GUOJI			Address: APT BLK 3 MANGIS ROAD #01-02 FRUITION SINGAPORE 424981	
ID Type / ID No.: FIN NO / G2663642L			Contact No.: Home/Office: Mobile: 80323919	
Nationality: CHINESE			Email:	
Sex: Male	Age: 48	Date of Birth: 15/02/1974	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/04/2022 06:20	Type of Location: Straight Road
Location: BUKIT TIMAH 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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3565L	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Blue		0
SHC1307Z	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue		1

SINGAPORE POLICE FORCE

T/20220402/2041

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

Report No. T/20220402/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WANG GUOJI	ID No.	G2663642L
Related Vehicle	GBF3565L (Lorry)	Contact No.	80323919
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	CHAN GHIM THIAM PETER	ID No.	S0032760C
Related Vehicle	SHC1307Z (Car)	Contact No.	NIL
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 STATED DATE, TIME AND LOCATION

I WAS DRIVING ALONG BUKIT TIMAH ROAD AT @0620HRS. I STOPPED AT A TRAFFICE LIGHT AS IT WAS RED. SUDDENLY, MY LORRY GOT HIT BY A TAXI FROM THE REAR. I EXCHANGED PARTICULARS WITH THE TAXI DRIVER. AT THE TIME, THE TAXI DRIVER SEEMED FINE AND WAS NOT INJURED. AFTER EXCHANGING PARTICULARS, I LEFT THE AREA.

@1040HRS, I WAS INFORMED FROM MY BOSS THAT TRAFFIC POLICE CALLED AND TOLD ME TO LODGE A TRAFFIC ACCIDENT REPORT BECAUSE THE TAXI DRIVER CONVEYED TO HOSPITAL.

THAT IS ALL.

SINGAPORE POLICE FORCE

T/20220402/2041

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

Report No. T/20220402/2041

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: TP / Other MUHAMAD DANI BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2022 11:33
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

SINGAPORE POLICE FORCE

Signature:

NP168