

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	31/03/2022 16:20 (SGT)
Date of Accident	29/03/2022 07:15 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8634M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNION ENERGY PTE LTD
Company Reg No	2XXXXXX207Z
Email Address	carolheng@uniongas.com.sg
Mobile Phone No	(Phone) +65-82927632
Alternative Phone No	(Office) +65-66031794

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	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-22098775MFCV/70
Cover Note Number	-

DRIVER

Name of Driver	TONG KAM SENG
Work Permit No	GXXXX099N

SKETCH PLAN

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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

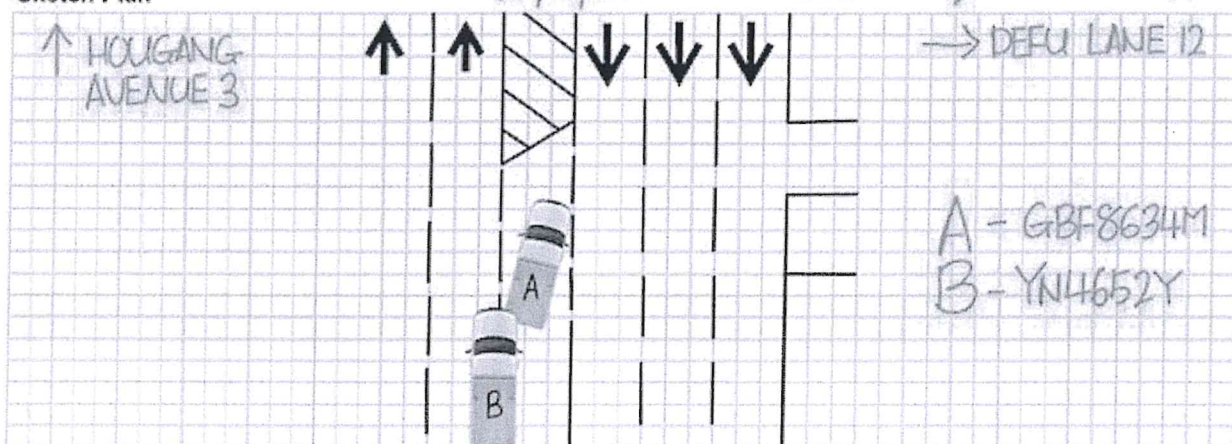
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


ON THE 29/03/2022 AT ABOUT 0715 HOURS, I WAS DRIVING VEHICLE A (GBF8634M) MAKING A RIGHT TURN FROM HOUGANG AVENUE 3 INTO A MINOR ROAD OF DEFU LANE 12 WHEN VEHICLE B (YN4652Y) REAR ENDED ME IN THE REAR LEFT PORTION OF MY TRUCK. I WAS IN STATIONARY POSITION WAITING AT THE RIGHT TURN POCKET BEFORE A GIVE WAY LINE WHEN THE COLLISION HAPPENED AND IT WAS A VERY HARD IMPACT. I SUFFERED DULL PAIN TO MY NECK AND BACK.

Declaration

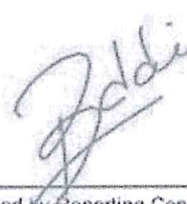
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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


29/03/22 0815

Witnessed by Reporting Centre
Personnel















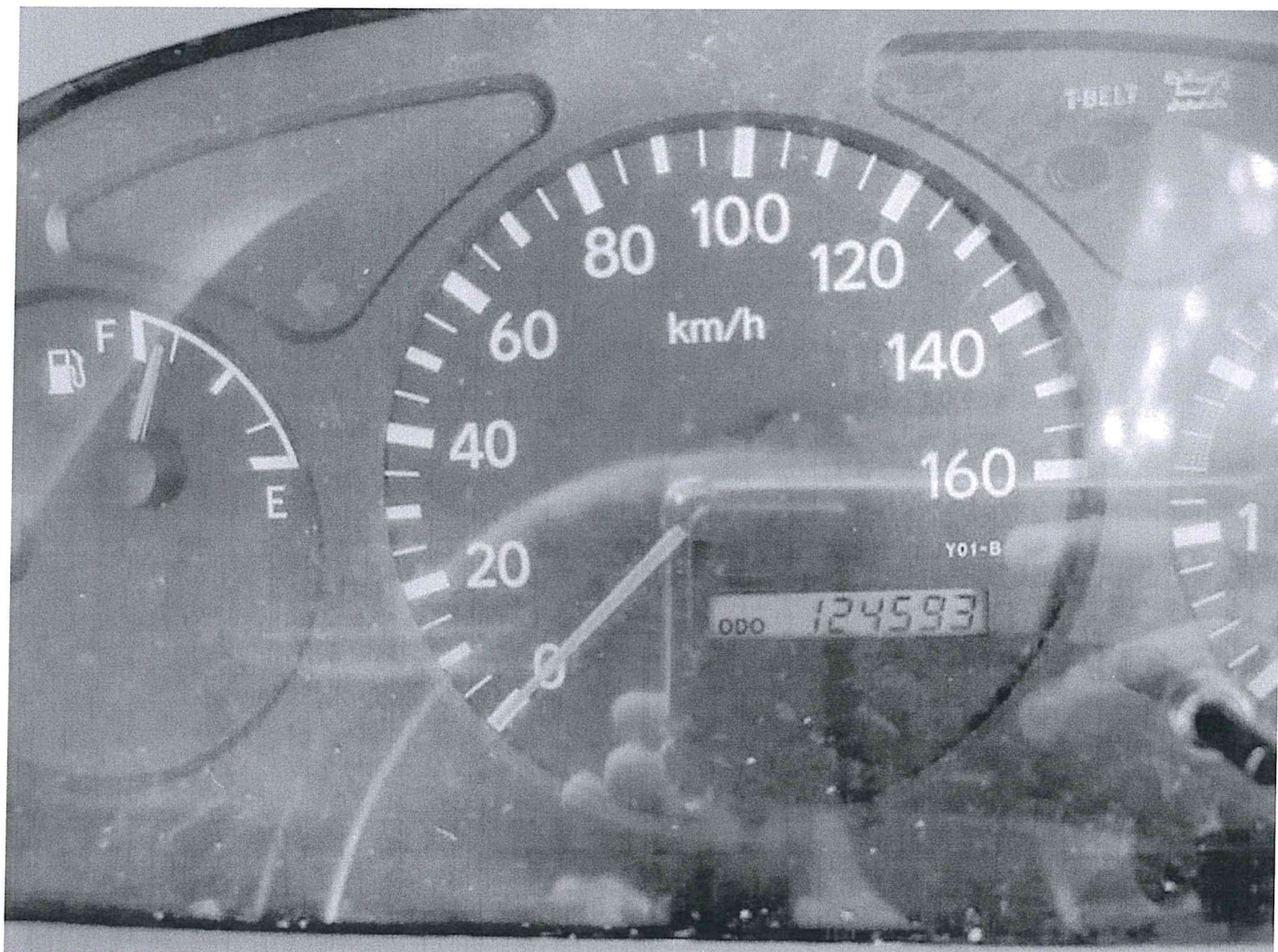














SINGAPORE POLICE FORCE



T/20220401/2069

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20220401/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2022 17:19		Vide Report No.:		Station Diary No.: 100	
Informant's Particulars					
Name of Informant: TONG KAM SENG			Address: 269B COMPASSVALE LINK #01-109 COMPASSVALE ARCADIA SINGAPORE 542269		
ID Type / ID No.: FIN NO / G8613099N			Contact No.: Home/Office: Mobile: 82927632		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 23/06/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2022 07:15	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBF8634M	TRUCK	TOYOTA		Blue	Slightly Damaged	0
YN4652Y	Lorry	FSO		White	Slightly Damaged	0

Details of Person Involved

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



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T/20220401/2069

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Tel No: 1800-8486999

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Report No. T/20220401/2069

CONTINUATION OF REPORT

Driver			
Name	TONG KAM SENG	ID No.	G8613099N
Related Vehicle	GBF8634M (TRUCK)	Contact No.	82927632
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RAMACHANDRAN PALANIMUTHU	ID No.	G8588918X
Related Vehicle	YN4652Y (Lorry)	Contact No.	90515184
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 above mentioned date, time and location, I was driving my vehicle making a right turn from Hougang Avenue 3 into a minor road of Defu Lane 12 when said vehicle YN4652Y collided into my rear left portion of my truck. I was in a stationary position waiting at the right turn pocket before a give way line when the collision occurred and it was a hard impact. I suffered dull pain to my neck and back. As such I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20220401/2069

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Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220401/2069

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:

G /

SGT 2 CHIAN JUN YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Other MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476201

Signature Of Informant:

Date/Time:

01/04/2022 17:19

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

