

# 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 ..... 09/05/2022 13:31 (SGT)  
Date of Accident ..... 07/05/2022 11:40 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TWDS CHANGI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD2001D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ENG BAN HUAT PTE LTD  
Company Reg No ..... 201022829m  
Email Address ..... SHIRL@ENGBANHUAT.COM.SG  
Mobile Phone No ..... (Phone) +65-94525424  
Alternative Phone No ..... +65-94525424

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... FV51JJD4RDEA  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 12882

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... z21vc05008274  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEN XUEJIAN  
Work Permit No ..... G8714232P

Date Of Birth .....	15/02/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	27/12/2018
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-409838
Alt. Phone Number .....	-
Email Address .....	SHIRL@ENGBANHUAT.COM.SG
Address .....	113 EUNOS AV 3
Address complement .....	-
Postcode .....	409838
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER POLICE REPORT

#### 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 .....	SLN4718X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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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 lodgment 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.
  - (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 reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date  
& Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

圖 1

A) XD 20010

B) SLN4718X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Reporting Only

## 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: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:















# SINGAPORE POLICE FORCE



T/20220507/2069

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

1 of 3

Report No. T/20220507/2069

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2022 17:27	Vide Report No.:	Station Diary No.: 95
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### Informant's Particulars

Name of Informant: CHEN XUEJIAN	Address: C/O 57 UBI AVENUE 1 #06-03 UBI CENTRE SINGAPORE 408936		
ID Type / ID No.: FIN NO / G8714232P	Contact No.: Home/Office: Mobile: 8679 9156		
Nationality: CHINESE	Email:		
Sex: Male	Age: 37	Date of Birth: 15/02/1985	Type of Informant: Driver
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2022 11:40	Type of Location: Bend
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SLN4718X	Car	HONDA	VEZEL 1.5X CVT	Brown	Slightly Damaged	0
XD2001D	Lorry	MITSUBISHI	FV51JJD4R DEA	White		0

### Details of Person Involved

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



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Report No. T/20220507/2069

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HII EE FANG ARTHUR		ID No. S8016860H
Related Vehicle	SLN4718X (Car)		Contact No. 9088 4926
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
<b>Driver</b>			
Name	CHEN XUEJIAN		ID No. G8714232P
Related Vehicle	XD2001D (Lorry)		Contact No. 8679 9156
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 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 07/05/2022 at about 1140hrs, I was travelling on PIE towards Changi direction in my vehicle, XD2001D. I then exited to Jalan Eunos and was waiting to exit the slip-road to enter Jalan Eunos. At that point of time, the traffic volume was heavy and that I had also noticed that there was a vehicle in front of me, SLN4718X, that was waiting for the oncoming traffic on Jalan Eunos to come to a stop, in order for us to exit the slip-road.

I then looked to my right and saw that there was no longer any oncoming traffic and as such, I started to accelerate. However, I did not notice that the vehicle in front of me did not move at all and as a result, I collided into his vehicle's rear. The driver of the vehicle and myself, then exited out vehicles and we exchanged our particulars and took photos of the accident and left the area.

I wish to add-on that, my vehicle did not suffer any damages, and that I do not have on-board camera.



**SINGAPORE  
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Report No. T/20220507/2069

**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 SIM SENG ZHI, JORDAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 07/05/2022 17:27	
Classification Of Case:	

Nº 168

