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	12/05/2022 09:57 (SGT)
Date of Accident	11/05/2022 14:30 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	BETWEEN BLOCK 702 AND BLOCK 703 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC34U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NAM WAH LONG PTE LTD
Company Reg No	2XXXXX207Z
Email Address	tobytngis@gmail.com
Mobile Phone No	(Phone) +65-84842245
Alternative Phone No	+65-84842245

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00048672201
Cover Note Number	-

DRIVER

Name of Driver	QUEK QIVEI (GUO QIVEI)
NRIC No	SXXXX850B

Date Of Birth	18/11/1981
Occupation	Indoor
Date Of Driving Pass	14/06/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84842245
Alt. Phone Number	-
Email Address	tobytngis@gmail.com
Address	BLK 270A PUNGGOL FIELD #13-219
Address complement	-
Postcode	821270
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Major/Minor Rd
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

PLEASE REFER TO POLICE REPORT T/20220511/7042

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	GBG6580S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	NG ENG WAN
NRIC No	SXXXX422Z
Contact Number	-
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	QUEK QIVEI (GUO QIVEI)
Gender	Male
Phone No	(Phone) +65-84842245
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC34U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

NAM WAH LONG PTE LTD Reg No: 201843207Z

Policyholder's Signature / Date & Time

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

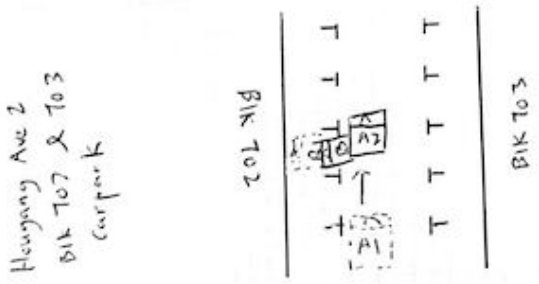
12/05/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

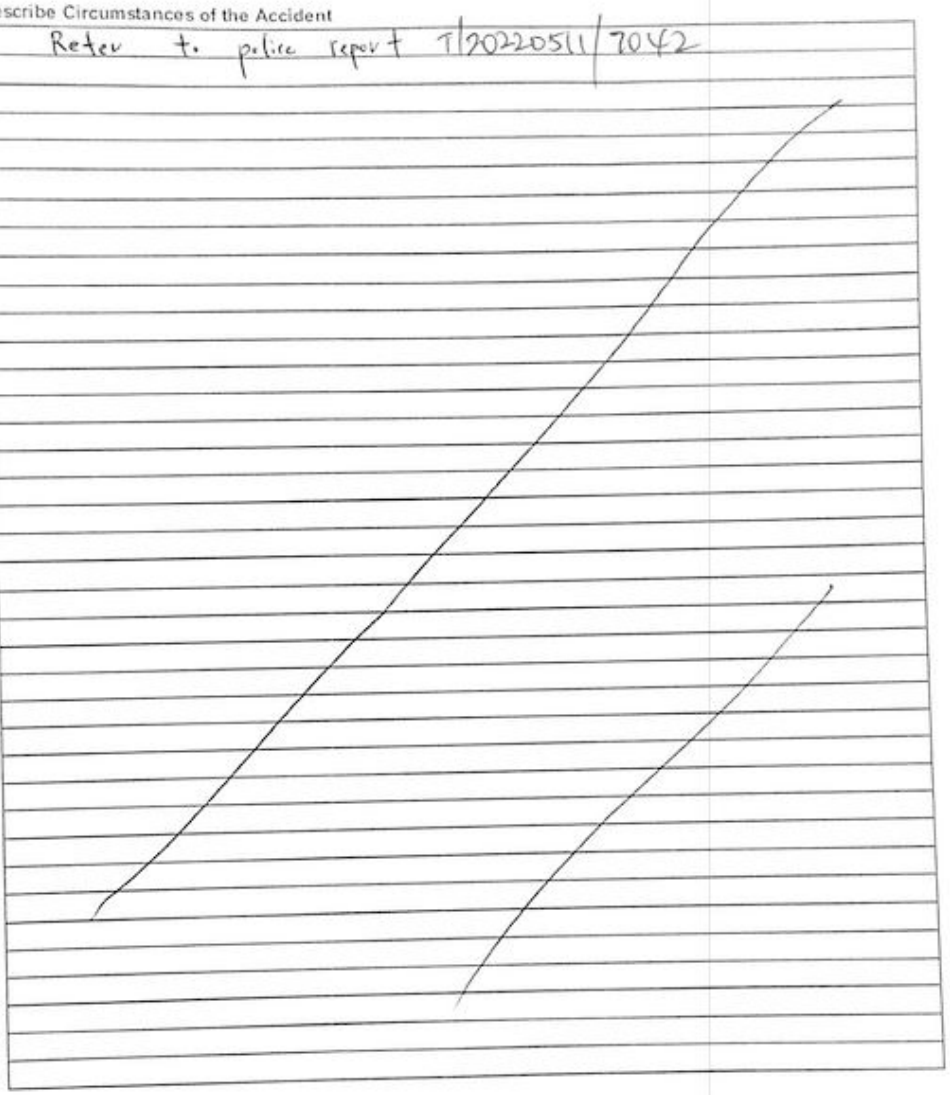
Veh A: SCC 3494

Veh B: GBG5580S



Describe Circumstances of the Accident

Refer to police report T/20220511/7042



Declaration

We declare the foregoing particulars are true in every respect

NAM WAH LONG PTE LTD Reg No: 201317201Z

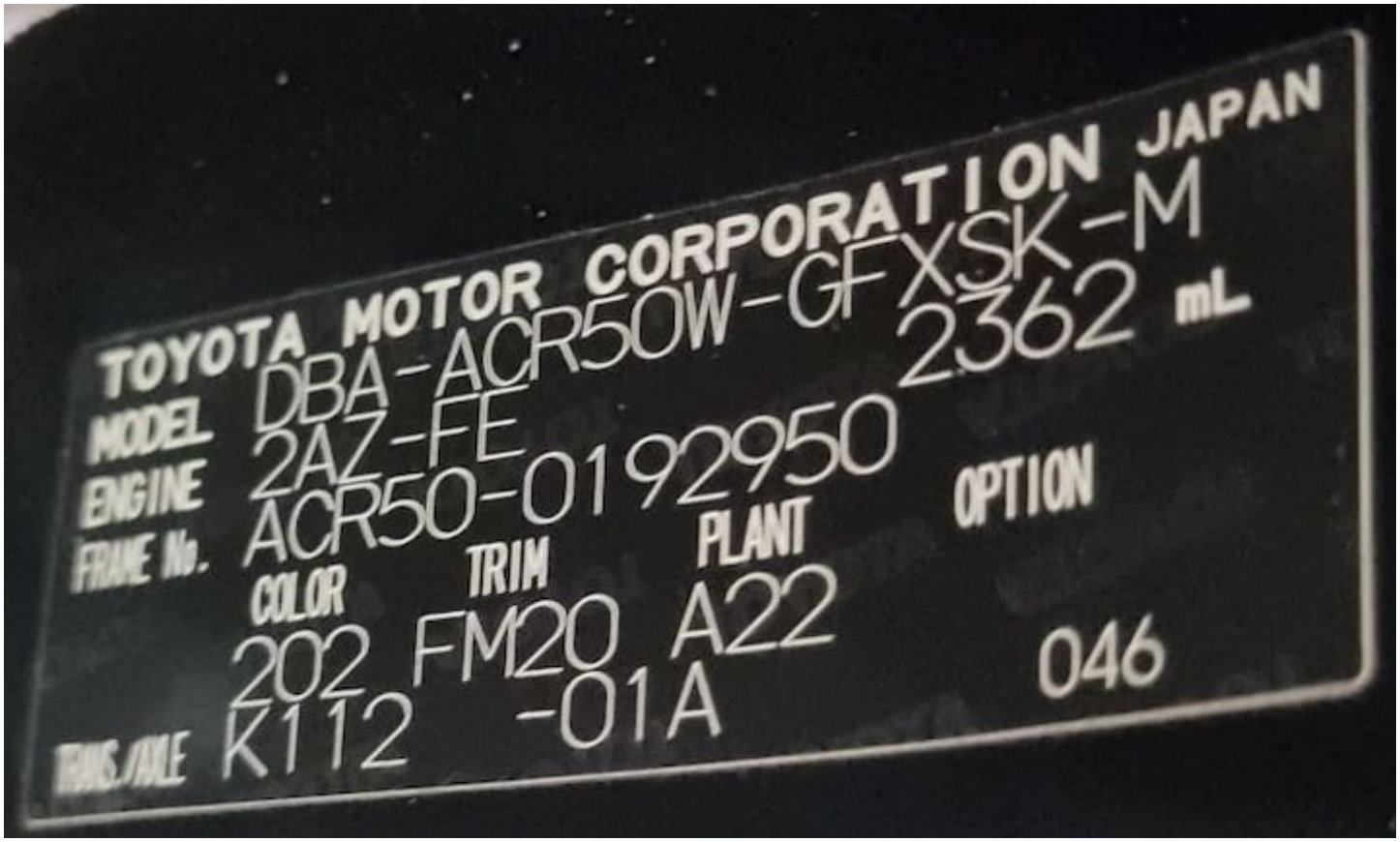
Policyholder's Signature / Date & Time

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

12/05/2022

Witnessed by Reporting Centre Personnel

IMAGES


TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-ACR50W-GFXSK-M
ENGINE 2AZ-FE 2362 mL
FRAME No. ACR50-0192950
COLOR TRIM PLANT OPTION
202 FM20 A22
TRANS./AXLE K112 -01A 046

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

T/20220511/7042

Report No. T/20220511/7042

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.:
11/05/2022 17:59		

Informant's Particulars

Name of Informant: QUEK QIWEI			Address: 270A PUNGGOL FIELD #13-219 SINGAPORE 821270	
ID Type / ID No.: NRIC NO / S8134850B			Contact No.: Home/Office:	Mobile: 84842245
Nationality: SINGAPORE CITIZEN			Email: quekqiwei@yahoo.com.sg	
Sex: Male	Age: 40	Date of Birth: 18/11/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: self employ			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2022 14:30	Type of Location: Car Park
Location: HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG6580S	Van					0
SLC34U	Car					0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20220511/7042

Report No. T/20220511/7042

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

CONTINUATION OF REPORT

Driver			
Name	QUEK QIWEI	ID No.	S8134850B
Related Vehicle	SLC34U (Car)	Contact No.	84842245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	11/05/2022	Date	11/05/2022
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.
On the stated time and date, i was driving my vehicle SLC34U along the open space carpark between blocks 702 & 703 hougang ave 2.
i had slowed down for a vehicle to reverse into 1 of the empty lots on my right and once i had enough room to pass, i continued proceeding straight.
Suddenly a huge impact hit onto my vehicle's left portion causing my vehicle to jerk sideways.
i knocked my right knee against the driver's side door as a result of the unexpected impact.
i alighted to realise that GBG6580S , which was initially parked head in in one of the lots to my left, had abruptly reversed out at fast speed and collided into the left portion of my vehicle.
i was completely blind sided by the reversing van as i had already driven past where it had parked before the impact hit me.
shortly after the incident, i started feeling soreness and stiffness in my neck and back areas as well and pain on my right knee.
i proceeded to my family doctor at Intermedical kovan for treatment and was given 4 Days MC for injuries cause by the accident

SINGAPORE POLICE FORCE

T/20220511/7042

Report No. T/20220511/7042

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

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: 11/05/2022 17:59
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

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: SN08225C0001 Vehicle Registration No: SLC 34U.

Name (as shown in NRIC): NAM WAH LONG PTE LTD NRIC/FIN/Passport No: 201843207Z.

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

Address: 37 DEFU LANE 10 #02-67 DEFU INDUSTRIAL ESTATE Singapore (539214)

Contact (Tel): 8484 2245. Mobile No.: 8484 2245.

Email Address: TOBYTNGIS@GMAIL.COM

Date of Accident: 11/5/2022 Time of Accident: 1430 HRS.

Place of Accident: HOUGANG AVE 2, SINGAPORE

Insurance Company: CHINA TAIPING.

(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:

PLEASE HELP TO AMEND COMPANY REN NO TO = 201843207Z

NAM WAH LONG PTE LTD Reg No: 201843207Z

× _____
Policyholder / Driver's Signature
Date:

20/05/2022
Reporting Centre Personnel's Signature
Name: