

# 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 ..... 28/05/2022 14:59 (SGT)  
Date of Accident ..... 27/05/2022 12:40 (SGT)  
Exact Location of Accident ..... Sembawang Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC1043E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... N&T ENGINEERING ENTERPRISE (PTE) LTD  
Company Reg No ..... 199501141N  
Email Address ..... CHONG@NT.COM.SG  
Mobile Phone No ..... (Phone) +65-97995111  
Alternative Phone No ..... +65-97995111

### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/21/VC00/11035  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOONG YI CHONG  
NRIC No ..... S9711161H

Date Of Birth .....	03/04/1997
Occupation .....	Indoor
Date Of Driving Pass .....	26/03/2018
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97995111
Alt. Phone Number .....	-
Email Address .....	CHONG@NT.COM.SG
Address .....	BLK 469B SENGKANG WEST WAY #17-616
Address complement .....	-
Postcode .....	792469
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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO.T20220527/2048.

#### 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 .....	SHB6217Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	2 PASSENGERS OF VEHICLE B
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB6217Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

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

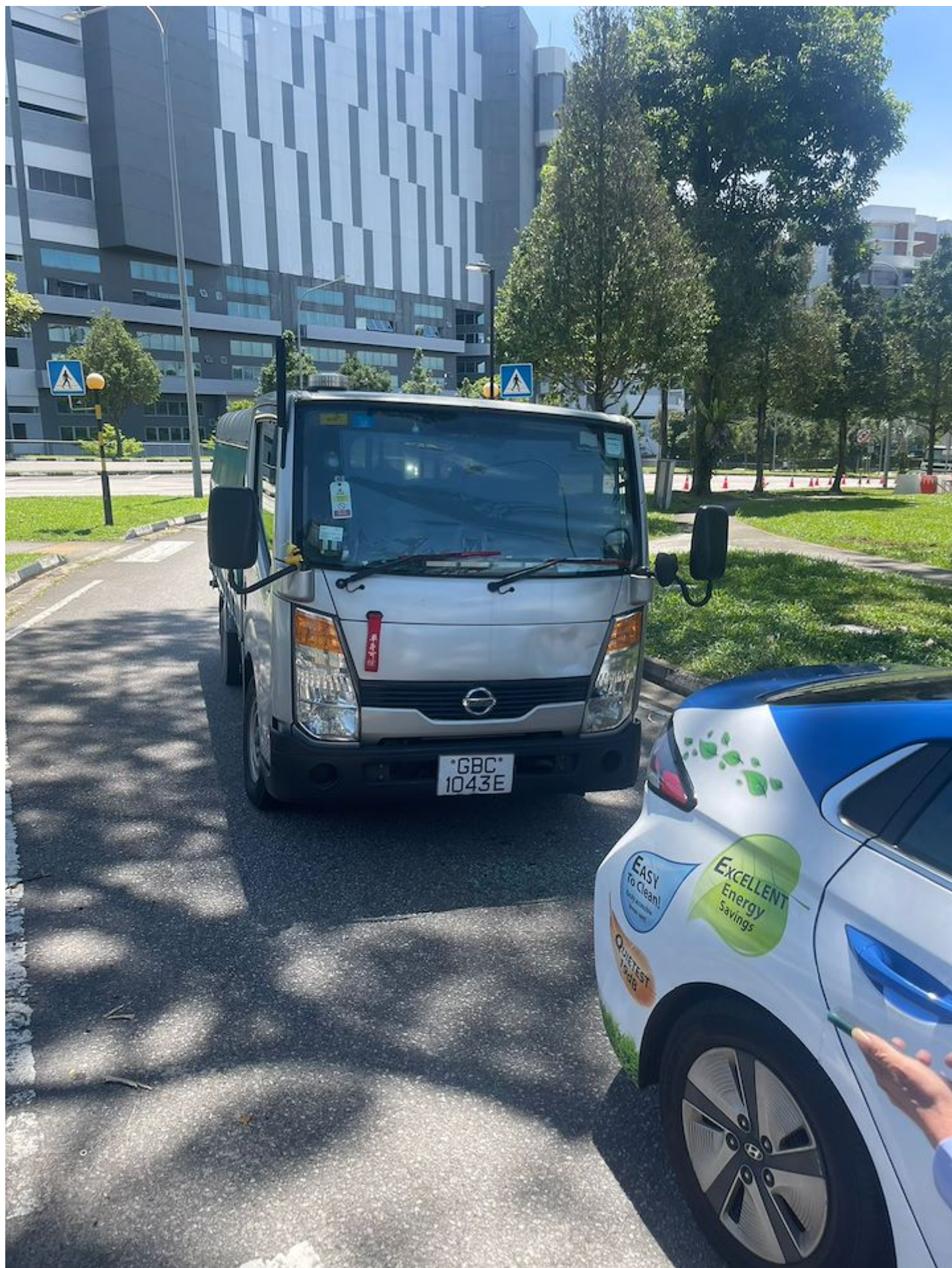
Refer to police report.

Declaration

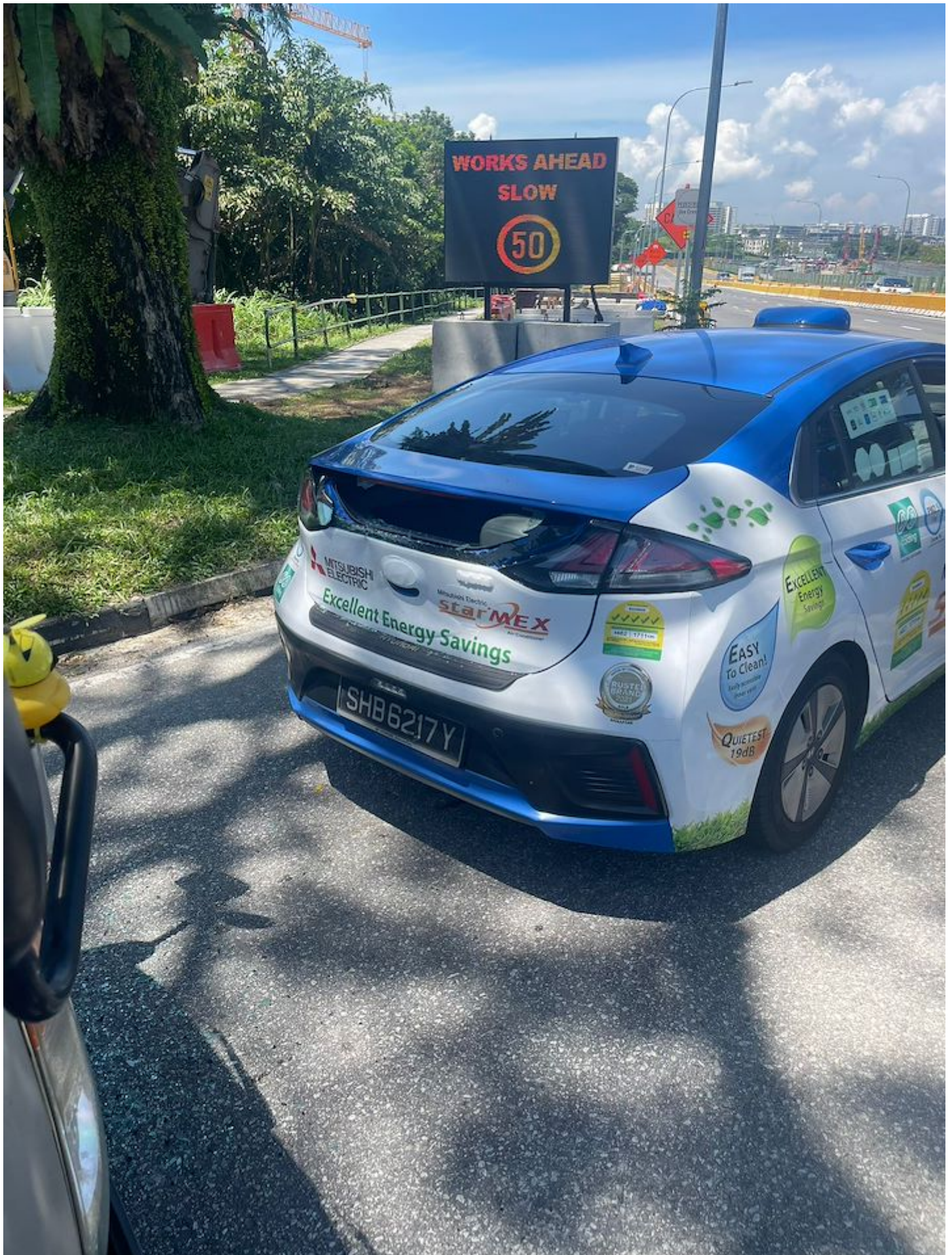
I/We declare the foregoing particulars are true in every respect.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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**SINGAPORE  
POLICE FORCE**



T/20220527/2048

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20220527/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2022 14:23	Vide Report No.: L/20220527/0076	Station Diary No.: 40
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**Informant's Particulars**

Name of Informant: LOONG YI CHONG			Address: APT BLK 469B SENGKANG WEST WAY #17-616 SINGAPORE 792469		
ID Type / ID No.: NRIC NO / S9711161H			Contact No.: Home/Office: Mobile: 88944082		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 03/04/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2022 12:40	Type of Location: T-Junction
Location:  SEMBAWANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1043E	Lorry	NISSAN	CABSTAR	Silver	Slightly Damaged	0
SHB6217Y	Car	HYUNDAI	AE IONIQ	Blue	Slightly Damaged	2

**Details of Person Involved**

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





**SINGAPORE  
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T/20220527/2048

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20220527/2048

**CONTINUATION OF REPORT**

Driver			
Name	LOONG YI CHONG	ID No.	S9711161H
Related Vehicle	GBC1043E (Lorry)	Contact No.	88944082
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
Name	TOH YEO CHAI	ID No.	S1274691A
Related Vehicle	SHB6217Y (Car)	Contact No.	86728575
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 27.05.2022 at about 12.39pm, I was travelling along Sembawang Avenue and was making a left turn towards Gambas Avenue. Upon reaching the slip road, at the pedestrian zebra crossing, I stopped my lorry (GBC 10343E) as there is a blue taxi (SHB 6217Y) in front of me. I then noticed the said taxi driving off to enter Gambas Avenue from the slip road, I then started to move off and was concentrating on the oncoming traffic from my right. Suddenly, the front of my lorry hit onto the rear of the said taxi.

Due to the accident, the glass panel at the rear of the taxi was shattered and my lorry suffered some dents at the front. The 2 female taxi passengers in the taxi claimed to be injured and I called for the ambulance whilst the taxi driver called for the police. The 2 female taxi passengers were attended by the paramedics and subsequently conveyed by them. The taxi driver also claimed that he is injured. The traffic police also attended to the accident and advised me to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20220527/2048

3 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20220527/2048

**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:

L /  
SR STAFF SGT SULAIMAN BIN  
MOHAMED YUSOFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/05/2022 14:23

Officer In Charge Of Case:

TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No.: 65476200

Classification Of Case:

NP168





Certificate No. : 2721-9363-11008

Type of Cover: ☒ OPENED/USDA

- [illegible]

Condition 1: ALL TOWNS REPAIRED AT LOCAL GOV'S EXPENSES

K.P. O'Leary

VERDE, RICHARD  
FINANCIAL SERVICES  
SINGAPORE 412

Amek

CHIEF EXECUTIVE  
OFFICER OF THE