

# 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 ..... 16/06/2022 13:23 (SGT)  
Date of Accident ..... 15/06/2022 10:00 (SGT)  
Exact Location of Accident ..... Tampines Ave 10, Singapore  
Additional Location Information ..... TAMPINES AVENUE 10  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE1870Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GLOBAL-TEC SYSTEMS PTE LTD  
Company Reg No ..... 201109256M  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No .....

### 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 ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCPHQ21-003464  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YUNG GRACE FONG  
NRIC No .....

Date Of Birth .....	.....
Occupation .....	Outdoor
Date Of Driving Pass .....	CC11 1010
Driving experience .....	.....
Gender .....	Female
Mobile Number .....	(Phone) + 65 9100 1000
Alt. Phone Number .....	-
Email Address .....	.....
Address .....	.....
Address complement .....	-
Postcode .....	.....
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

FOREIGN VEHICLE 1

Vehicle Registration Number .....	WNJ3383
Vehicle Category .....	Private car

PASSENGER 1

Name .....	TANG JOO YONG @PETER TANG
Gender .....	Male

PASSENGER 2

Name .....	UDDIN MOHAMMAD GIAS
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) + 65 6733 1111
Alt. Police Station Phone No .....	(Fax) + 65 6733 1111
Police Station Address .....	.....
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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 ..... PH8811S  
 Vehicle Manufacturer ..... Yutong  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Bus  
 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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... WNJ3383  
 Vehicle Manufacturer ..... Toyota  
 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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number ..... 41659MID  
 Vehicle Manufacturer ..... Ford  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Black  
 Vehicle Category ..... Government  
 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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... UDDIN MOHAMMAD GIAS  
 Gender ..... Male

Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBE1870Z  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 2

Name of injured person ..... YUNG GRACE FONG  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBE1870Z  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 3

Name of injured person ..... TANG JOO YONG @PETER TANG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBE1870Z  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**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:

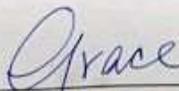
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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")

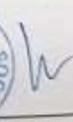
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

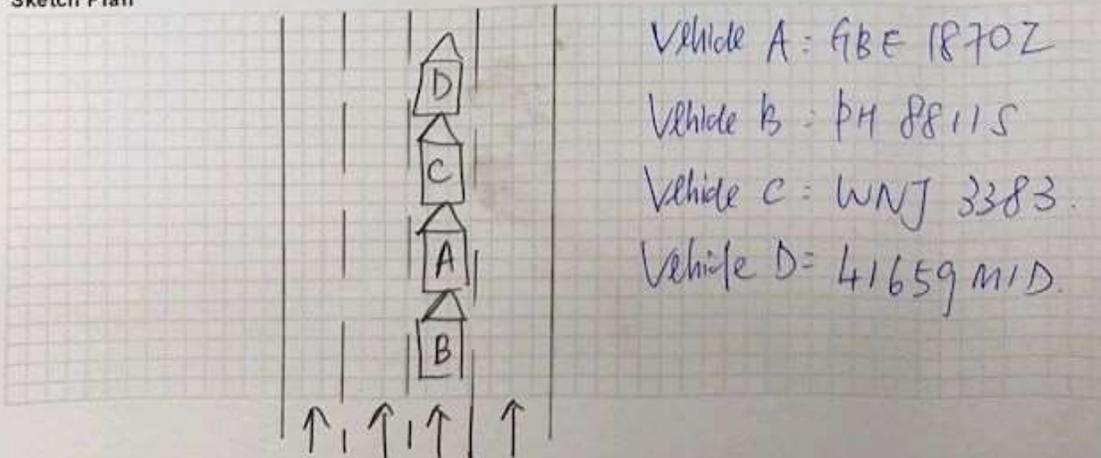
  
  
 Policyholder's Signature / Date & Time

X

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

  
  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

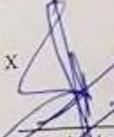


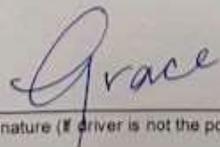
**Describe Circumstances of the Accident**

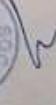
Refer to the police report.  
Report No : 7/20220616/7009.

**Declaration**

We declare the foregoing particulars are true in every respect.

X    
Policyholder's Signature / Date & Time

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

   
Witnessed by Reporting Centre Personnel







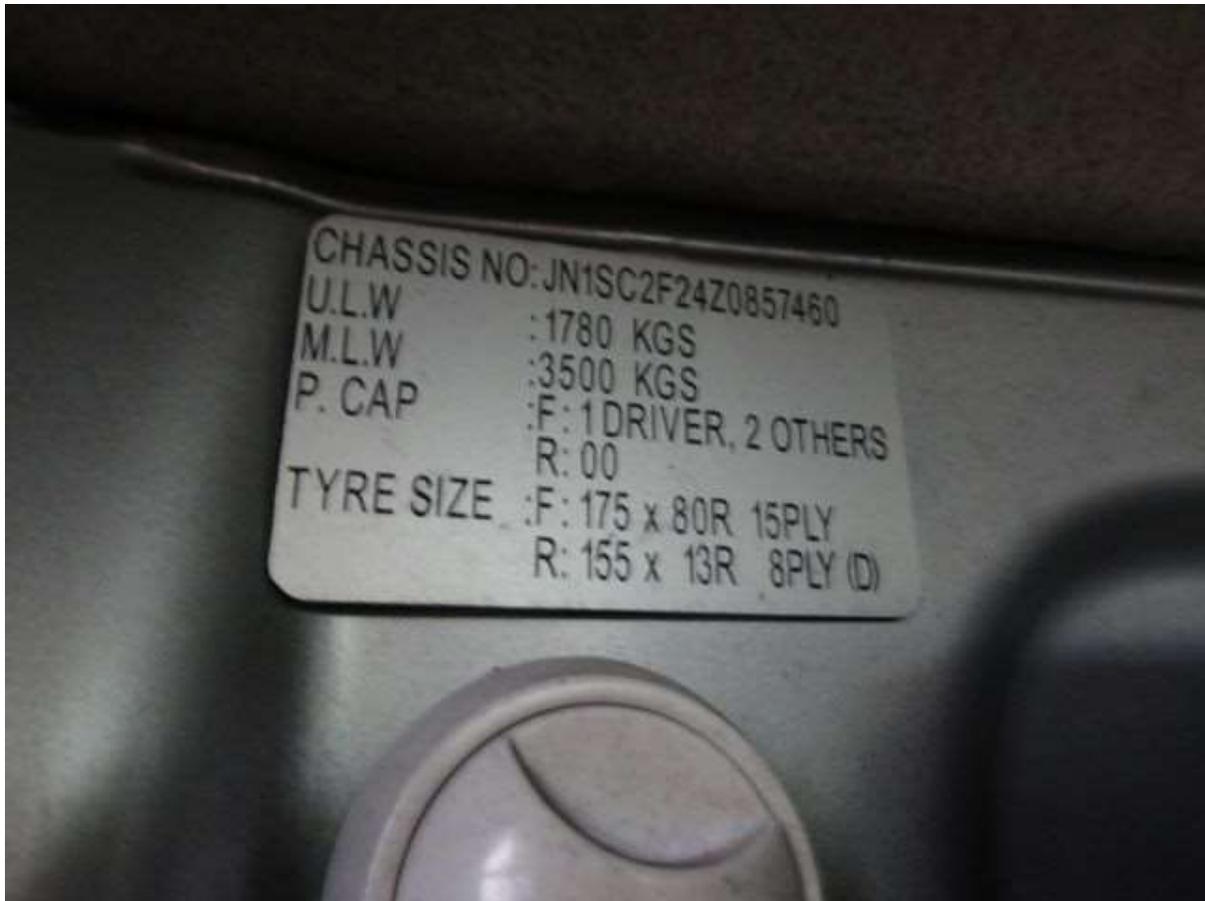













**SINGAPORE  
POLICE FORCE**


T/20220616/7009

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

1 of 4

Report No. T/20220616/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2022 10:32	Vide Report No.: G/20220615/0073	Station Diary No.:
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**Informant's Particulars**

Name of Informant: YUNG GRACE FONG		Address:	
ID Type / ID No.: NRIC NO		Contact No.:	
Nationality: CHINESE		Email:	
Sex: Female	Age:	Date of Birth:	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		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: 15/06/2022 10:00	Type of Location: Straight Road
Location:  TAMPINES AVENUE 10				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: chained collision among 4 vehicles				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
41659MID	Car	FORD		Black	Slightly Damaged	2
GBE1870Z	Lorry					0
PH8811S	Bus/Coach/Mi nibus	YUTONG		White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220616/7009

2 of 4

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

Report No. T/20220616/7009

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
WNJ3383	Car	TOYOTA		Gold	Seriously Damaged	2

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YUNG GRACE FONG		ID No. [REDACTED]
Related Vehicle	GBE1870Z (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	15/06/2022		Date 15/06/2022
No. of Days granted Medical Leave	03		Degree of Slight
<b>Passenger</b>			
Name	UDDIN MOHAMMAD GIAS		ID No. [REDACTED]
Related Vehicle	GBE1870Z (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/06/2022		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Serious
<b>Passenger</b>			
Name	TANG JOO YONG @ PETER TANG		ID No. [REDACTED]
Related Vehicle	GBE1870Z (Lorry)		Contact No. [REDACTED]
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	15/06/2022		Date 15/06/2022
No. of Days granted Medical Leave	07		Degree of Serious



**SINGAPORE  
POLICE FORCE**



T/20220616/7009

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

3 of 4  
Report No. T/20220616/7009

CONTINUATION OF REPORT

Brief Details.

On the 15/06/2022 at about 10:00am along Tampines Ave 10 junction with Tampines Ave 5.

While I was travelling on the lane 2, my front vehicle slowed down and stopped hence I follow suit. Suddenly, I heard a loud bang from behind and due to the great impact cause my vehicle (A) to move forward and bang the front vehicle (C) WNJ 3383 .  
When I alighted I realized it was vehicle (B) who hit the rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 4 vehicles involved.  
After the incident, I and my passenger Tang Joo Yong @ Peter Tang went to Seng Kang General Hospital for medical treatment while my other passenger UDDIN MOHAMMAD GIAS WORK PERMIT NO. [REDACTED] was conveyed by ambulance to Changi General Hospital for medical treatment and was admitted.

Vehicle A : GBE 1870Z  
Vehicle B : PH 8811S  
Vehicle C : WNJ 3383  
Vehicle D : 41659MID



**SINGAPORE  
POLICE FORCE**



T/20220616/7009

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

4 of 4  
Report No. T/20220616/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476232

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/06/2022 10:32
Classification Of Case:

NP158