

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 | 28/06/2022 18:08 (SGT) |
| Reported by | Driver |
| Date of Accident | 27/06/2022 19:00 (SGT) |
| Exact Location of Accident | Sims Way, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH9669X

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | BAN TONG TABLEWARE SERVICE TRADING |
| Company Reg No | 5XXXX435C |
| Email Address | BANTONGTABLEWARE@GMAIL.COM |
| Mobile Phone No | (Phone) +65-90052830 |
| Alternative Phone No | - |

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 | 2800 |

INSURANCE COMPANY

| | |
|-----------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5127415511 |

DRIVER

| | |
|----------------|--|
| Name of Driver | LEOW ENG KEONG, TOMMY (LIAO YINGQIANG) |
| NRIC No | SXXXX161C |
| Date Of Birth | 27/03/1979 |
| Occupation | Outdoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 16/06/2016 |
| Driving experience | 6 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-90052830 |
| Alt. Phone Number | - |
| Email Address | LIK44449@GMAIL.COM |
| Address | 221B BEDOK CENTRAL |
| Address complement | 08-76 |
| Postcode | 462221 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER OF THE COMPANY |
| 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 - Change/cross lane |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

PASSENGER 1

| | |
|--------------|--------|
| Name | CANDY |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------|
| Name | EI QI |
| Gender | Female |

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 SKETCH PLAN ATTACHED

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | GBL1528B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | ZHU ZHI QUAN |
| Passport No/FIN | GXXXX405P |
| Contact Number | (Phone) +65-89318482 |
| 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 | LEOW ENG KEONG, TOMMY (LIAO YINGQIANG) |
| Gender | Male |
| Phone No | - |
| Address | 221B BEDOK CENTRAL |
| Address Complement | 08-76 |
| Post Code | 462221 |
| Approximate Age Years Old | 43 |
| Injuries Sustained | 5 DAYS MC |
| Injured person in which vehicle? | GBH9669X |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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/small 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 (Name as in NRIC/ID card)

Sketch Plan

Vehicle A = GBH 9669X
 Vehicle B = GBL 1528B

Sims Way Towards KPE

Describe Circumstance of the Accident

Refer to Police Report : 7/20220628/7015

Declaration

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
(Name as in NRICAD card)




**SINGAPORE
POLICE FORCE**


T/20220628/7015

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

1 of 3
Report No. T/20220628/7015

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|--|--|----------------------------|------------------|
| Date/Time Report Made: 28/06/2022 11:47 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LEOW ENG KEONG, TOMMY | | | Address: 221B BEDOK CENTRAL #08-76 SINGAPORE 462221 | | |
| ID Type / ID No.: NRIC NO / S7910161C | | | Contact No.: | | Mobile: 90052830 |
| Nationality: SINGAPORE CITIZEN | | | Email: lik44449@gmail.com | | |
| Sex: Male | Age: 43 | Date of Birth: 27/03/1979 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: Sale | | Driving Licence Information: Class: 3 | | Date of Expiry: | |

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/06/2022 19:00 | Type of Location: Straight Road |
| Location: SIMS WAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-------|--------|-------|--------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBH9669X | Van | TOYOTA | DYNA | Silver | Seriously Damaged | 0 |
| GBL1528B | Lorry | TOYOTA | DYNA | White | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20220628/7015

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

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Report No. T/20220628/7015

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LEOW ENG KEONG, TOMMY | ID No. | S7910161C |
| Related Vehicle | GBH9669X (Van) | Contact No. | 90052830 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 28/06/2022 | Date | 28/06/2022 |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |
| Driver | | | |
| Name | ZHU ZHI QUAN | ID No. | G7959405P |
| Related Vehicle | GBL1528B (Lorry) | Contact No. | 89318482 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On 27/6/2022 at about 1900 Hrs, i was driving my Van GBH9669X along Sims Way towards KPE(TPE) tunnel on the left Lane of 2 Lane Road. While i was traveling straight, the Lorry GBL1528B from my right Lane suddenly cut into my Lane without checking his blind spot and recklessly action. As a result, his left side portion collided onto my Van right front side portion and cause damage and dented to my Van front right section. After the accident the said Lorry driver ask for private settle but due to the repair cost is high so he can't afford to pay and go for insurance claim. My neck and back pain due to the sudden impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20220628/7015

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Report No. T/20220628/7015

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/06/2022 11:47

Classification Of Case: