

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	04/07/2022 10:51 (SGT)
Reported by	Driver
Date of Accident	01/07/2022 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2714A
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEAWAVES FROZEN FOOD PTE. LTD.
Company Reg No	198205085D
Email Address	gary.tpk14@gmail.com
Mobile Phone No	(Phone) +65-83834417
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	FIAT / DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122462636

DRIVER

Name of Driver	TAN PENG KUAN GARY
NRIC No	S9618034I
Date Of Birth	16/05/1996
Occupation	Outdoor

Date Of Driving Pass	18/02/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83834417
Alt. Phone Number	-
Email Address	gary.tpk14@gmail.com
Address	BLK 667 HOUGANG AVENUE 4
Address complement	#11-337
Postcode	530667
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO POLICE REPORT NO. T/20220702/7009.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1199G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
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	TAN PENG KUAN GARY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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. 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.



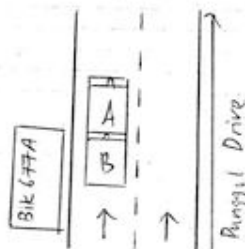
海威冷藏食品私人有限公司
SEAWAVES FROZEN FOOD PTE. LTD.
206 PANDAN LANE SINGAPORE 128397
TEL : (65) 6265 8883 (C LINES)
FAX : (65) 6265 1123
E-MAIL : seawaves@seawaves.com.sg

Qe

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

Witnessed by Reporting Centre Personnel _____

Sketch Plan



Veh A - GB62714A
Veh B - SKH1179G

Describe Circumstances of the Accident

Refer to Police Report : T/20220702/7009

I will be claiming my vehicle at JWA INTERNATIONAL PTE LTD

Declaration

We declare the foregoing particulars are true in every respect.



海威冷藏食品私人有限公司
SEAWAVES FROZEN FOOD PTE. LTD.
206 PANDAN LOOP SINGAPORE 121397
TEL : (65) 6265 8883 (6 LINES)
FAX : (65) 6268 1358
E-MAIL : seawaves@singapore.com.sg
WEB SITE : <http://www.seawaves.com.sg>

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20220702/7009

1 of 3

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

Report No. T/20220702/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2022 12:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN PENG KUAN GARY			Address: 667 HOUGANG AVENUE 4 #11-337 SINGAPORE 530667		
ID Type / ID No.: NRIC NO / S96180341			Contact No.: Home/Office: Mobile: 83834417		
Nationality: SINGAPORE CITIZEN			Email: gary.tpk14@gmail.com		
Sex: Male	Age: 26	Date of Birth: 16/05/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales executive			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: 01/07/2022 13:15	Type of Location: Straight Road
Location: PUNGGOL DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG2714A	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220702/7009

2 of 3

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

Report No. T/20220702/7009

CONTINUATION OF REPORT

Driver			
Name	TAN PENG KUAN GARY	ID No.	S9618034I
Related Vehicle	GBG2714A (Car)	Contact No.	83834417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was driving GBG2714A along Punggol drive towards edgedale plains.

The vehicle in front of mine and I both wanted to Turn Left into the carpark of 676 Punggol drive.

As such, both our vehicles signaled and slowed down in order to "Turn Left at the carpark entrance, A huge impact hit onto my vehicle's rear unexpectedly.

My vehicle jerked forward violently and caught me completely off guard as I knocked my knee against the inside of the vehicle as my body lurched forward.

I alighted to realise that SKH1199G had crashed into the rear of my vehicle.

Later the same evening, I started feeling pain in my neck and back areas on top of my knee which I had knocked earlier.

I went to Pow family clinic to seek medical treatment the following day and was given 3 days MC.



SINGAPORE POLICE FORCE

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



T/20220702/7009

3 of 3

Report No. T/20220702/7009

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
02/07/2022 12:00

Classification Of Case: