

# 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
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### 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

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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.



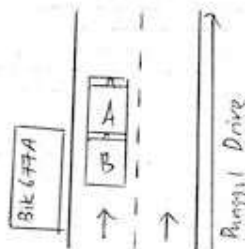
海威冷藏食品私人有限公司  
SEAWAVES FROZEN FOOD PTE. LTD.  
256 PANDAN LANE SINGAPORE 128397  
TEL : (65) 0245 8883 (6 LINES)  
FAX : (65) 0245 1703  
E-MAIL : seawaves@seawaves.com.sg

*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 - G662714A  
Veh B - SKH1139G

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 121197  
TEL : (65) 6265 1383 (G LINES)  
FAX : (65) 6265 1358  
E-MAIL : seawaves@seawaves.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.:	
<b>Informant's Particulars</b>					
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:

<b>General Information of the Accident</b>				
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	

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

<b>Details of Person Involved</b>	
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 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: 02/07/2022 12:00
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168