

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 Actual 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	06/09/2022 17:19 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 20:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Tuas Bay Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL2869M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Fascina Pte Ltd
Company Reg No	198702136N
Email Address	contact@fascina.com.sg
Mobile Phone No	(Phone) +65-92961673
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE639EA44037
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3908

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVC000008172-02-000

DRIVER

Name of Driver	Quek Jee Heng
NRIC No	S0165167F
Date Of Birth	24/10/1951
Occupation	Outdoor

Date Of Driving Pass	16/12/1971
Driving experience	50 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92961673
Alt. Phone Number	-
Email Address	contact@fascina.com.sg
Address	Blk 806 Yishun Ring Road, #10-4259
Address complement	-
Postcode	760806
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Unknown
Gender	Male

PASSENGER 2

Name	Unknown
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20220905/2143.

Remarks: Vehicle was not present during reporting, damaged photos provided by driver.

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	YL9975T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

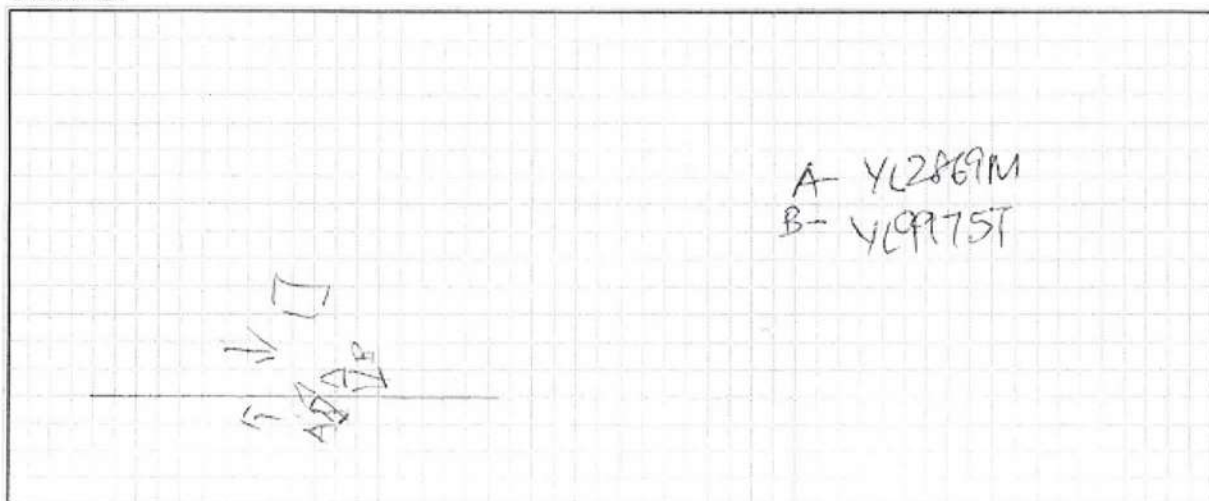
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
☐ Claim Own Damage ☐ Claim Third Party ☐ Reporting Only ☒ Claim OD/ TP at other workshop

OWN WORKSHOP

Describe Circumstance of the Accident

Refer to police report no. T/20220905/2143

1. Was this statement translated from another language?

() Yes (☒) No

** If Yes, please assist to provide the original statement and the details of the translator below:-

** NOTE: Translated statement is to be signed off by the Translator

2. What is the original language used in the statement?

() English () Mandarin () Malay () Tamil () Others: _____

2. Translator Information (all information required to be provided)

Name of Translator: _____

Translator ID: _____

Translator Mobile No.: _____

Translator Email: _____

Declaration

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

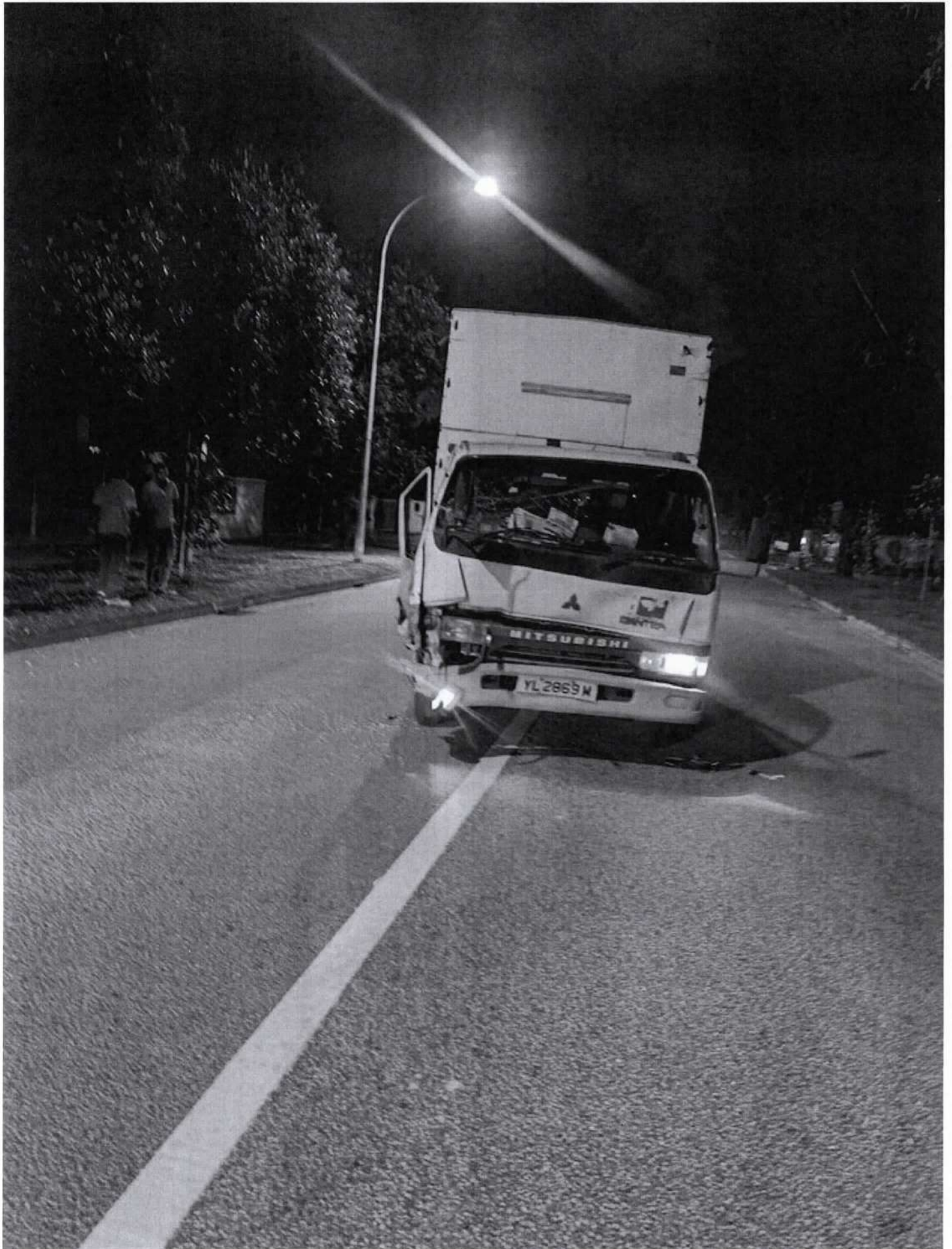
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)










**SINGAPORE
POLICE FORCE**


T/20220905/2143

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20220905/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2022 15:16	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: QUEK JEE HENG			Address: APT BLK 806 YISHUN RING ROAD #10-4259 SINGAPORE 760806	
ID Type / ID No.: NRIC NO / S0165167F			Contact No.: Home/Office: Mobile: 92961673	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 24/10/1951	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2.3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/08/2022 20:05	Type of Location: Straight Road
Location: TUAS BAY DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YL2869M	Lorry	MITSUBISHI		White	Seriously Damaged	6
YL9975T	Lorry	ISUZU		Blue	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/20220905/2143

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Police Station Of Origin:
MacPherson NPP
54 Phipps Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20220905/2143

CONTINUATION OF REPORT

Driver			
Name	QUEK JEE HENG	ID No.	S0165167F
Related Vehicle	YL2869M (Lorry)	Contact No.	92961673
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	31/08/2022	Date Discharge	31/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LAKSHMANAN MANIKANDAN	ID No.	G2822939P
Related Vehicle	YL9975T (Lorry)	Contact No.	NIL
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 the above mentioned date, time and location, I was driving along Tuas Bay Drive. I wanted to turn right into 33 Tuas Bay Drive, however said lorry (YL9975T) behind me tried to overtake me from my right side and collided into my front right side. I was then conveyed to Ng Teng Fong Hospital and was given 3 Days MC. Both of my arms are in pain.

My colleagues managed to obtain the driver's particulars.

As such I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20220905/2143

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20220905/2143

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:
G /
SGT 2 CHIAN JUN YING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/09/2022 15:16

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

NP168