

# 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 .....              | 26/10/2022 15:17 (SGT) |
| Reported by .....                     | Driver                 |
| Date of Accident .....                | 13/10/2022 12:20 (SGT) |
| Exact Location of Accident .....      | Gambas Cres, Singapore |
| Additional Location Information ..... | AT PROXIMA @ GAMBAS    |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMT1903D |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                          |
|--------------------------------|--------------------------|
| Is company? .....              | No                       |
| Name Of Registered Owner ..... | ONG KIAN LIN LINDA       |
| NRIC No .....                  | SXXXX973D                |
| Email Address .....            | cherngsiang173@gmail.com |
| Mobile Phone No .....          | (Phone) +65-86116262     |
| Alternative Phone No .....     | -                        |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Vezel                     |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private car               |
| Transmission .....   | Auto                      |
| CC .....   | 1496                      |

### INSURANCE COMPANY

|   |                                     |
|---|-------------------------------------|
| Name of Insurance Company .....         | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number ..... | D22MTPV01005933                     |

### DRIVER

|                      |                   |
|----------------------|-------------------|
| Name of Driver ..... | CHOW CHERNG SIANG |
| NRIC No .....        | SXXXX149G         |
| Date Of Birth .....  | 17/03/1989        |
| Occupation .....     | Indoor            |

|  |                                    |
|--|------------------------------------|
| Date Of Driving Pass .....   | 24/11/2017                         |
| Driving experience .....   | 4 YEARS AND 11 MONTHS              |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-97856151               |
| Alt. Phone Number .....  | -                                  |
| Email Address .....  | cherngsiang173@gmail.com           |
| Address .....  | BLK 126 LORONG 1 TOA PAYOH #04-555 |
| Address complement .....   | -                                  |
| Postcode .....   | 310126                             |
| Is the driver the policyholder? .....                              | No                                 |
| If No, Relationship of the Driver with the Insured .....           | Friend                             |
| 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| 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

PLEASE REFER TO POLICE REPORT T/20221016/7007

#### 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 ..... | FORKLIFT |
| 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 .....                              | CHOW CHERNG SIANG    |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-97856151 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SLIGHT INJURY        |
| Injured person in which vehicle? .....                    | SMT1903D             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

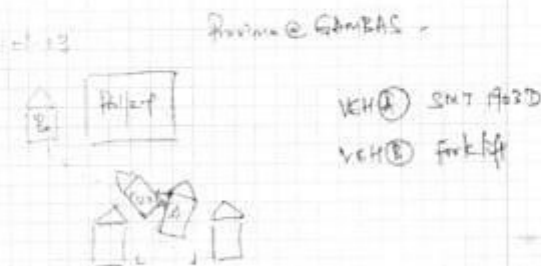
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Refer to Police Report Attached T/2022-1016-7007

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel




























**SINGAPORE  
POLICE FORCE**

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



T/20221016/7007

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Report No. T/20221016/7007

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>16/10/2022 11:07 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |                              |   |                            |  |
|--|------------|------------------------------|---|----------------------------|--|
| Name of Informant:<br>CHOW CHERNG SIANG  |            |                              | Address:<br>126 LORONG 1 TOA PAYOH #04-555 SINGAPORE 310126 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S8909149G |            |                              | Contact No.:<br>Home/Office: Mobile: 97856151               |                            |  |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>cherngsiang173@hotmail.com                        |                            |  |
| Sex:<br>Male                             | Age:<br>33 | Date of Birth:<br>17/03/1989 | Type of Informant:<br>Driver                                |                            |  |
| Race:<br>Chinese                         |            |                              | Language:<br>English  | Institution / School Name: |  |
| Occupation:                              |            |                              | Driving Licence Information:<br>Class:                      | Date of Expiry:            |  |

**General Information of the Accident**

|                                       |               |                  |   |                                  |
|---------------------------------------|---------------|------------------|---|----------------------------------|
| General Information: of the Accident: |               |                  |   |                                  |
| Type of Accident:                     | Injury Others | Drink Drive: No  | Date/Time of Accident: 13/10/2022 12:20 | Type of Location:                |
| Location:<br><br>GAMBAS CRESCENT      |               |                  |   |                                  |
| Weather:                              |               | Road Surface:    |   | Road Speed Limit:                |
| Traffic Flow:                         |               | Traffic Control: |   | Traffic Volume:                  |
| Type of Collision:                    |               |                  |   | Anyone conveyed by ambulance: No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| SMT1903D    | Car  |      |       |       |          | 0     |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20221016/7007

**CONTINUATION OF REPORT**

| Driver                            |                   |                                   |                                   |
|-----------------------------------|-------------------|-----------------------------------|-----------------------------------|
| Name                              | CHOW CHERNG SIANG | ID No.                            | S8909149G                         |
| Related Vehicle                   | SMT1903D (Car)    | Contact No.                       | 97856151                          |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL               | Date                              | NIL                               |
| No. of Days granted Medical Leave | 05                | Degree of                         | Serious                           |

**Brief Details.**

On the stated date and time, I was driving SMT1903D at the compound of Proxima @ Gambas.

After checking that traffic was clear, I started reversing into a lot on my right.

My vehicle was halfway into the lot when I came to a stop to look at the left side of my mirror.

It was then that I noticed a forklift, belonging to Craftstone International Pte Ltd, located at Unit #01-13, which was near the lot I was parking in, had reversed at fast speed towards my stationary vehicle and crashed into the left portion of my vehicle.

There was no way I could have avoided the accident as the forklift was coming at me too fast.

My vehicle rocked sideways and I knocked the left knee against the centre console of my vehicle as a result.

The following morning, I also woke up with aches in my neck and back areas.

I went to Norwood Medical Clinic near my workplace to seek treatment and was given 5 days MC for injuries caused by the accident.

**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20221016/7007

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
16/10/2022 11:07

Classification Of Case:

NP168