

# 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 ..... 16/01/2023 08:36 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 13/01/2023 10:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TUAS BEFORE TOH GUAN EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GT373K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WAH HONG GENERAL CONTRACTOR  
Company Reg No ..... 2XXXX100A  
Email Address ..... soen\_beng\_hai@hotmail.com  
Mobile Phone No ..... (Phone) +65-96269285  
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 ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNA00073052205

### DRIVER

Name of Driver ..... SOEN BENG HAI ( SUN MING HAI)  
NRIC No ..... SXXXX208D  
Date Of Birth ..... 06/08/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	04/08/1983
Driving experience .....	39 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96269285
Alt. Phone Number .....	-
Email Address .....	soen_beng_hai@hotmail.com
Address .....	BLK 103 TECK WHYE LANE
Address complement .....	# 06-438
Postcode .....	680103
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 THE ATTACHED POLICE REPORT- T/20230113/7040

#### 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 .....	GBF3268U
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) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBL9758B
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) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	SOEN BENG HAI ( SUN MING HAI)
Gender .....	Male
Phone No .....	(Phone) +65-96269285
Address .....	BLK 103 TECK WHYE LANE
Address Complement .....	# 06-438
Post Code .....	680103
Approximate Age Years Old .....	-
Injuries Sustained .....	FELT PAIN AND SEE DOCTOR. GIVEN 3 DAYS MC
Injured person in which vehicle? .....	GT373K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**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.

GAM HONG GENERAL CONTRACTORS

Policyholder's Signature / Date & Time

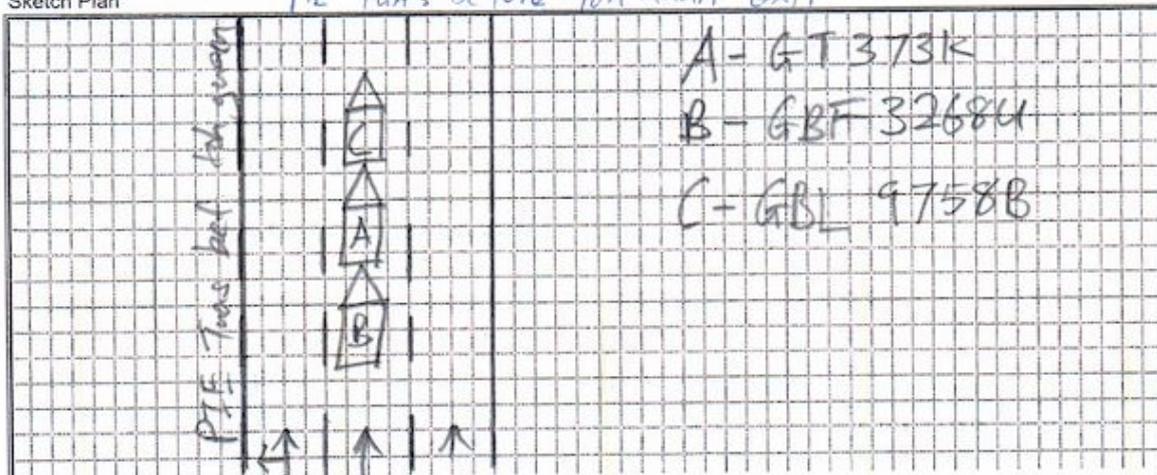
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

PIE Tuas before Joh Guan

EXIT



Describe Circumstance of the Accident

Refer to police Report NO: 7/2023 0113 /7040

Declaration

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

華安保險有限公司  
WAH HONG GENERAL CONTRACTOR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230113/7040

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

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Report No. T/20230113/7040

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOEN BENG HAI	ID No.	S1726208D
Related Vehicle	GT373K (Lorry)	Contact No.	96269285
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/01/2023	Date	13/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, I was travelling straight along the stated road. When the vehicle in front of me brake, I followed suit. Suddenly I felt a huge impact from the rear of my vehicle causing my vehicle to surge forward and collide onto VRN GBL 9758 B. When I alighted my vehicle, I noticed VRN GBF 3268 U had collided onto my vehicle. I felt pain and went to see a doctor at ISLAND FAMILY CLINIC (KEAT HONG) and was given 3 days MC.














**SINGAPORE  
POLICE FORCE**


T/20230113/7040

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

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Report No. T/20230113/7040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2023 15:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SOEN BENG HAI			Address: 103 TECK WHYE LANE #06-438 SINGAPORE 680103		
ID Type / ID No.: NRIC NO / S1726208D			Contact No.: Home/Office: Mobile: 96269285		
Nationality: SINGAPORE CITIZEN			Email: soen_beng_hai@hotmail.com		
Sex: Male	Age: 57	Date of Birth: 06/08/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2023 10:00	Type of Location: Straight Road
Location:  TOH GUAN ROAD EAST				
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 - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF3268U	Lorry					0
GBL9758B	Lorry					0
GT373K	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20230113/7040

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

2 of 3

Report No. T/20230113/7040

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOEN BENG HAI	ID No.	S1726208D
Related Vehicle	GT373K (Lorry)	Contact No.	96269285
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/01/2023	Date	13/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, I was travelling straight along the stated road. When the vehicle in front of me brake, I followed suit. Suddenly I felt a huge impact from the rear of my vehicle causing my vehicle to surge forward and collide onto VRN GBL 9758 B. When I alighted my vehicle, I noticed VRN GBF 3268 U had collided onto my vehicle. I felt pain and went to see a doctor at ISLAND FAMILY CLINIC (KEAT HONG) and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230113/7040

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

3 of 3

Report No. T/20230113/7040

**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 / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 13/01/2023 15:19
Classification Of Case: