

# 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 ..... 14/11/2022 17:06 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 13/11/2022 04:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK2886R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHINA CONSTRUCTION (SOUTH PACIFIC) DEVELOPMENT CO. PTE LTD  
Company Reg No ..... 199201093N  
Email Address ..... angie@chinaconstruction.com.sg  
Mobile Phone No ..... (Phone) +65-90188728  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... L200 DOUBLE CAB 2.4 MT  
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 ..... 2442

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00041122200

### DRIVER

Name of Driver ..... PHUA WAA SENG  
NRIC No ..... S0846883D  
Date Of Birth ..... 22/04/1951

Occupation ..... Outdoor  
Date Of Driving Pass ..... 27/04/1979  
Driving experience ..... 43 YEARS AND 7 MONTHS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-97712838  
Alt. Phone Number .....  
Email Address ..... angie@chinaconstruction.com.sg  
Address ..... BLK 951 HOUGANG AVE 9 #06-512  
Address complement .....  
Postcode ..... 530951  
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 ..... Hougang Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18004890999  
Alt. Police Station Phone No ..... (Fax) +65-63128989  
Police Station Address ..... 60 Hougang Ave 9 Singapore 538775  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

#### REFER POLICE REPORT (REPAIR BY BOON KIM & CO)

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... UNKNOWN  
Vehicle Manufacturer .....

Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Private car  
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 ..... PHUA WAA SENG  
Gender ..... Male  
Phone No ..... (Phone) +65-97712838  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... REFER POLICE REPORT  
Injured person in which vehicle? ..... GBK2886R  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

VEH NO : GBK 2886 R

SKETCH PLAN

INSURER : China Taiping

DATE OF ACC : 13/11/22 4pm

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**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 &amp; Time



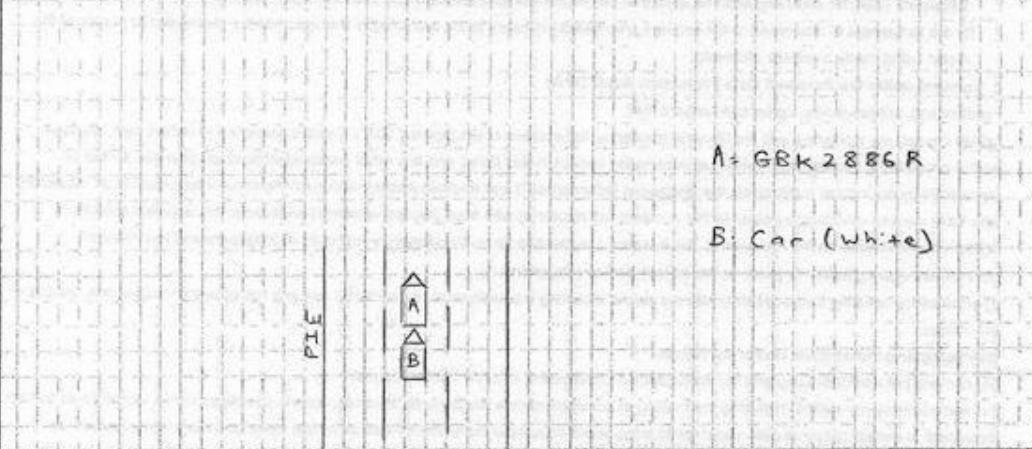
Driver's Signature (if driver is not the policyholder) / Date &amp; Time

AMK sig 14/11/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan

PLEASE TURN OVER	

1

<b>Describe Circumstance of the Accident</b> ** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information. <input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Claim OB/ TP at other workshop ( <u>Boon Kim &amp; Co</u> )		
<b>Sketch Plan</b>  <p>A: GBK2886R</p> <p>B: Car (white)</p>		
DOA: 13/11/22 4pm Refer Police Report. I had see doctor and given 5 day MC.		

**Declaration**

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



Policyholder's Signature / Date &amp; Time

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



 AMK org ✓ 14/11/22  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

2

IMAGES



IMAGES #2









IMAGES #6





**SINGAPORE  
POLICE FORCE**



T/20221113/2038

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No. T/20221113/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2022 16:26	Vide Report No.:	Station Diary No.: 115
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**Informant's Particulars**

Name of Informant: PHUA WAA SENG	Address: APT BLK 951 HOUGANG AVENUE 9 #06-512 SINGAPORE 530951	
ID Type / ID No.: NRIC NO / S0846883D	Contact No.: Home/Office: Mobile: 97712838	
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male Age: 71 Date of Birth: 22/04/1951	Type of Informant: Driver	
Race: Chinese	Language:	Institution / School Name:
Occupation: COMPANY DRIVER	Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/11/2022 04:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume:	Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK2886R	Lorry				Seriously Damaged	0



SINGAPORE  
POLICE FORCE



T/20221113/2038

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20221113/2038

**CONTINUATION OF REPORT**

**Brief Details.**

On 13/11/2022 at about 0400hrs, I am a driver for China Construction (South Pacific) and I used the company vehicle (V1: GBK2886R) to pick up one person from Tuas to head to Changi Airport.

I was heading towards PIE before Toh Guan Rd, when suddenly one vehicle collided into the rear right side of my vehicle. I was on the second lane and I think the other driver want to overtake me and collided into me and went into the first lane.

The driver did not stop at all even though I horned at him to stop. I did not managed to catch his vehicle plate number. I only know it was a white vehicle and headlights were not on. I did not call for the police or ambulance. I feel pain in my neck area however I have yet to see a doctor. I will go to the doctor tomorrow if the pain persists.

I have a dash camera installed in my vehicle however I have yet to see footage and I am unsure if it is working.



**SINGAPORE  
POLICE FORCE**



T/20221113/2038

3 of 3

Report No. T/20221113/2038

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

SEARCHED	INDEXED
SERIALIZED	FILED
NOV 13 2022	
SINGAPORE POLICE FORCE	

**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:  
F /  
SGT 2 NURUL IZZAH BINTE  
MOHAMED SALLEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Signature Of Informant:

Date/Time:  
13/11/2022 16:26

Classification Of Case:

NP168