

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	12/05/2023 12:39 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 16:37 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLIP ROAD TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7684D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOSHIZAKI SINGAPORE PTE LTD
Company Reg No	1XXXXX436R
Email Address	i.am.javen@live.com.sg
Mobile Phone No	(Phone) +65-91122211
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPCVE001308

DRIVER

Name of Driver	TOH JUN CHENG
NRIC No	SXXXX108I
Date Of Birth	02/01/1992
Occupation	Outdoor

Date Of Driving Pass	24/03/2011
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91122211
Alt. Phone Number	-
Email Address	i.am.javen@live.com.sg
Address	BLK 112 BUKIT BATOK WEST AVENUE 6 #09-140
Address complement	-
Postcode	640112
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?	No
Was any injured conveyed to hospital by ambulance?	-
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/20230512/7010

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ1514Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG HAO
NRIC No	SXXXX855F
Contact Number	(Phone) +65-85390528
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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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.
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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 & Time

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

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Referral to Police Report 7. 7/2023 @ 5/2/2010

Declaration

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



[Signature]

[Signature] 12/05/2023

Policyholder's Signature / Date & Time

Actual 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/20230512/7010

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Report No. T/20230512/7010

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2023 10:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH JUN CHENG JAVEN			Address: 112 BUKIT BATOK WEST AVENUE 6 #09-140 SINGAPORE 650112		
ID Type / ID No.: NRIC NO / S92011081			Contact No.: Home/Office:		Mobile: 91122211
Nationality: SINGAPORE CITIZEN			Email: I.AM.JAVEN@LIVE.COM.SG		
Sex: Male	Age: 31	Date of Birth: 02/01/1992	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2023 16:35	Type of Location: slip road
Location: MEI HWAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: rear vehicle front to my vehicle rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7684D	Van					0
SLZ1514Z	Car	RENAULT		Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230512/7010

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

Report No. T/20230512/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH JUN CHENG JAVEN	ID No.	S9201108I
Related Vehicle	GBJ7684D (Van)	Contact No.	91122211
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	WANG HAO	ID No.	S9177855F
Related Vehicle	SLZ1514Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

on 11th may 2023 approximately 1635hrs, i was travelling along CTE towards city and exited the Ang Mo Kio 1 exit towards Upper Serangoon. as i came towards the give way line in the slip road, i slowed down to a complete stop. this was when i felt an impact from the back of my vehicle with a shock. after recovering from the shock i went out of my vehicle to check what happen. i realised a red vehicle (SLZ1514Z) was behind my vehicle and i found the back doors of my vehicle suffered a damaged. this was when the driver of the red vehicle (SLZ1514Z) came out of his vehicle and we proceed to exchange our particular. after exchanging our particulars and contact i then proceed to take photos and videos of our vehicles and the surroundings before moving off. i have a vehicle recording of the accident

**SINGAPORE
POLICE FORCE**

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



T/20230512/7010

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Report No. T/20230512/7010

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
12/05/2023 10:33

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09235C0003 Vehicle Registration No: GRJ 7684D
 Name (as shown in NRIC): TOH THIN CHENG NRIC/FIN/Passport No: SXXXX1082
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91122211
 Email Address: _____
 Date of Accident: 11/08/2023 Time of Accident: 16:37
 Place of Accident: CTA SLIP ROAD TOWARDS BNLG MD RD AVE1
 Insurance Company: Sampo

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO D22MTPCVC001308

Policyholder / Actual Driver's Signature
Date:

01/08/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: