

# 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 .....	30/06/2023 15:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	28/06/2023 14:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BRICKLAND ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ2097Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	REN-ZHU TRADING PTE LTD
Company Reg No .....	1XXXXX644D
Email Address .....	bluemoon_yvonne@hotmail.com
Mobile Phone No .....	(Phone) +65-82330864
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	XZU710R 14FT WID CAB 7 TON 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 .....	4009

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00004912302

### DRIVER

Name of Driver .....	CHUA CHIN KHOON
NRIC No .....	SXXXX641Z
Date Of Birth .....	11/05/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	15/10/1983
Driving experience .....	39 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82330864
Alt. Phone Number .....	-
Email Address .....	bluemoon_yvonne@hotmail.com
Address .....	APT BLK 206 BOON LAY DRIVE
Address complement .....	# 11-49
Postcode .....	640206
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 .....	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 STATEMENT

#### 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 .....	GG9123A
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 .....	CHUA CHIN KHOON
Gender .....	Male
Phone No .....	(Phone) +65-82330864
Address .....	APT BLK 206 BOON LAY DRIVE
Address Complement .....	# 11-49
Post Code .....	640206
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON NECK , SHOULDERS AND BACK AREAS - GIVEN 3 DAYS OF MC
Injured person in which vehicle? .....	YQ2097Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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

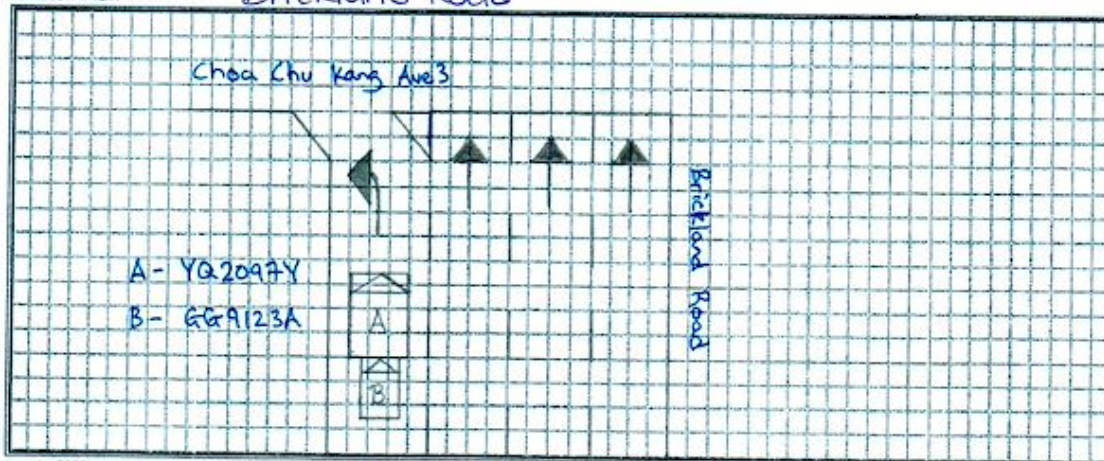
Actual Driver's Signature (if driver is not the policyholder) / Date &amp; Time

30/6/2023

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

Sketch Plan

Brickland Road



vJun2022



## Describe Circumstance of the Accident

On the stated time and date I was travelling along the stated location  
 Suddenly I felt an huge impact from my rear. I alighted and found out  
 Vehicle B '6A9123A' collided onto my rear causing damages.  
 attached police report - T/20230629/7039 -

## Declaration

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



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)

*[Signature]* 30/6/2023



**SINGAPORE  
POLICE FORCE**



T/20230629/7039

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

2 of 3

Report No. T/20230629/7039

**CONTINUATION OF REPORT**

Driver			
Name	CHUA CHIN KHOON	ID No.	S1593641Z
Related Vehicle	YQ2097Y (Lorry)	Contact No.	82330864
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle YQ2097Y was travelling straight on the extreme left lane of Brickland Road towards Bukit batok Road.

I was moving slowly as there were a built up of vehicles in front of me.

Suddenly I felt a great impact from my vehicle's rear portion.

The impact causes my body to lurched forward and my knee hit onto my dashboard.

After a while i start to feel pain on my neck, shoulders and back areas.

I then proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and I was given 3 days MC.

















































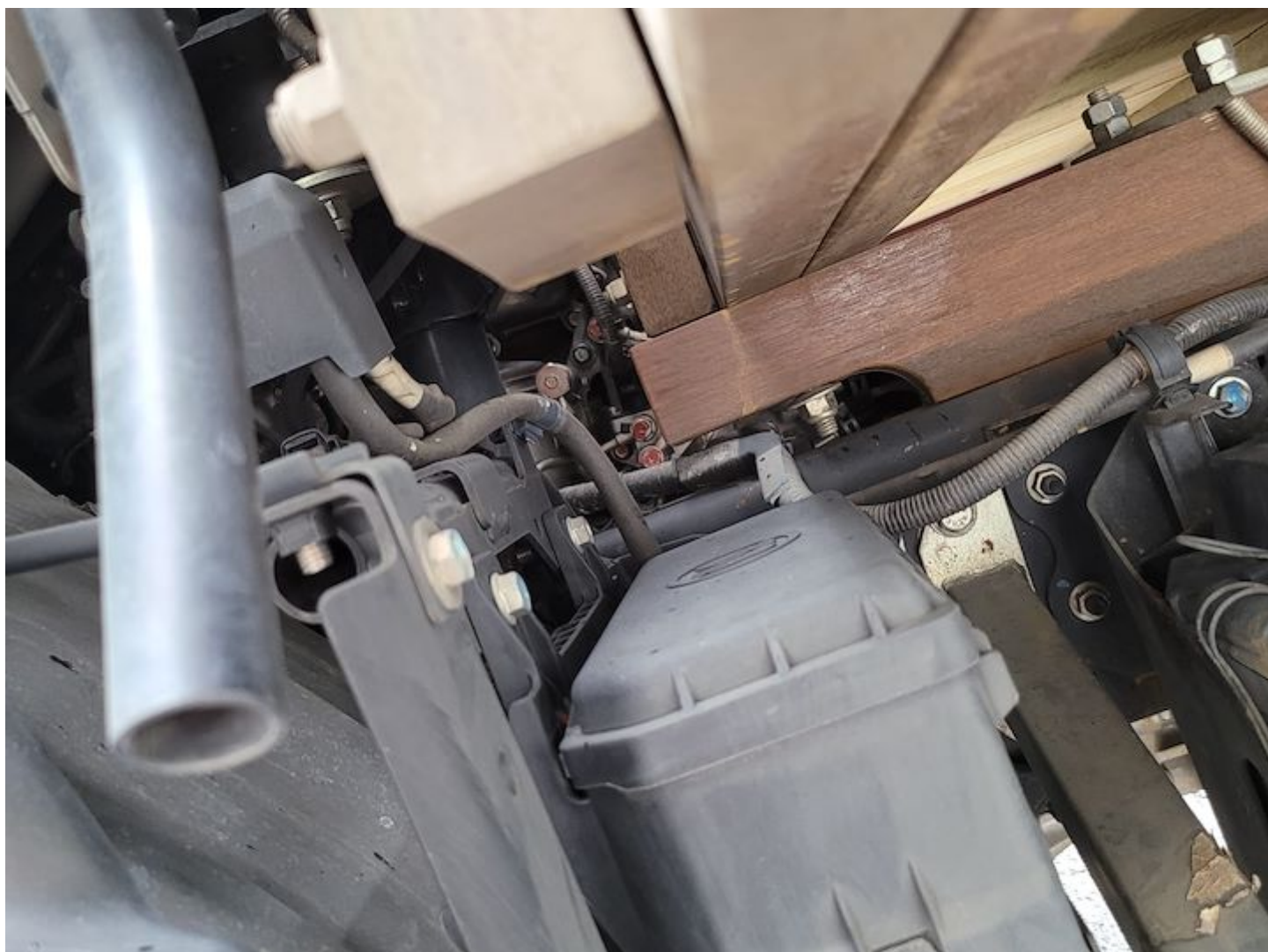


























**SINGAPORE  
POLICE FORCE**



T/20230629/7039

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

1 of 3

Report No. T/20230629/7039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2023 20:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHUA CHIN KHOON	Address: 206 BOON LAY DRIVE #11-49 SINGAPORE 640206		
ID Type / ID No.: NRIC NO / S1593641Z	Contact No.:	Home/Office:	Mobile: 82330864
Nationality: SINGAPORE CITIZEN	Email: bluemoon_yvonne@hotmail.com		
Sex: Male	Age: 60	Date of Birth: 11/05/1963	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Delivery driver	Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2023 14:45	Type of Location:
Location:  BRICKLAND ROAD				
Weather:		Road Surface:		
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
YQ2097Y	Lorry					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20230629/7039

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

2 of 3

Report No. T/20230629/7039

**CONTINUATION OF REPORT**

Driver			
Name	CHUA CHIN KHOON	ID No.	S1593641Z
Related Vehicle	YQ2097Y (Lorry)	Contact No.	82330864
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle YQ2097Y was travelling straight on the extreme left lane of Brickland Road towards Bukit batok Road.

I was moving slowly as there were a built up of vehicles in front of me.

Suddenly I felt a great impact from my vehicle's rear portion.

The impact causes my body to lurched forward and my knee hit onto my dashboard.

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**SINGAPORE  
POLICE FORCE**

T/20230629/7039

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

3 of 3

Report No. T/20230629/7039

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:  
29/06/2023 20:58

Classification Of Case:

NP168