

# 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 .....	19/07/2023 18:27 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	18/07/2023 08:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	T-JUNCTION CORPORATION RD & BOON LAY DR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH2301C
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DC GOURMET PTE LTD
Company Reg No .....	201016109M
Email Address .....	CHUYIOFFICE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-84814533
Alternative Phone No .....	(Office) +65-69706739

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Regius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ23-001129

### DRIVER

Name of Driver .....	LAU CHEE HUAT
NRIC No .....	S7528034C
Date Of Birth .....	18/09/1975
Occupation .....	Outdoor

Date Of Driving Pass .....	02/12/1997
Driving experience .....	25 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97366888
Alt. Phone Number .....	-
Email Address .....	CHUYIOFFICE@GMAIL.COM
Address .....	BLK 131A LORONG 1 TOA PAYOH #24-526
Address complement .....	-
Postcode .....	311131
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 .....	AFTER RAIN
Road Surface .....	Wet

#### 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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

#### 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 .....	FBC1372E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	RIDER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBC1372E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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 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.
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.

(X)



Policyholder's Signature / Date & Time

*[Signature]*

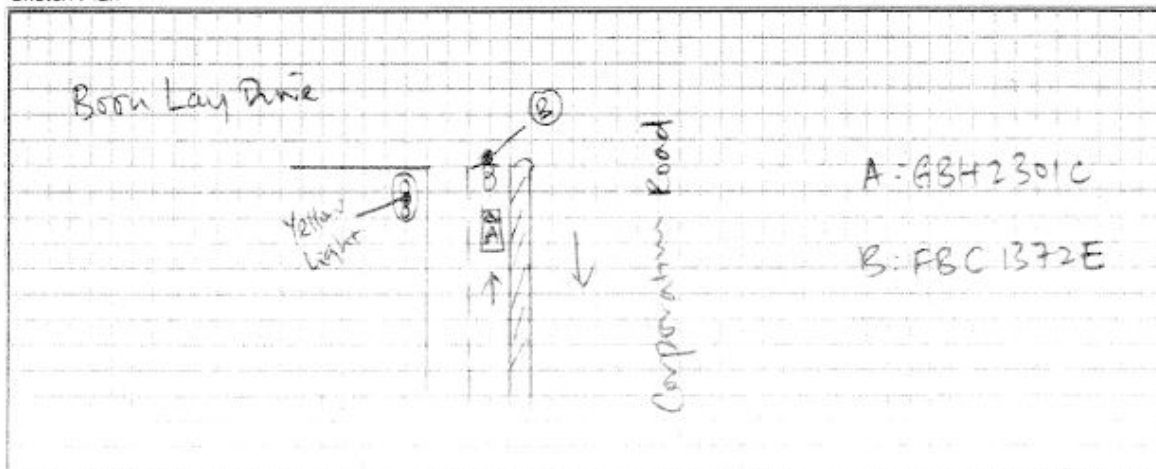
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

18/7/23 @ 11AM



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

Sketch Plan



July 2022

**Describe Circumstance of the Accident**

Vehicle B jam brake at the traffic junction upon yellow light. I could not stop in time and collided into Vehicle B. The rider of vehicle B was taken to the hospital by ambulance.

Veh B pax: 1 pax.

Note: After the accident, I realise leakage of coolant and aircon not cold.

**Declaration**

(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

18/7/23 2:11 pm



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













































**SINGAPORE  
POLICE FORCE**



T/20230718/2040

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20230718/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2023 13:37	Vide Report No.: J/20230718/0046	Station Diary No.: 47
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**Informant's Particulars**

Name of Informant: LAU CHEE HUAT			Address: APT BLK 131A LORONG 1 TOA PAYOH #24-526 SINGAPORE 311131	
ID Type / ID No.: NRIC NO / S7528034C			Contact No.: Home/Office: Mobile: 97366888	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 18/09/1975	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2023 08:45	Type of Location: T-Junction
Location:  CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC1372E	Motorcycle					0
GBH2301C	Van					0



**SINGAPORE  
POLICE FORCE**



T/20230718/2040

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3  
Report No. T/20230718/2040

**CONTINUATION OF REPORT**

**Brief Details.**

On 18/07/2023 at about 0845hrs, I was traveling (GBH2301C) along Corporation Road towards Mandai near the T-Junction of Boon Lay Drive. I am traveling along the first lane. I noticed that there is a motorcycle (FBC1372E) traveling in front of me.

Suddenly, I noticed that the motorcycle applied brake and came to stop. I also applied brake however, my vehicle could not stop in time and hit onto the motorcycle. Immediately, I alighted from my vehicle to make a check on the rider. Police and ambulance were activated. The rider was conveyed to the hospital.

I did take some photos of the scene and exchange contact details from the rider. Traffic police was at scene and advised me lodged to traffic accident report.

Particulars of the rider,  
Hanzah, 96689711



**SINGAPORE  
POLICE FORCE**



T/20230718/2040

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20230718/2040

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
E /  
SGT 2 LIM HWEE JIE, SAMUEL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT TAN JUN YAN  
Contact No.: 65476311

Signature Of Informant:

Date/Time:  
18/07/2023 13:37

Classification Of Case:

NP168