

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 First Submission	20/08/2024 14:36 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 15:19 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW7288L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AVO & CO.PTE.LTD
Company Reg No	201730005W
Email Address	HELLO@AVOANDCO.COM
Mobile Phone No	(Phone) +65-93878067
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 5MT
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTFAT35Y90K209079
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC05020310

DRIVER

Name of Driver	LEOW TING SENG
NRIC No	G7139634M
Date Of Birth	13/11/1966
Occupation	Outdoor
Driving Pass Date	18/03/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85452955
Alt. Phone Number	-
Email Address	HELLO@AVOANDCO.COM
Address	BLK 635 JURONG WEST ST 65
Address complement	#03-332
Postcode	640635
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?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JQJ5438
Vehicle Category	Commercial vehicle

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

-

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 JQJ5438
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) -



**SINGAPORE
POLICE FORCE**



T/20240820/7065

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

1 of 3

Report No. T/20240820/7065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2024 14:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Leow Ting Seng			Address: 635 JURONG WEST STREET 65 #03-332 SINGAPORE 640635		
ID Type / ID No.: FIN NO / G7139634M			Contact No.: Home/Office: Mobile: 85452955		
Nationality: MALAYSIAN			Email: hello@avoandco.com		
Sex: Male	Age: 57	Date of Birth: 13/11/1966	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Delivery Driver			Driving Licence Information: Class: 3 Date of Expiry: 13/05/2025		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive:	No	Date/Time of Accident:	19/08/2024 15:19	Type of Location:	Exit
Location: PAN ISLAND EXPRESSWAY							
Weather: Clear		Road Surface: Dry					
Traffic Flow: One Way		Traffic Control:			Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW7288L	Lorry	TOYOTA	Dyna	White	Slightly Damaged	0
JQJ5438	Motor van	TOYOTA	Hiace	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
GW7288L	LONPAC INSURANCE BHD	Z23VC05020310	28/09/2023	27/09/2024



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T/20240820/7065

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

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Report No. T/20240820/7065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEOW TING SENG	ID No.	G7139634M
Related Vehicle	GW7288L (Lorry)	Contact No.	85452955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 13/05/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

As we were exiting the highway near Stevens road exit, the van in front braked. I was travelling very slowly under 50/km but i bumped into his rear door. Light dent on both vehicles with no injuries. Driver left before i got a chance to get his mobile



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T/20240820/7065

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Report No. T/20240820/7065

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

This report is lodged at Queenstown NPC Kiosk 1
NP168

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

Date/Time:
20/08/2024 14:17

Classification Of Case:



















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ID Type / ID No.: FIN NO / G7139634M			Contact No.: Home/Office: Mobile: 85452955		
Nationality: MALAYSIAN			Email: hello@avoandco.com		
Sex: Male	Age: 57	Date of Birth: 13/11/1966	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Delivery Driver			Driving Licence Information: Class: 3 Date of Expiry: 13/05/2025		

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Location: PAN ISLAND EXPRESSWAY							
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Traffic Flow: One Way		Traffic Control:			Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
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JQJ5438	Motor van	TOYOTA	Hiace	White	Slightly Damaged	0

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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEOW TING SENG	ID No.	G7139634M
Related Vehicle	GW7288L (Lorry)	Contact No.	85452955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 13/05/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

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CONTINUATION OF REPORT

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Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

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