

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	10/09/2024 14:35 (SGT)
Reported by	Actual Driver
Date of Accident	09/09/2024 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Penjuru Road, exiting from 25 Penjuru Lane
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE8303M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALLIED CONTAINER SERVICES PTE LTD
Company Reg No	197502267E
Email Address	grace_ang@allied.com.sg
Mobile Phone No	(Phone) +65-68651731
Alternative Phone No	(Office) +65-68651731

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	FM420 42T NSC E6E 80T
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	Auto
CC	12777
Vehicle Fuel	-
First Registration Date	-
Chassis no	YV2XTW0A6PA319477
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V05143/VCH/R00

DRIVER

Name of Driver	Tan Leong Aik
NRIC No	S1777481F
Date Of Birth	18/06/1966
Occupation	Outdoor
Driving Pass Date	06/02/1992
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	32 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97979629
Alt. Phone Number	-
Email Address	grace_ang@allied.com.sg
Address	Apt Blk 606 Ang Mo Kio Avenue 5
Address complement	-
Postcode	560606
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

Refer to police report T/20240909/7020 and attached sketch plan.

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	FBV7774P
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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBV7774P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBV7774P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

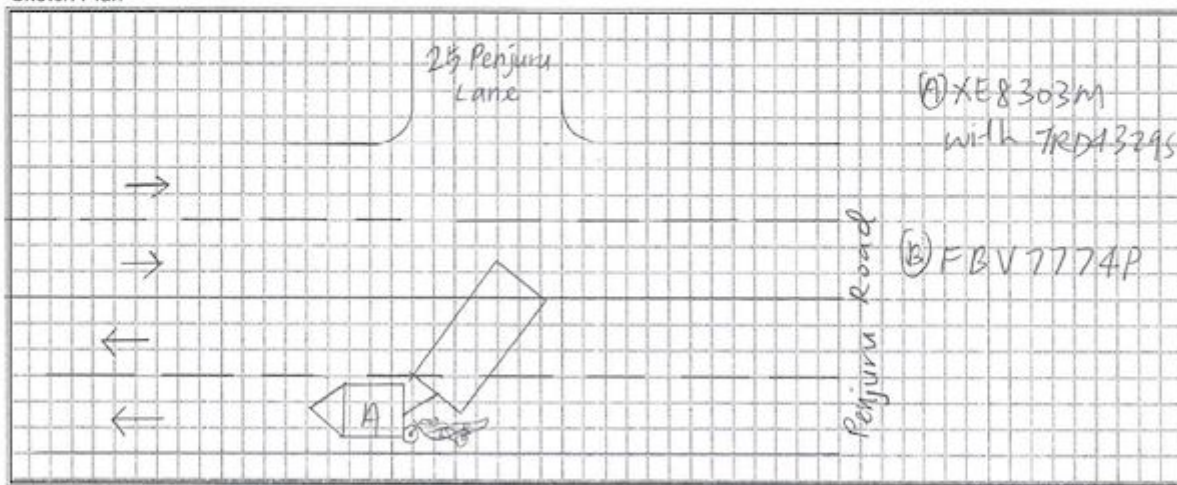
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


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

Refer to police report T/2024 0909/7020

Add on : the location of accident stated in the police report is incorrect, it should be along penjuru Road, exiting from 25 Penjuru Lane.

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)





















**SINGAPORE
POLICE FORCE**



T/20240909/7020

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

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Report No. T/20240909/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2024 11:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN LEONG AIK			Address: 606 ANG MO KIO AVENUE 5 #09-2757 SINGAPORE 560606		
ID Type / ID No.: NRIC NO / S1777481F			Contact No.: Home/Office: Mobile: 97979629		
Nationality: SINGAPORE CITIZEN			Email: kenny.koh@allied.com.sg		
Sex: Male	Age:	Date of Birth: 18/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Trailer-truck driver			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2024 07:30	Type of Location: T-Junction
Location: TANJONG PENJURU				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBV7774P	Motorcycle					1
XE8303M	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240909/7020

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

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Report No. T/20240909/7020

CONTINUATION OF REPORT

Driver			
Name	TAN LEONG AIK		ID No. S1777481F
Related Vehicle	XE8303M (Lorry)		Contact No. 97979629
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

On 9/9/24 @ about 0730 hours, I was driving company vehicle XE8303M carrying chassis TRD4329S holding 1 x MT 40ft container preparing to go for export. As I was going to exit from the out gate, there was another company vehicle entering from our out gate carrying a 45ft chassis. As I could not make the turn, I then proceeded to turn right to avoid collision with the other vehicle. As I turned right, I heard a collision sound. I then proceeded to park the vehicle and saw that a motorcycle has collided with the left mudguard of my prime mover. There was no damages to my vehicle, and at the point, the motorcyclist has mentioned that there was no damages to his bike. He was also fetching another passenger, and both only had superficial injuries to their back. After getting their number, the rider proceeded to head to his work site. He then called me @ 0834hrs, he told that the motorbike had some issues. Upon making the incident report, motorcyclist refused to give his particulars and said that he will wait for his lawyer to advise before sending over any details.



**SINGAPORE
POLICE FORCE**

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



T/20240909/7020

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Report No. T/20240909/7020

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

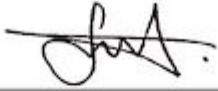
Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
09/09/2024 11:17

Classification Of Case:

CERTIFICATE OF INSURANCE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 ROAD TRANSPORT (AMENDMENT) ACT 2019 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959	
Certificate No	SD23V05143 /VCH /R00
Form	MZ802
Date Of Issue:	20-SEP-2023
1.Index Mark and Registration No. of Vehicle:	XE8303M
2.Chassis number of Vehicle:	YV2XTW0A6PA319477
3.Name of Policyholder:	ALLIED CONTAINER SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	31-MAR-2023 00:00 AM
5.Date of Expiry of Insurance:	30-SEP-2024 23:59 PM
6.Persons or Classes of Persons entitled to drive:	
7.Limitations as to use*:	
A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use for the carriage of passengers for hire or reward. C) Use whilst drawing a greater number of trailers in all than is permitted by law.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.	
<div style="text-align: right;"> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature </div>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2000, Section II S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$250
FINANCE COMPANY:	MAYBANK SINGAPORE LTD
PRODUCER NAME:	EVERMARCH AGENCY PTE. LTD.
PLS/PLSL/20-SEP-23 S3_CL_T1_T3_TEMPLATE1-VER1 20-SEP-23	

Sep 20, 2023, 7:22 PM