

## 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 .....	25/09/2024 14:40 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/09/2024 16:35 (SGT)
Exact Location of Accident .....	Punggol E, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBB3380Z
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JONITE PRIVATE LIMITED
Company Reg No .....	1XXXXX812K
Email Address .....	naytun9@gmail.com
Mobile Phone No .....	(Phone) +65-93688817
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Peugeot
Model .....	Partner
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 .....	Auto
CC .....	1560
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNA00031982402

#### DRIVER

Name of Driver .....	NAY LIN TUN
Passport No/FIN .....	GXXXX652R
Date Of Birth .....	01/06/1978
Occupation .....	Indoor
Driving Pass Date .....	27/01/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93688817
Alt. Phone Number .....	-
Email Address .....	naytun9@gmail.com
Address .....	5 UPPER ALJUNIED LINK
Address complement .....	-
Postcode .....	367903
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 POLICE REPORT T/20240924/7065

#### 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 .....	XD2862K
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 .....	NAY LIN TUN
Gender .....	Male
Phone No .....	(Phone) +65-93688817
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	GBB3380Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN


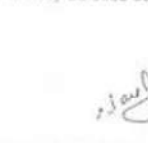
### IMPORTANT NOTICE

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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  
Jovite Private Limited

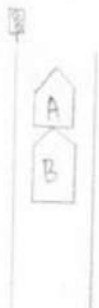
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
NAV LIN TUN

 25/09/2024

Witnessed by Reporting Centre Personnel



A = GBB3380Z

B = XD2862K

Describe Circumstances of the Accident

Refer to police report - 7120240924/7065

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time  
Time: JONITE PRIVATE LIMITED



Driver's Signature (If driver is not the policyholder) / Date & Time  
Time: NAM LIN FUN

 25/09/2024

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20240924/7065

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

1 of 3

Report No. T/20240924/7065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/09/2024 15:03	Vide Report No.: F/20240920/0139	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NAY LIN TUN			Address: 5 UPPER ALJUNIED LANE #02-42 SINGAPORE 360005		
ID Type / ID No.: FIN NO / G6077652R			Contact No.: Home/Office: Mobile: 93496319		
Nationality: MYANMAR			Email: NAYTUN9@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 01/06/1978	Type of Informant: Driver		
Race: Burmese			Language: English		
Occupation: Product and industrial designer			Driving Licence Information: Class: 3 Date of Expiry: 27/08/2026		

**General Information of the Accident**

Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2024 16:35	Type of Location: Straight Road
Location:  PUNGGOL EAST			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
GBB3380Z	Motor van	PEUGEOT	Partner	Black	Seriously Damaged	0
XD2862K	Lorry	FUSO		White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
GBB3380Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNA00031982 402	23/06/2024	22/06/2025





**SINGAPORE  
POLICE FORCE**



T/20240924/7065

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

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Report No. T/20240924/7065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NAY LIN TUN	ID No.	G6077652R
Related Vehicle	GBB3380Z (Motor van)	Contact No.	93496319
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 27/08/2026
Date Treatment	20/09/2024	Date Discharge	23/09/2024
No. of Days granted Medical Leave (MC)	18	Degree of Injury	Serious

**Brief Details.**

On 20 Sept. 2024, about 4.35pm I was driving my Company Van (GBB 3380Z) at Punggol East toward Sengkang. When approaching the cross junction of Punggol East and Punggol Drive, the traffic light turned amber, I slowed down and stop at the traffic junction. At this moment, the Lorry (XD 2862K) failed to stop and collided my Van from behind.



**SINGAPORE  
POLICE FORCE**

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



T/20240924/7065

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Report No. T/20240924/7065

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

NP168

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

Date/Time:  
24/09/2024 15:03

Classification Of Case: