

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	01/10/2024 11:58 (SGT)
Reported by	Actual Driver
Date of Accident	11/09/2024 19:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PENJURU CRESENT - 12 PENJURU CLOSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD7325L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIE YONG LOGISTIC & ENGINEERING PTE LTD
Company Reg No	200924241D
Email Address	DRUSILLA@LIEYONGLOGISTICS.COM
Mobile Phone No	(Phone) +65-93834488
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P400C
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12742
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05023930

DRIVER

Name of Driver	CHEW BOON LAI
Passport No/FIN	G7996682M
Date Of Birth	10/03/1988
Occupation	Outdoor
Driving Pass Date	29/07/2021
Driving License Pass Class	5
Driving License Validity	Valid
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91008548
Alt. Phone Number	-
Email Address	JIMMYCHEWBOONLAI@GMAIL.COM
Address	BLK undefined undefined undefined-undefined undefined undefined undefined
Address complement	101 WOODLANDS AVE 12 POLARIS #03-03 S737719
Postcode	-
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 ATTACHED POLICE REPORT

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	YM4117G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MARIMUTHU SIRASANKARAN
Contact Number	(Phone) +65-96670956
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	CHEW BOON LAI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD7325L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

...correctly the details of the accident to speed up the claims process.
 ...must be completed by the Policyholder and/or the Actual Driver.
 ...on 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.
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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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

01/10/24 @ 11:30am

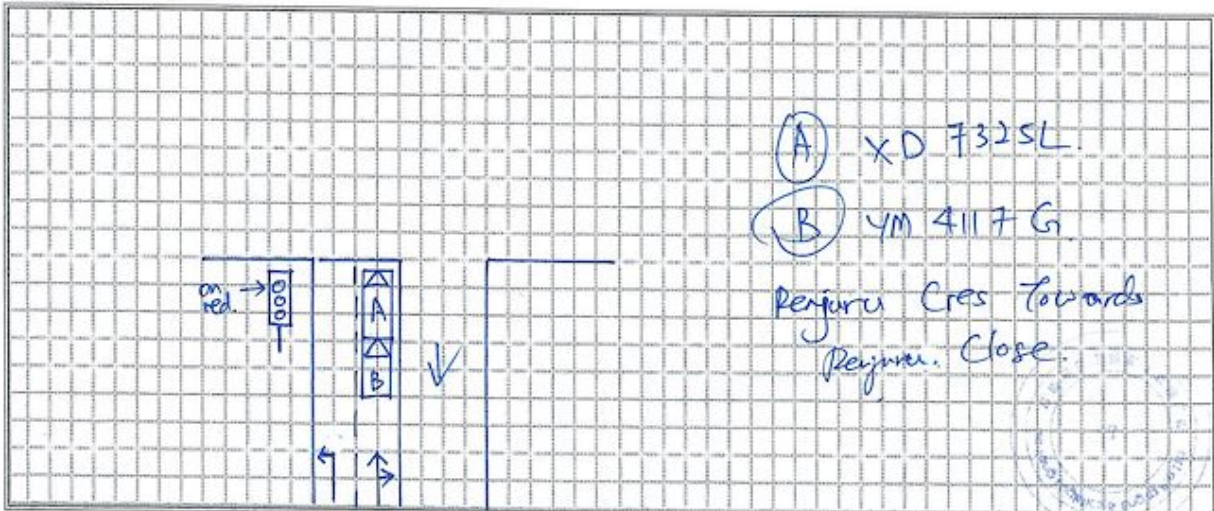
Driver's Signature (if driver is not the policyholder) / Date & Time

10/10/2024



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

Sketch Plan



Describe Circumstance of the Accident

Statement As Refer
to Police Report No: T/2024/1001/7027

Declaration

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

If I/we wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time

01/10/24 @
11:20am.

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/20241001/7027

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

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Report No. T/20241001/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2024 11:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW BOON LAI			Address: 101 Woodlands Ave 12 #03-03 Polaris SINGAPORE 737719		
ID Type / ID No.: FIN NO / G7996682M			Contact No.: Home/Office: Mobile: 91008548		
Nationality: MALAYSIAN			Email: drusilla@lieyonglogistics.com		
Sex: Male	Age: 36	Date of Birth: 10/03/1988	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Truck 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: 11/09/2024 19:10	Type of Location: Straight Road
Location: PENJURU CLOSE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
XD7325L	Lorry	SCANIA	P400C			0
YM4117G	Lorry	OTHERS				0

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



**SINGAPORE
POLICE FORCE**



T/20241001/7027

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

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Report No. T/20241001/7027

CONTINUATION OF REPORT

Driver			
Name	CHEW BOON LAI	ID No.	G7996682M
Related Vehicle	XD7325L (Lorry)	Contact No.	91008548
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight

Brief Details.

On 11-09-2024 at about 1909hrs, i was driving my company truck (XD 7325L) stationary at traffic junction of Penjuru Cres in the right lane due to the traffic light was on red in my favour.

While waiting the traffic turn to green, suddenly a huge impact coming from behind and i realized that a truck (YM 4117G) didn't stop in time and then collided onto rear portion of my company truck. Both parties has exchanged particulars after the accident.

Due to the accident impact, i felt pain and discomfort, so i went to seek for medical assist and was given 4 days of MC.

Hence, i hereto lodge this report to claim against 3rd party (YM 4117G)'s insurance for my accident damages.



**SINGAPORE
POLICE FORCE**

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



T/20241001/7027

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Report No. T/20241001/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
01/10/2024 11:19

Classification Of Case: