

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	25/10/2024 19:23 (SGT)
Reported by	Actual Driver
Date of Accident	24/10/2024 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNGEI KADUT DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4070R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HEC ELECTRICAL & CONSTRUCTION PTE LTD
Company Reg No	1XXXXX306G
Email Address	susan@hec.com.sg
Mobile Phone No	(Phone) +65-88352324
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	QBE Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	8-V0014278-MVA-R007

DRIVER

Name of Driver	KYAW SWA AUNG
NRIC No	SXXXX823G
Date Of Birth	21/12/1970
Occupation	Outdoor
Driving Pass Date	30/04/2007
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97548625
Alt. Phone Number	-
Email Address	susan@hec.com.sg
Address	49 SUNGEI KADUT ST 6 #02-2B
Address complement	-
Postcode	728874
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	13
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	-

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
Gender	Male

PASSENGER 3

Name	COLLEAGUE
Gender	Male

PASSENGER 4

Name	COLLEAGUE
Gender	Male

PASSENGER 5

Name	COLLEAGUE
Gender	Male

PASSENGER 6



Name COLLEAGUE
Gender Male

PASSENGER 7

Name COLLEAGUE
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18007659999
Alt. Police Station Phone No (Fax) +65-67644104
Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE1107U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver TEO KENG SENG
NRIC No SXXXX220D
Contact Number (Phone) +65-92977354
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 TEO KENG SENG
Gender Male
Phone No (Phone) +65-92977354
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE1107U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

IMPORTANT NOTICE

1. The report is for use by the insurer(s) only and is not to be used for any other purpose.
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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.**
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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

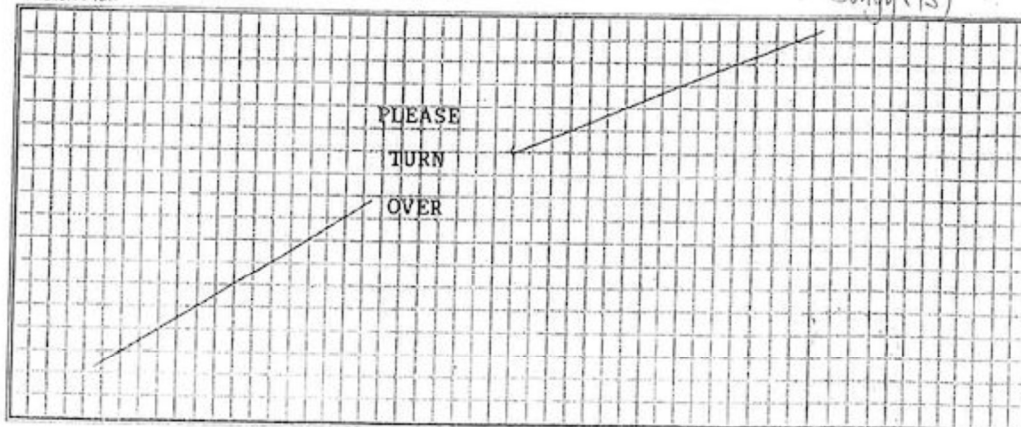
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Driver's Signature (if driver is not the policyholder) / Date & Time
 25/10/2024

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
 25/10/24 ✓
 DUNHAM (YS)

Sketch Plan



Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only
() Claim OD/ TP at other workshop ()

Sketch Plan



Vehicle No: GBE 4070R (GBE)
Date & Time: 24/10/24 @ 1930
refer to: police report.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 145



**SINGAPORE
POLICE FORCE**



T/20241025/2039

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Report No. T/20241025/2039

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 11:53		Vide Report No.: L/20241024/0147		Station Diary No.: 53
Informant's Particulars				
Name of Informant: KYAW SWA AUNG		Address: 49 SUNGEI KADUT STREET 6 #02-2B SINGAPORE 728874		
ID Type / ID No.: NRIC NO / S7064823G		Contact No.: Home/Office: Mobile: 97548625		
Nationality: MYANMAR		Email:		
Sex: Male	Age: 53	Date of Birth: 21/12/1970	Type of Informant: Driver	
Race: Burmese		Language:		
Occupation: Electrician		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2024 19:30	Type of Location: Straight Road
Location: SUNGEI KADUT DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBE1107U	Motor van		BERLINGO LWB 1.6L EHD1 ETG6	Grey	Seriously Damaged	0
GBF4070R	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	12



**SINGAPORE
POLICE FORCE**



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Report No. T/20241025/2039

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO KENG SENG	ID No.	S1441220D
Related Vehicle	GBE1107U (Motor van)	Contact No.	92977354
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	KYAW SWA AUNG	ID No.	S7064823G
Related Vehicle	GBF4070R (Lorry)	Contact No.	97548625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 24/10/2024, at around 1930hrs, I was driving along Sungei Kadut Drive with 12 passengers. I was transporting my colleagues back to our office at 47 Sungei Kadut Street 6. I was driving my lorry bearing the plate GBF4070R. As I was approaching to turn right towards Sungei Kadut Street 6, I stopped my vehicle to give way to oncoming traffic.

Suddenly, my lorry was hit from the rear and caused my lorry to move a few meters. I then and informed my passengers sitting behind to alight. I then proceeded to make a check on my vehicle and saw that the left rear sustained slight damages.

Afterwards, I made a check on the other vehicle bearing the plate GBE1107U and saw the motorvan sustained serious damages to his front vehicle. As such, the other driver called for Police Assistance.

I wish to state that there were no injuries sustained on my side. However, there were injuries sustained by the other driver. He was conveyed to hospital via ambulance.

I am lodging this report for investigations purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20241025/2039

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Report No. T/20241025/2039

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 1 MUHAMMAD HAZIM BIN
AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO HOE HUAT, TONY
Contact No.: 97393866

Signature Of Informant:

Date/Time:
25/10/2024 11:53

Classification Of Case:

NP168