

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 Authorised 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 Submission 29/03/2022 15:47 (SGT)
Date of Accident 28/03/2022 13:50 (SGT)
Exact Location of Accident Near 9VJ5+27 Singapore
Additional Location Information CTE > Sengkang (AMK North Flyover After Ave 5 exit)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YL135K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CLYDE - IFC (S) PTE LTD
Company Reg No 199605967K
Email Address sales@clyde.sg
Mobile Phone No (Phone) +65-67850700
Alternative Phone No (Office) +65-67850700

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R-HKFMS3
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 4009

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070166275-01
Cover Note Number 30/12/2021-29/12/2022

DRIVER

Name of Driver Hong Huat Choy
NRIC No S6984221F

Date Of Birth	25/03/1969
Occupation	Outdoor
Date Of Driving Pass	14/03/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-86511468
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	Blk 277 Choa Chu Kang Ave 2 #05-325
Address complement	-
Postcode	680277
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB9906B
Vehicle Manufacturer	Tesla
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	-
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)	-

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



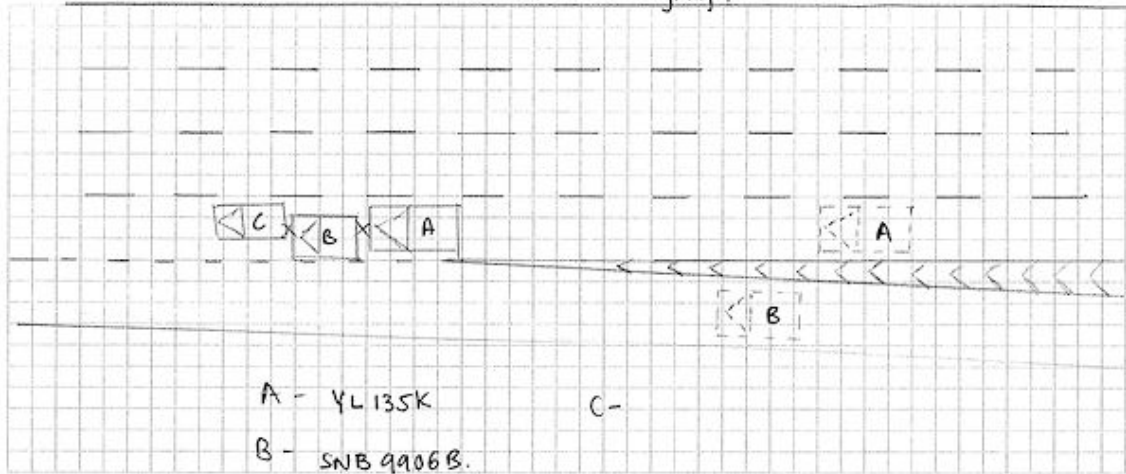
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Rakeshwar Annand
NRIC/FIN No.:

SKETCH PLAN

CTE 7 Senglang.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the police report.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
<input checked="" type="checkbox"/> Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name: *Rafiah*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220328/2087

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220328/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 19:38	Vide Report No.:	Station Diary No.: 78
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Informant's Particulars

Name of Informant: HONG HUAT CHOY			Address: APT BLK 277 CHOA CHU KANG AVENUE 2 #05-325 SINGAPORE 680277		
ID Type / ID No.: NRIC NO / S6984221F			Contact No.: Home/Office: Mobile: 86511468		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 25/03/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/03/2022 13:50	Type of Location: Expressway
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
SNB9906B	Car				Slightly Damaged	0
YL135K	Lorry				Slightly Damaged	0



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649482
Tel No: 1800-7929999

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Report No. T/20220328/2087

CONTINUATION OF REPORT**Brief Details.**

On 28/03/2022 at around 1350hrs I was driving my lorry (YL135K) along CTE towards Sengkang, on the extreme left lane. The traffic on the expressway, along the stretch of AMK Ave 3 and 5 was moving slowly due to slightly more vehicles on the road.

Just as my vehicle the was moving at about 50km/h, suddenly a blue car (SNB9906B) came out from exit AMK Ave 5 and merge into CTE, infront of my vehicle. The car came out too fast and I had no time to break thus, was unable to avoid the collison. The front of my vehicle then hit the rear of the said car. I tried to swerve to the left however there was not enough time and space.

I wish to state that I have no injuries or pain on me. The damage to my lorry was mostly to the left front bumper with dents. The blue car has also dents to its rear bumper and the front bumper also kissed another vehicle infront of him. I did not take down details of the other lorry that the blue car had collided with. I'm making this report for my insurance claim and record.



**SINGAPORE
POLICE FORCE**



T/20220328/2087

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220328/2087

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / SR STAFF SGT MAHESWARI D/O BALACHANDRAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2022 19:38
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
NP168	 SIGNATURE











































