

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	13/12/2024 13:59 (SGT)
Reported by	Actual Driver
Date of Accident	11/12/2024 16:45 (SGT)
Exact Location of Accident	Woodlands Industrial Park E9, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1580D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YUEN THONG & CO (PTE) LTD
Company Reg No	197602569N
Email Address	WEEKENG60@GMAIL.COM
Mobile Phone No	(Phone) +65-91916813
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	DYNA 150 5MT
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	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPCVE000149

DRIVER

Name of Driver	LEE WEE KENG
NRIC No	S1453970J
Date Of Birth	18/06/1960
Occupation	Outdoor
Driving Pass Date	26/06/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91916813
Alt. Phone Number	-
Email Address	WEEKENG60@GMAIL.COM
Address	148 PASIR RIS ST 13
Address complement	#08-38
Postcode	510148
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JVX6772
Vehicle Category	Motorcycle

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

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 JVX6772
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 RIGHT LEG PAIN
Injured person in which vehicle? JVX6772
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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

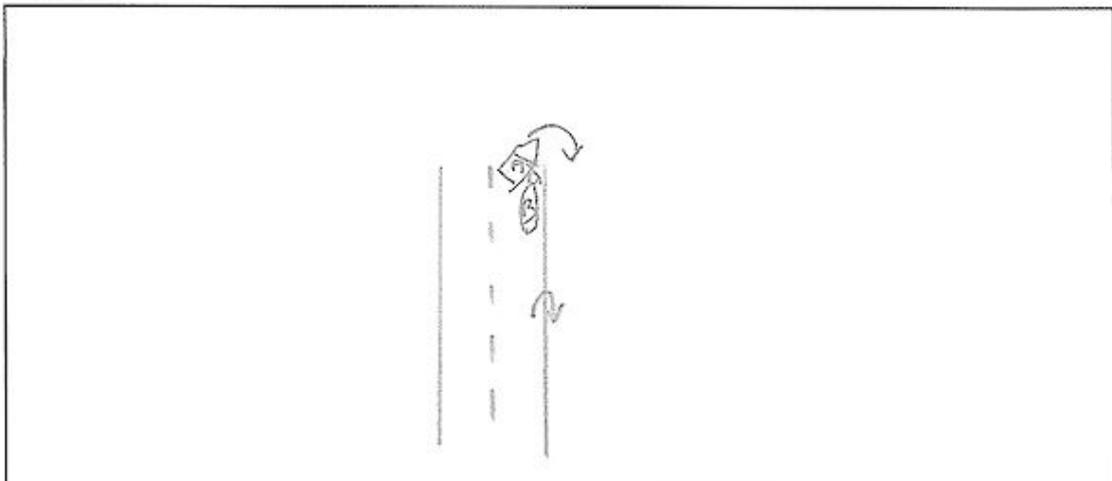



 Actual Driver's Signature (if driver is not the policyholder) / Date & Time


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



Sketch Plan



Describe Circumstance of the Accident

Date of Accident: 11/12/24 Time: 1645 Location: Wold Ind Park E9

My Vehicle A: GPK 1580D Vehicle B: JVK 6772 Vehicle C: -

Refer to the police report.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident Report to :

My Workshop : _____

Workshop Email Address : _____

Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

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/20241211/7115

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

1 of 3

Report No. T/20241211/7115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2024 19:34		Vide Report No.: L/20241211/0102		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE WEE KENG			Address: 148 PASIR RIS STREET 13 #08-38 SINGAPORE 510148		
ID Type / ID No.: NRIC NO / S1453970J			Contact No.: Home/Office:		Mobile: 91916813
Nationality: SINGAPORE CITIZEN			Email: weekeng60@gmail.com		
Sex: Male	Age: 64	Date of Birth: 18/06/1960	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2024 16:45	Type of Location: Straight Road
Location: WOODLANDS INDUSTRIAL PARK E9				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK1580D	Lorry	TOYOTA		Silver		0
JVX6772	Motorcycle			Black	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20241211/7115

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

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Report No. T/20241211/7115

CONTINUATION OF REPORT

Driver			
Name	LEE WEE KENG		ID No. S1453970J
Related Vehicle	GBK1580D (Lorry)		Contact No. 91916813
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 11/12/2024 at about 1645hrs, while I was along Woodlands Industrial Park E9 in my vehicle, bearing plate number GBK1580D, wanting to make a U-Turn just before the traffic junction and head towards N Coast Avenue, I signaled right to indicate my attention and checked my blind spots to ensure there were no vehicles before making the U-Turn.

As both my sides were clear, I began making a U-turn, I felt something hit my front right tire. I then noticed through my driver side window that there was a rider lying down on the road.

I alighted from my vehicle and checked on the rider who was still conscious and informed that his right leg was in pain. A passerby then called for ambulance, and the said rider was conveyed to a hospital. The rider's motorcycle was bearing plate number, JVX6772.

Traffic Police had also come to take my in-car camera memory card.

I am lodging this report to submit to my company.



**SINGAPORE
POLICE FORCE**

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



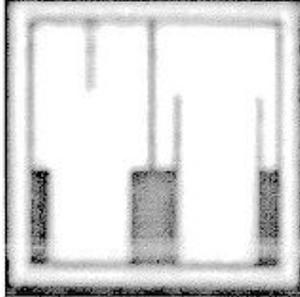
T/20241211/7115

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Report No. T/20241211/7115

CONTINUATION OF REPORT

<p>Signature Of Officer Recording The Report: Not applicable</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 11/12/2024 19:34</p>
<p>Officer In Charge Of Case: TP / TPIB / YEO HOE HUAT, TONY Contact No.: 97393866</p>	<p>Classification Of Case:</p>
<p>This report is lodged at Tampines NPC Kiosk 1 NP168</p>	



Yuen Thong & Co Pte Ltd

To Whom It May Concern,

I, YUEN THONG & CO (PTE) LTD, 197602569N, owner of the vehicle GBK1580D, aware of the accident of the vehicle on 11/12/2024 driven by LEE WEE KENG, S1453970J hereby authorize the driver to lodge for the report.

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text 'YUEN THONG & CO. (PTE) LTD' around the perimeter and '197602569N' in the center.

YUEN THONG & CO (PTE) LTD
197602569N



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 2/20241211/0102

I, S/O SKEW LOW
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Memory card STANLUM 32GB
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from LEE WEE KENG @ S1453970J
(Name, NRIC or Passport No. / Rank and No.)

of B1C 148 Pader Roe Ct B, #08-38 Singapore 510148
(Address / Police Station / NPC / NPP)

on 11/12/24 at 1710W.
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)
Lee Wee Keng
(Signature)
S1453970J
(Name, NRIC or Passport No. / Rank and No.)

Received by:
S/O SKEW LOW
(Signature)
S/O SKEW LOW / TP
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: '0 TONY
TEL: 97393866



Sompoo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03

Singapore Land Tower, Singapore 048623

Tel: 6461 6555 | www.sompo.com.sg

Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE COMMERCIAL POLICY SCHEDULE

Intermediary Code : 11C81800

Policy No. : D24MTPCVE000149

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE COMMERCIAL VEHICLE Policy wordings, ref. MTC.20

Insured : YUEN THONG & CO (PTE) LTD

Address : 43 GENTING ROAD
SINGAPORE 349487

Business/Profession : Others

Period of Insurance : 23 JANUARY 2024 00:00 TO 22 JANUARY 2025 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Reg No	: GBK1580D	Premium	1,573.20
Chassis No	: JTFAT35Y10K214602	Less No Claim Discount (15%)	(235.88)
Engine No	: 1KDB012700	Add others :	
Vehicle Make & Model	: TOYOTA DYNA 150	Add Windscreen	40.00
Cc/Tonnage	: 1 / 1.35	Add Flood	0.00
Type of Body	: VAN	Total	S\$ 1,377.22
Year of Manufacture	: 2019	GST	S\$ 110.18
Seating Capacity (including driver)	: 2	Premium (incl. GST)	S\$ 1,487.40
Estimated value of Vehicle	: Market Value at time of loss		
Hire Purchase Owner	: NIL		

Vehicle Usage : Company Use

Coverage : Comprehensive-ExcelDrive Classic

Excess : S\$ 500 - Section I

Additional Excess : The following terms & conditions shall apply to this policy:

Elderly, Young & Inexperienced Drivers Excess (All Claims)

It is hereby understood and agreed that an excess of S\$2,000 shall apply for accident, loss or damage if the insured vehicle is driven by a driver who:

- is age 70 years old & above at the time of accident or
- is below the age of 25 years old at the time of accident or
- has less than 2 years of driving experience on Singapore roads

If however there is (are) other Excess(es) applicable under different Endorsement(s) of this Policy, this said Excess of S\$2,000 shall be considered as an additional Excess over and above all other Excess(es).

Endorsements Applicable : Strike Riot Or Civil Commotion ME No.25

Special Perils ME No.57

Legal Liability of Passengers for Acts of Negligence ME No.72

Endorsement H - Total Loss

Endorsement I2 - Breakage of Glass in Windscreen or Window (Excess S100)

Endorsement M - Own Damage, Fire and Theft Claims