

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	20/11/2024 18:54 (SGT)
Reported by	Actual Driver
Date of Accident	15/11/2024 16:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ADAM ROAD (NEAR EXIT OF PIE-TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY5850R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CASSEROLE CATERING SERVICES PTE. LTD
Company Reg No	2XXXXX426E
Email Address	keith@casserole.com.sg
Mobile Phone No	(Phone) +65-92722734
Alternative Phone No	(Office) +65-63236445

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	2986
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2008216951

DRIVER

Name of Driver	TOH SWEE HWEE
NRIC No	SXXXX555I
Date Of Birth	05/06/1977
Occupation	Outdoor
Driving Pass Date	26/06/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98711877
Alt. Phone Number	-
Email Address	keith@casserole.com.sg
Address	17 CHIN BEE CRES
Address complement	-
Postcode	S619898
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	Wet

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 POLICE REPORT T/20241119/7101

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	SNE3A
Vehicle Manufacturer	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH SWEE HWEE
Gender	Male
Phone No	(Phone) +65-98711877
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GY5850R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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Alt Fn [] Ctrl

Describe Circumstance of the Accident

Statement pls refer to
Police Report No: T20241119/7101

Declaration
We declare the foregoing particulars are true in every respect.
If you 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.

[Signature] Driver's Signature (if driver is not the policyholder) / Date & Time: 20/11/24

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

Chisterole Carrying Services Pte. Ltd.
17 Chin Bee Crescent
Singapore 610808
Tel: (65) 6323 6445 Fax: (65) 6223 5246

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Signature of Policyholder / Date: *Adnan* / *20/11/24*
 Signature of Driver (if driver is not the policyholder) / Date: *Adnan* / *20/11/24*
 Witnessed by Reporting Centre Personnel (Name as in NPIC/ID card): _____

Policyholder's Signature / Date: _____
 Tel: (65) 6323 6445 Fax: (65) 6223 5248 me

Sketch Plan

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**SINGAPORE
POLICE FORCE**


 T/20241119/7101

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

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 Report No. T/20241119/7101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2024 16:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH SWEE HWEE		Address: 17 CHIN BEE CRES SINGAPORE 619898	
ID Type / ID No.: NRIC NO / S77145551		Contact No.: Home/Office: Mobile: 98711877	
Nationality: SINGAPORE CITIZEN		Email: KEITH@CASSEROLE.COM.SG	
Sex: Male	Age: 47	Date of Birth: 05/06/1977	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: FOOD CATERING SERVICE		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

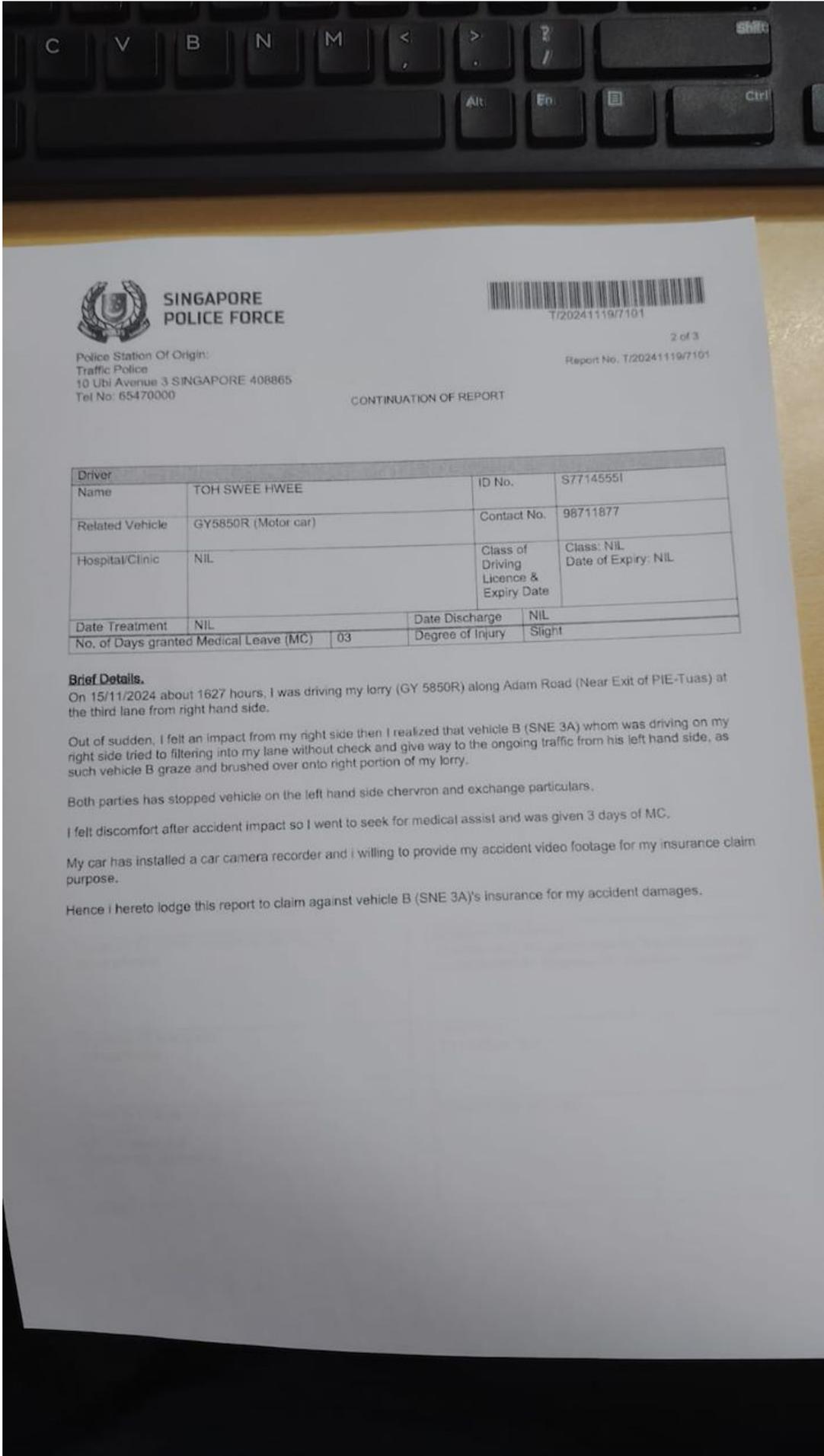
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2024 16:25	Type of Location: Straight Road
Location: ADAM ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY5850R	Motor car	TOYOTA	DYNA			0
SNE3A	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20241119/7101

CONTINUATION OF REPORT

Driver		ID No.		S77145551	
Name	TOH SWEE HWEE			Contact No.	96711877
Related Vehicle	GY5850R (Motor car)				
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL			Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight		

Brief Details.

On 15/11/2024 about 1627 hours, I was driving my lorry (GY 5850R) along Adam Road (Near Exit of PIE-Tuas) at the third lane from right hand side.

Out of sudden, I felt an impact from my right side then I realized that vehicle B (SNE 3A) whom was driving on my right side tried to filtering into my lane without check and give way to the ongoing traffic from his left hand side, as such vehicle B graze and brushed over onto right portion of my lorry.

Both parties has stopped vehicle on the left hand side chervron and exchange particulars.

I felt discomfort after accident impact so I went to seek for medical assist and was given 3 days of MC.

My car has installed a car camera recorder and i willing to provide my accident video footage for my insurance claim purpose.

Hence i hereto lodge this report to claim against vehicle B (SNE 3A)'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/20241119/7101

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Report No. T/20241119/7101

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2024 16:21
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:

NP168