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 witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 02/07/2024 16:58 (SGT) Reported by **Actual Driver** Date of Accident 01/07/2024 09:20 (SGT) Exact Location of Accident KJE, Singapore Additional Location Information TOWARDS PIE BEFORE PIE (CHANGI) EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ5863H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FOURWAY ENGINEERING PTE LTD Company Reg No 1XXXXX778G Email Address HR@FOURWAY.COM.SG Mobile Phone No (Phone) +65-96983662 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 2755

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number

DRIVER

Name of Driver SIM KOK TEE NRIC No SXXXX712A Date Of Birth 17/11/1949 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/09/1974 49 YEARS AND 10 MONTHS Male (Phone) +65-81982459 - HR@FOURWAY.COM.SG BLK 628A WOODLANDS RING RD #13-288 731628 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 5 Yes Yes Yes 1 No
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SLJ4685C

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

		GBE5147C
\/- -:- - N/ -		-
\/- -:- - \/:		-
		-
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 D	river)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer	PA898G -
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number Vehicle Manufacturer	XD9618D
	-
Malaiala Maniana	-
	-
	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	UNKNOWN
Phone No	-
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PA898G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
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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.
- This report will be forwarded by the insurers to 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.
- 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/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

 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.

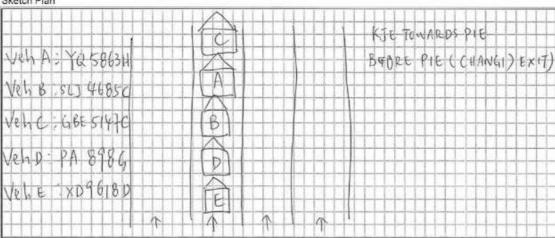


Policyholder's Signature / Date &

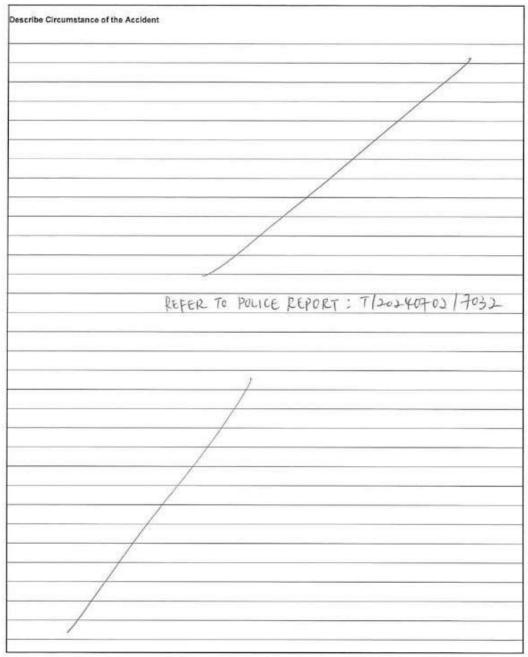
Oriver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



1



Declaration

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



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



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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20240702/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2024 11:49		ade:	Vide Report No.: J/20240701/0051	Station Diary No.:	
Informan	t's Particular	rs			
Name of SIM KOK	Informant: TEE		Address: 628A WOODLANDS RING ROA	D #13-288 SINGAPORE 731628	
ID Type / ID No.: NRIC NO / S0223712A		2A	Contact No.: Home/Office: Mobile: 81982459		
Nationality: SINGAPORE CITIZEN		N	Email: hr@fourway.com.sg	2000 to p. 6 rep 10 2 to 2 to 2	
Sex: Age: Date of Birth: Male 74 17/11/1949			Type of Informant: Driver		
Race: Chinese		-1	Language: English		
Occupation: DELIVERY MAN			Driving Licence Information: Class: Date of Expiry:		

General Information	of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2024 09:20	Type of Location: Straight Road
Location: BRICKLAND ROAI	D			
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		
Type of Collision: Between Moving Vehicles - Head To Rear				one conveyed by oulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE5147C	Lorry	NISSAN	CABSTAR	Blue	No Damage	2
PA898G	Bus/Coach/Mini bus				Seriously Damaged	0
SLJ4685C	Motor car	AUDI	Q5		Seriously Damaged	0
XD9618D	Trailer					0
YQ5863H	Lorry					0



T/20240702/7032

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20240702/7032

CONTINUATION OF REPORT

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrian:	Injured: NIL		Use of Ped	estrian	Crossin	g: NA
Passenger	TO DECIDE HOW TO	ENE VALL		131	P. Cott.	
Name	UNKNOWN			ID No	av.	NIL
Related Vehicle	PA898G (Bus/Coach/M	linibus)		Conta	ict No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	-
No. of Days grante	ed Medical Leave (MC) NIL Degree				Serio	us
Driver		1-1-1-1-1-1		NAME OF		
Name	SIM KOK TEE			ID No		S0223712A
Related Vehicle	YQ5863H (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No, of Days grante	ed Medical Leave (MC)	NIL	Degree of I	The state of the s		
Driver		DESCRIPTION		2550	ALCO:	
Name	SIM KOK TEE			ID No		S0223712A
Related Vehicle	YQ5863H (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
provide a constitution of the constitution of	ed Medical Leave (MC)	NIL	Degree of I	-	Slight	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20240702/7032

CONTINUATION OF REPORT

Driver.		C E CHE		S. FILE				
Name	SIM KOK TEE		ID No).	S0223712A			
Related Vehicle	YQ5863H (Lorry)		YQ5863H (Lorry)		YQ5863H (Lorry) Contact No.		act No.	81982459
Hospital/Clinic	NIL		Class Drivin Licen Expir	ng	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Disch	narge	NIL			
No. of Days grant	ed Medical Leave (MC)	NIL			NIL			

Brief Details.

On 1 July 2024 at about 9.20am, I was driving straight on lane 3 along KJE towards PIE before PIE (Changi). There was a lorry infront of me bearing registration number plate: GBE 5147C which slowed down and stopped. I also slowed down and stopped without hitting the front lorry.

Suddenly, I felt a huge impact from behind and the impact was so great that it pushed my lorry forward and touched the front lorry. It was a car that had hit onto my rear causing damages to my front and rear portion.

I came down from my lorry and saw that it was a total of 5 vehicles accident. The front lorry got no damage at its rear.

We took photos and exchange particulars.

Later on, we know from the video that the car had already stopped and it was the trailer that had hit so hard and caused the chain collision.

Lorry: YQ 5863H Lorry: GBE 5147C Car: SLJ 4685C Bus: PA 898G Trailer: XD 9618D



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



Report No. T/20240702/7032

4 of 4

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: 02/07/2024 11:49
Officer In Charge Of Case;	Classification Of Case:
NP168	