

## 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 .....	02/07/2024 14:04 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/07/2024 09:15 (SGT)
Exact Location of Accident .....	KJE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD9618D
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	YONG HUA LOGISTICS & TRANSPORT PTE. LTD.
Company Reg No .....	202311519W
Email Address .....	ronghuatransport@gmail.com
Mobile Phone No .....	(Phone) +65-84335557
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Scania
Model .....	P440LA6X4MSZ
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	12742
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 .....	P000154572

#### DRIVER

Name of Driver .....	KENNY CHONG JUN HAO
NRIC No .....	S8823146E
Date Of Birth .....	02/07/1988
Occupation .....	Outdoor
Driving Pass Date .....	05/04/2011
Driving License Pass Class .....	-
Driving License Validity .....	-
Driving experience .....	13 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84335557
Alt. Phone Number .....	-
Email Address .....	ronghuatransport@gmail.com
Address .....	APT BLK 808D CHOA CHU KANG AVENUE 1 #07-602
Address complement .....	-
Postcode .....	684808
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
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 .....	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

AS PER POLICE REPORT NO: T/20240702/2023.

REMARKS: VEHICLE WAS NOT PRESENT FOR PHOTO TAKING DRIVING REPORTING AS VEHICLE COULD NOT DRIVE ANYMORE.

ON 01/07/2024 @ AROUND 0915HRS, I WAS TRAVELLING ALONG KJE TOWARD PIE(TUAS) . WHILE DRIVING SUDDENLY VEHICLE B JAM HIS BRAKE & I APPLY MY BRAKE ITS ALREADY TOO LATE & CAUSED ME HIT ONTO VEHICLE B REAR PORTION. I WENT DOWN TO CHECK THEN REALISED THAT ACTUALLY IN FRONT ALREADY GOT CHAIN COLLISION OF 4 VEHICLES WHICH WAS NOT INVOLVED WITH ME . I WISH TO STATE THAT I WAS UNSURE THAT VEHICLE C REAR PORTION ONLY WAS IT DUE BY ME.

## 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 ..... TP TOOK IT.

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... PA898G  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 Name of Driver ..... MOHAMAD SAHLAN BIN MOHAMAD  
 NRIC No ..... S9008944G  
 Contact Number ..... (Phone) +65-90610997  
 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 ..... SLJ4685C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... LOW CHIN SOON  
 NRIC No ..... S7407013B  
 Contact Number ..... (Phone) +65-81189878  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## 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.**
6. 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.
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 Personnel (Name as in NRIC/ID card)

## Sketch Plan

Handwritten sketch plan on a grid background. On the left, a vertical line is labeled "KJE (PE) Ref Corporation PO Exit near 4P249". In the center, a vertical line is labeled "Narrow road". To the right of the "Narrow road" line, there are four small rectangular boxes labeled A, B, C, and D from bottom to top. To the right of these boxes, there are three handwritten labels: (A) X09618D, (B) PA8986, and (C) JLJ4685C.

vJun2022

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**SINGAPORE  
POLICE FORCE**



T/20240702/2023

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/20240702/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/07/2024 10:55		Vide Report No.: J/20240701/0051	Station Diary No.: 71
<b>Informant's Particulars</b>			
Name of Informant: KENNY CHONG JUN HAO		Address: APT BLK 808D CHOA CHU KANG AVENUE 1 #07-602 SINGAPORE 684808	
ID Type / ID No.: NRIC NO / S8823146E		Contact No.: Home/Office: Mobile: 84335557	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 02/07/1988	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 3,4 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2024 09:15	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Lamp Post Number: 369				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA898G	Bus/Coach/Minibus		VEHICLE 2 (V2)		Slightly Damaged	1
XD9618D	Lorry		VEHICLE 1 (V1)		Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240702/2023

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Report No. T/20240702/2023

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

**CONTINUATION OF REPORT**

Police Station  
Nanyang  
2 Jurong  
649482  
Tel No

<b>Driver</b>			
Name	MOHAMAD SAHLAN BIN MOHEMAD		ID No. S9008944G
Related Vehicle	PA888G (Bus/Coach/Minibus)		Contact No. 90610997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
<b>Passenger</b>			
Name	CONVEYED TO HOSPITAL (UNKNOWN DETAILS)		ID No. NIL
Related Vehicle	PA888G (Bus/Coach/Minibus)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Slight
<b>Driver</b>			
Name	KENNY CHONG JUN HAO		ID No. S8823146E
Related Vehicle	XD9618D (Lorry)		Contact No. 84335557
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 above mentioned date and time, I was driving my V1 along KJE Expressway (LP 369) going towards PIE Expressway on lane 3 and V2 suddenly came to an abrupt stop. I applied my brakes but was too late and my V1 hit on the V2's rear portion. I came down to make a check and discovered both V1 and V2 to be slightly damaged. I also discovered that at the front of V2, there was already a chain accident ahead which did not involve my V1 and V2. There were passengers in V2 and one male passenger was conveyed conscious to hospital moments later. Police also attended to the scene reference J/20240701/0051.



**SINGAPORE  
POLICE FORCE**

T/20240702/2023

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Report No. T/20240702/2023

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

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
J /  
SR STAFF SGT MARCUS JEOW  
LEE CHUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMED SOPHIAN BIN MOHAMED AMIR  
Contact No.: 91874317

NP168

Signature Of Informant:

Date/Time:  
02/07/2024 10:55

Classification Of Case: