

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	01/07/2024 16:40 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2024 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG ROAD TOWARDS KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8534D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VEGAS VEHICLE LEASING
Company Reg No	5XXXX006C
Email Address	MYSINCERELEAD@GMAIL.COM
Mobile Phone No	(Phone) +65-5142039535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142039535

DRIVER

Name of Driver	LO NYIT PHIN
NRIC No	SXXXX057F
Date Of Birth	08/09/1976
Occupation	Outdoor

Driving Pass Date	09/02/1998
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93477687
Alt. Phone Number	-
Email Address	MYSINCERELEAD@GMAIL.COM
Address	APT BLK 32 CHAI CHEE AVE #11-212
Address complement	-
Postcode	461032
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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

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	SHF668Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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	LO NYIT PHIN
Gender	Male
Phone No	(Phone) +65-93477687
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8534D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

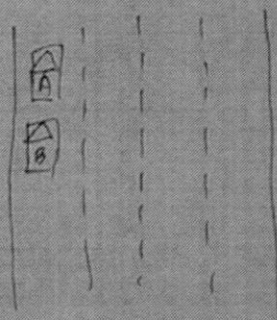
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Gaylang Road → Kallang Road.



Veh A: GBD 8534D

Veh B: SHF 668Y

Describe Circumstances of the Accident

* Pls refer to Police Report.

Declaration

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240629/7108

1 of 3

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

Report No. T/20240629/7108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 20:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LO NYIT PHIN			Address: 32 CHAI CHEE AVENUE #11-212 SINGAPORE 461032		
ID Type / ID No.: NRIC NO / S7683057F			Contact No.: Home/Office: Mobile: 93477687		
Nationality: MALAYSIAN			Email: SIGNMANPLUS88@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 08/09/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2024 17:40	Type of Location:
Location: GEYLANG ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8534D	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20240629/7108

2 of 3

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

Report No. T/20240629/7108

CONTINUATION OF REPORT

Driver			
Name	LO NYIT PHIN	ID No.	S7683057F
Related Vehicle	GBD8534D (Lorry)	Contact No.	93477687
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	Serious

Brief Details.

On the stated date and time I vehicle GBD8534D was stationary before the X-junction of Geylang Road and Sims way.

I was on the extreme left lane on Geylang Road.

Suddenly vehicle SHF668Y came from behind and hit onto my vehicle's rear portion.

The impact was great and caused my right knee to hit onto my dashboard, I injured my right elbow too as I was resting my right arm on my window.

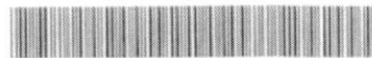
After a while i start to feel pain on my neck and back areas.

When I was having dinner at AMK the pain worsen, I then proceeded to a nearby clinic Loh and Loh Clinic to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240629/7108

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Report No. T/20240629/7108

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
29/06/2024 20:23

Classification Of Case:

NP168