

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 Authorised 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 Report	26/11/2020 15:59
Date Of Accident	26/11/2020 09:15
Exact Location Of Accident	TPE TWDS CHANGI BEFORE LOYANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5325R
Insured/Policyholder	
Name Of Registered Owner	MIDWEST FREIGHT & TRANSPORTATION PTE LTD
Co Reg No	1XXXXX163E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000008615-00-000
Cover Note Number	

Driver

Name of Driver	SIM AH LEK
NRIC No	SXXXX939A
Date Of Birth	02/04/1965
Occupation	INDOOR
Date Of Driving Pass	10/07/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90604894
Fax Number	
Contact Number	OFFICE-90604894
Email Address	NOEMAIL

Address	BLK 534 WOODLANDS DRIVE 14 #03-591
Postcode	730534
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201126/7013.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK8200Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name
SIM AH LEK
Approximate Age
Injuries Sustain
BODY
Injured person in which vehicle?
GY5325R
Were seat belts worn?
YES
Was this injured conveyed to hospital by ambulance?
NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Scanned with CamScanner

Accident Sketch Plan

SKETCH PLAN

Vehicle A: 6Y5325R
Vehicle B: SKK8200Z

TPEC (change), before wayang

A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20201126/7013

1 of 3

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

Report No. T/20201126/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2020 14:25	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: SIM AH LEK			Address: 534 WOODLANDS DRIVE 14 #03-591 SINGAPORE 730534		
ID Type / ID No.: NRIC NO / S1710939A			Contact No.: Home/Office:		Mobile: 90604894
Nationality: SINGAPORE CITIZEN			Email: SIMDAVID65@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 02/04/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Assistant Manager, Operations			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2020 09:15	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GY5325R	Lorry	TOYOTA	DYNA		Seriously Damaged	2
SKK8200Z	Car	TOYOTA	PRIUS		Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201126/7013

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

2 of 3

Report No. T/20201126/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM AH LEK	ID No.	S1710939A
Related Vehicle	GY5325R (Lorry)	Contact No.	90604894
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/11/2020	Date	26/11/2020
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 26/11/2020 AT ABOUT 09:15HR, I WAS DRIVING MY COMPANY LORRY - GY5325R, ALONG TPE IN THE DIRECTION OF CHANGI. BEFORE THE EXIT TO LOYANG AVENUE, THERE WAS A LONG QUEUE AT THE EXIT. I WAS STATIONARY IN THE QUEUE WHEN SUDDENLY, VEHICLE NUMBER - SKK8200Z, HIT ONTO MY VEHICLE'S REAR PORTION. AFTER THE IMPACT, I FELT NAUSEA. SUBSEQUENTLY, I SEEK MEDICAL ATTENTION AT VIVA MEDICAL CLINIC AND WAS GIVEN 3 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20201126/7013

3 of 3

Report No. T/20201126/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

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

Date/Time:
26/11/2020 14:25

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

