

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 Submission 30/01/2021 10:16 (SGT)
Date of Accident 29/01/2021 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI AVE 6 SLIP ROAD TOWARDS AYE (TUAS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ2365H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LPW PTE. LTD
Company Reg No 2XXXXX996R
Email Address PATTENPANG@LPW.COM.SG
Mobile Phone No (Phone) +65-92228166
Alternative Phone No (Office) +65-92228166

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117675489 (COMP)
Cover Note Number -

DRIVER

Name of Driver LIM TIAN SAN
NRIC No SXXXX928Z
Date Of Birth 08/09/1963
Occupation Outdoor

Date Of Driving Pass	17/06/1981
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91896633
Alt. Phone Number	-
Email Address	PATTENPANG@LPW.COM.SG
Address	AOT BLK 190BUKIT BATOK WEST AVENUE 6 #20-39
Address complement	-
Postcode	6501909
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	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 material 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

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9801R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOOMINATHAN LAKSHMANAN
NRIC No	GXXXX210U

Contact Number	(Phone) +65-97894982
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	LIM TIAN SAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ2365H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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.


Policyholder's Signature / Date & Time




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

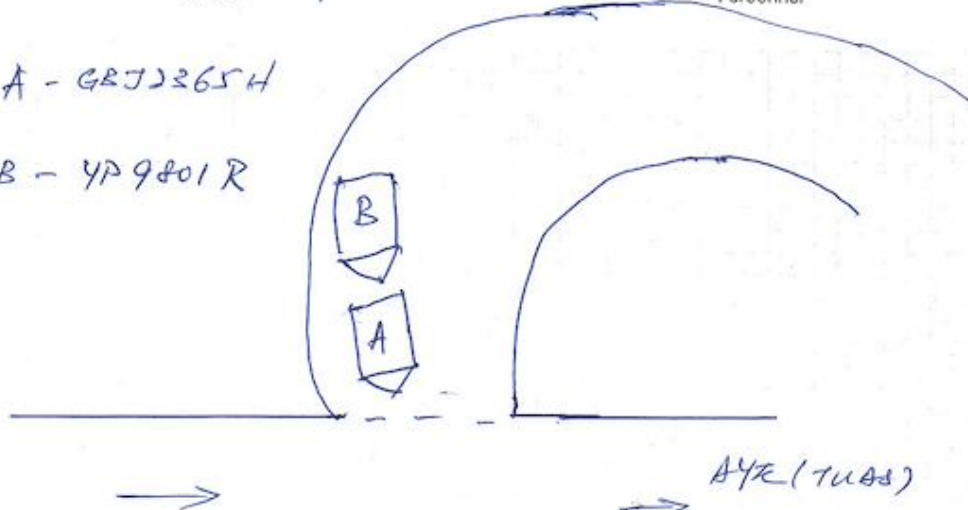
YAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

Sketch Plan

A - GRJ2265H

B - YP9801R



Describe Circumstances of the Accident

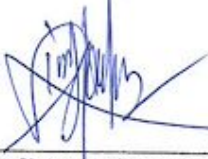
Refer to police report attached.

Declaration

We declare the foregoing particulars are true in every respect.

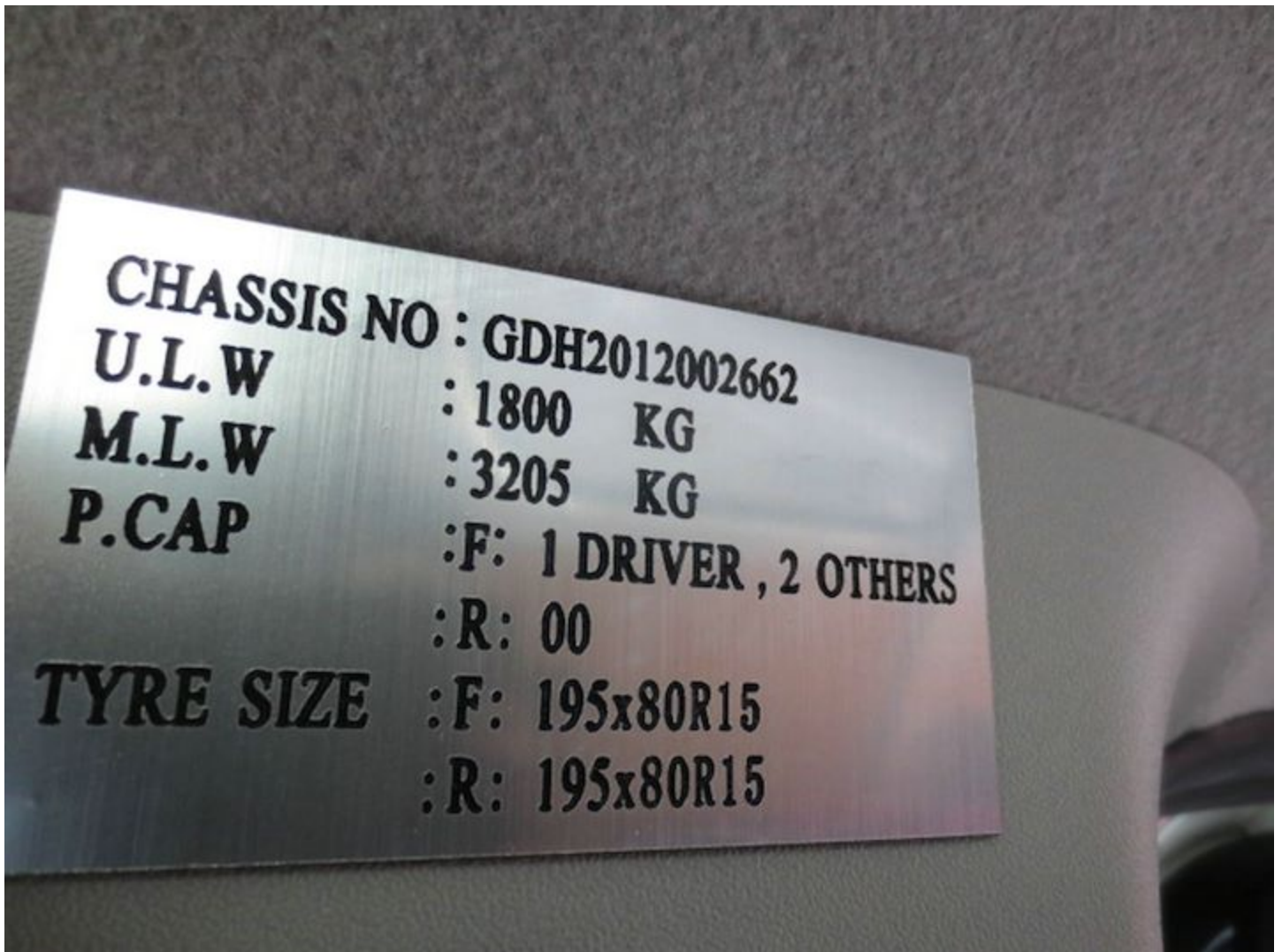


 Policyholder's Signature / Date & Time


 Driver's Signature (If driver is not the policy holder) / Date & Time

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
 Personnel































**SINGAPORE
POLICE FORCE**



T/20210129/7027

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

1 of 3

Report No. T/20210129/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2021 19:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM TIAN SAN			Address: 190 BUKIT BATOK WEST AVENUE 6 #20-39 SINGAPORE 650190		
ID Type / ID No.: NRIC NO / S1604928Z			Contact No.: Home/Office: Mobile: 91896633		
Nationality: SINGAPORE CITIZEN			Email: limtiansan63@gmail.com		
Sex: Male	Age: 57	Date of Birth: 08/09/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: VAN DRIVER			Driving Licence Information: Class: 3,5,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2021 14:20	Type of Location: Bend
Location: CLEMENTI AVENUE 6 SLIP ROAD TOWARDS AYE(TUAS)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBJ2365H	Van	TOYOTA	HIACE	White	Seriously Damaged	0
YP9801R	Lorry			Red	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210129/7027

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

2 of 3

Report No. T/20210129/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TIAN SAN	ID No.	S1604928Z
Related Vehicle	GBJ2365H (Van)	Contact No.	91896633
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3,5,4 Date of Expiry: NIL
Date	29/01/2021	Date	29/01/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	SOOMINATHAN LAKSHMANAN	ID No.	G2490210U
Related Vehicle	NIL	Contact No.	97894982
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 29/1/2021 at about 1420 Hrs,i was driving my van GBJ2365H along Clementi Ave 6 Slip Road towards AYE(Tuas) with no passenger onboard.I stopped at the give way line to give way to the oncoming Traffic from the main Road,suddenly i felt a great impact from behind.I stepped out of my van and realized that a Lorry YP9801R cannot stop on time and rear ended my van rear portion and cause damage and dented to my van rear section.After the accident we exchange particular and leave the scene,my neck and back was in pain due to the impact of the accident and few hours later the pain more worse so i consult doctor and was given 5 days MC from 29/1/2021 to 2/2/2021.



**SINGAPORE
POLICE FORCE**



T/20210129/7027

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

3 of 3

Report No. T/20210129/7027

CONTINUATION OF REPORTSketch 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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

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:
29/01/2021 19:03

Classification Of Case: