

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	18/02/2021 11:22 (SGT)
Date of Accident	17/02/2021 10:50 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore
Additional Location Information	CHOA CHU KANG ST 54
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2124L
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN LIAN SEN TRADING & SERVICES
Company Reg No	B53079901D
Email Address	1321SLS@GMAIL.COM
Mobile Phone No	(Phone) +65-97911101
Alternative Phone No	(Home) +65-97911101

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900017856-02
Cover Note Number	-

DRIVER

Name of Driver	LAU YEOW SONG
NRIC No	S1674519G
Date Of Birth	15/03/1964
Occupation	Indoor

Date Of Driving Pass	30/08/1983
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97911101
Alt. Phone Number	-
Email Address	1321SLS@GMAIL.COM
Address	446 HOUGANG AVENUE 8
Address complement	B1-1635
Postcode	530446
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

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	FBL6265B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHD FARID BIN JOHAN
Contact Number	(Phone) +65-92277592

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

Vehicle No:

6BJ2124L

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: 18/02/21
10.08am

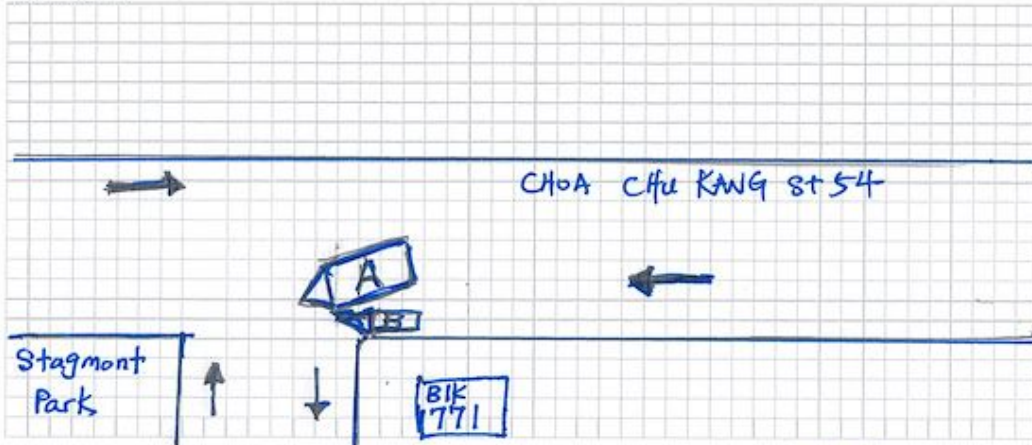
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) My Vehicle No: GBJ 2124 L

Accident Location: CHOA CHU KANG St 54

Accident Date: 17-02-2021

Time: 10:50 am / pm

- Brief Details Of Accident -

The accident occurred at the junction of Blk 771 along Choa Chu Kang Street 54 at 10.50 am. I was aware of a motorcycle^(B) that was behind my vehicle. About 7 seconds before I turned into the junction of Blk 771, I signalled my intention to turn left and kept the left indicator lights on. However, the motorcyclist suddenly accelerated near the junction, the motorcycle hit the left side of my vehicle^(A) and I braked immediately. The details of the accident can be verified by the vehicle's front and rear-view camera recordings. I called for the police immediately. The police and ambulance arrived shortly after. The motorcyclist claimed that he was not injured and was checked by the paramedics. The motorcyclist left after the paramedics verified that he was not injured. After reviewing the camera recordings, it was evident that the motorcyclist had failed to keep a safe distance behind my vehicle, it was dangerous of the motorcyclist to be tailing close behind before attempting to overtake from the left - this has set the stage for the accident.

- Other Vehicle Involve Details -

(B) Veh No: FBL 62658 Hp: 92277592 Pax: Driver Name: MOHD FARID BIN JOHAN
 (C) Veh No: Hp: Pax: Driver Name:

DECLARATION

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

Policyholder's Signature
 Date & Time: 18/02/21
 10:08 am

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

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


























**SINGAPORE
POLICE FORCE**


T/20210222/2077

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210222/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2021 14:12	Vide Report No.:	Station Diary No.: 68
--------------------------------------------	------------------	--------------------------

Informants Particulars

Name of Informant: LAU YEOW SONG	Address: APT BLK 769 CHOA CHU KANG STREET 54 #13-21 SINGAPORE 680769		
ID Type / ID No.: NRIC NO / S1674519G	Contact No.: Home/Office: Mobile: 97911101		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 15/03/1964	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Employment agent/Labour contractor	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/02/2021 10:50	Type of Location: Straight Road
Location: CHOA CHU KANG STREET 54				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6265B	Motorcycle				Slightly Damaged	0
GBJ2124L	Van				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210222/2077

2 of 3

Report No. T/20210222/2077

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Rider:			
Name	Mohd Farid Bin Johan	ID No.	NIL
Related Vehicle	FBL6265B (Motorcycle)	Contact No.	92277592
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	NIL	Degree of Injury	NIL
Driver:			
Name	LAU YEOW SONG	ID No.	S1674519G
Related Vehicle	GBJ2124L (Van)	Contact No.	97911101
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 17/02/2021 at about 1050hrs, I was about to turn to Blk 771 Chua Chu Kang St 54 where a motorbike FBL6265B was tailgating on my left rear of my vehicle. Suddenly the motorbike speed up when I start turning in and hit on my front left bumper.

I wish to informed that this report is for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20210222/2077

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20210222/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 ALAN YAP PENG KWEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

22/02/2021 14:12

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
5 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : STOW21210001-01 Vehicle Registration No: G8J2124L
Name (as shown in NRIC) : SIN LIAN SEN TRADING & SERVICES NRIC/FIN/Passport No : 8XXXXXX901D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 446 HOUGANG AVENUE 8 Singapore 530446
Contact (Tel) : 97911101 Mobile No. : _____
Email Address : 1321SLS@GMAIL.COM
Date of Accident : 17/02/2012 Time of Accident : _____
Place of Accident : CHOA CHU KANG ST 54
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached Police Report.

Policyholder / Driver's Signature

Date:

新联昇贸易
SLS
SIN LIAN SEN TRADING & SERVICES

Block 446 Hougang Ave-8

GIARMC addendum #A1-1635 Singapore (530446)

22-02-2012

Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

Date: