

# 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 ..... 17/03/2021 16:02 (SGT)  
Date of Accident ..... 16/03/2021 11:40 (SGT)  
Exact Location of Accident ..... Kallang Way, Singapore  
Additional Location Information ..... TWDS TANNERY ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP4041A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TLS INTERNATIONAL(PTE)LTD  
Company Reg No ..... 1XXXXX590E  
Email Address ..... SEBAS@TLSINCL.COM.SG  
Mobile Phone No ..... (Phone) +65-66945061  
Alternative Phone No ..... (Office) +65-66945061

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... HINO XZU710R-HKFMS3  
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 ..... Tokio Marine  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 20-MU009955-R03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE AH TIONG  
NRIC No ..... SXXXX590A  
Date Of Birth ..... 29/11/1952  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/08/1979
Driving experience .....	41 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82586853
Alt. Phone Number .....	-
Email Address .....	SEBAS@TLSINCL.COM.SG
Address .....	BLK 272A JURONG WEST ST 24
Address complement .....	#08-76
Postcode .....	641272
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	COLLEAGUE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORTT/20210316/2106

#### 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 .....	GBD5739A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SYED MUHAMMAD FIRDAUZS
NRIC No .....	SXXXXX624H
Contact Number .....	-
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**

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

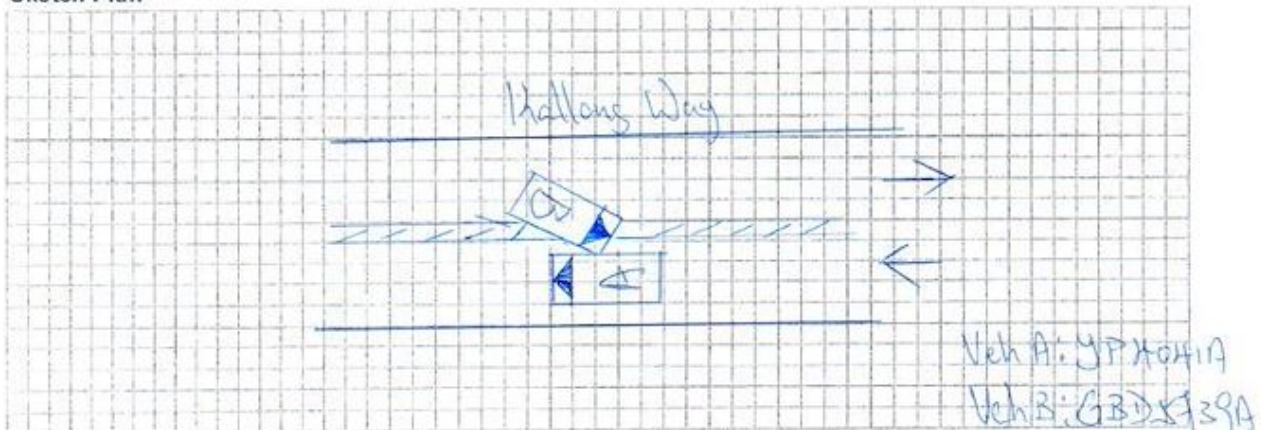
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


**Sketch Plan**

pls refer to the police report: 7/20210316/2106

We declare the foregoing particulars are true in every respect.



are true in every respect.



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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210316/2106

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20210316/2106

**CONTINUATION OF REPORT**

Driver			
Name	LEE AH TIONG	ID No.	S1001590A
Related Vehicle	YP4041A (Lorry)	Contact No.	82586853
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/03/2021 at about 1140hrs, I was driving my lorry registration plate number YP4041A and was travelling along Kallang Way heading to Macpherson for delivery.

While I was driving, one van registration plate number GBD5739A was coming from my opposite direction and suddenly the said van mount a kerb and hit onto my left portion of my vehicle.

vide report G/20210316/0105.

































**SINGAPORE  
POLICE FORCE**



T/20210316/2106

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20210316/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2021 19:05		Vide Report No.: G/20210316/0105		Station Diary No.: 131	
<b>Informant's Particulars</b>					
Name of Informant: LEE AH TIONG			Address: APT BLK 272A JURONG WEST STREET 24 #08-76 SINGAPORE 641272		
ID Type / ID No.: NRIC NO / S1001590A			Contact No.: Home/Office: Mobile: 82586853		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 29/11/1952	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2021 11:40	Type of Location: Straight Road	
Location: KALLANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5739A	Van					0
YP4041A	Lorry				Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20210316/2106

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20210316/2106

**CONTINUATION OF REPORT**

Driver			
Name	LEE AH TIONG	ID No.	S1001590A
Related Vehicle	YP4041A (Lorry)	Contact No.	82586853
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20210316/2106

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:

G /  
Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/03/2021 19:05

Officer In Charge Of Case:  
TF / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Classification Of Case:

Authentication Stamp  
NP168