

# 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 ..... 05/04/2021 13:17 (SGT)  
Date of Accident ..... 27/03/2021 01:15 (SGT)  
Exact Location of Accident ..... 16 Harbour Dr, Singapore 117401  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE4358G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Call Lade Enterprises Pte Ltd  
Company Reg No ..... 199204755K  
Email Address ..... chua@calllade.com  
Mobile Phone No ..... (Phone) +65-62221970  
Alternative Phone No ..... +65-62221970

### VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... P410LA4X2MSZ  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 12742

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/20/VC00/107949  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Lum Chee Yong Marshall  
NRIC No ..... S7909319Z

Date Of Birth .....	04/04/1979
Occupation .....	Outdoor
Date Of Driving Pass .....	19/03/1998
Driving experience .....	23 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88380300
Alt. Phone Number .....	-
Email Address .....	chua@callade.com
Address .....	Blk 813A, Choa Chu Kang Ave 7, #14-571
Address complement .....	-
Postcode .....	681813
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	FBD6689D
Insurance Company of Other Vehicle Owned by Driver .....	NTUC Income Insurance Co-operative Ltd

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	No
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 to police report no : T/20210329/2083.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	with traffic police
Was there any audio recorded? .....	No

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Lum Chee Yong Marshall
Address .....	-
Address Complement .....	-

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	XE4358G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

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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.:

Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days.


( ) Claim Own Damage

( ) Claim Third Party

( / ) Reporting Only

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

i was deployed to IPM 623 (XZ 43586) trailer (TRD 5435G)  
 from 1930hrs 26 may to 730hrs 27 may. At about 0115hrs, I  
 mounted a lift container (CSN 8103047) for  
  
 Refer to police report (T/20210329/2083)

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:  
 NR/C/FN No



**SINGAPORE  
POLICE FORCE**



T/20210329/2083

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/20210329/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2021 16:02	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars			
Name of Informant: LUM CHEE YONG MARSHALL		Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #14-571 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S7909319Z		Contact No.: Home/Office: Mobile: 88380300	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 04/04/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: HAULIER DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2021 01:15	Type of Location: T-Junction
Location:  HARBOUR DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE4358G	Lorry				Seriously Damaged	0

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





**SINGAPORE  
POLICE FORCE**



T/20210329/2083

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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/20210329/2083

## CONTINUATION OF REPORT

Driver			
Name	LUM CHEE YONG MARSHALL	ID No.	S7909319Z
Related Vehicle	XE4358G (Lorry)	Contact No.	88380300
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

On 27/03/2021 at about 0115hrs, I was driving my Haulier (XE4358G) along Harbour Drive. I then make a right turn at the traffic junction however my vehicle toppled on the left side. Ambulance, police and LTA came to scene and I was subsequently conveyed to National University Hospital.

My Trailer number is TRD5433S, and my PSA container (CSNU8103047) was damaged. I wish to state that my vehicle hit onto a traffic light which caused the traffic light to fell.

I was granted 14 days hospitalized leave. My lorry suffered from a smashed left side window and the left side of my lorry was dented.

This is the first time such incident happen to me. I am lodging this report for insurance purpose.



**SINGAPORE  
POLICE FORCE**



T/20210329/2083

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

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
Report No. T/20210329/2083

**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 DARRYL LIM JUN DE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2021 16:02
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID  Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168  <div style="border: 1px solid black; padding: 2px; text-align: center;">SIGNATURE</div>	