

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 12/05/2021 10:02 (SGT)
Date of Accident 10/05/2021 10:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG WEST AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6472B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KONG GENERAL CONTACTOR PTE LTD
Company Reg No 2XXXXX658N
Email Address KONG@CORING.COM.SG
Mobile Phone No (Phone) +65-96584114
Alternative Phone No +65-96584114

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number t210002614
Cover Note Number -

DRIVER

Name of Driver NICK GOH JING WEI
NRIC No SXXXX179J

Date Of Birth	20/04/1989
Occupation	Outdoor
Date Of Driving Pass	05/01/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96584114
Alt. Phone Number	-
Email Address	NICK-GOH@CORING.COM.SG
Address	BLK 218C BOON LAY AVE
Address complement	#13-295
Postcode	643218
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 SKETCH PLAN

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	SJE2866B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV2512S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMZ5093H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 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 -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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5. Any false information 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 lodging 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 compliance with requirements under any regulations, laws or court orders.



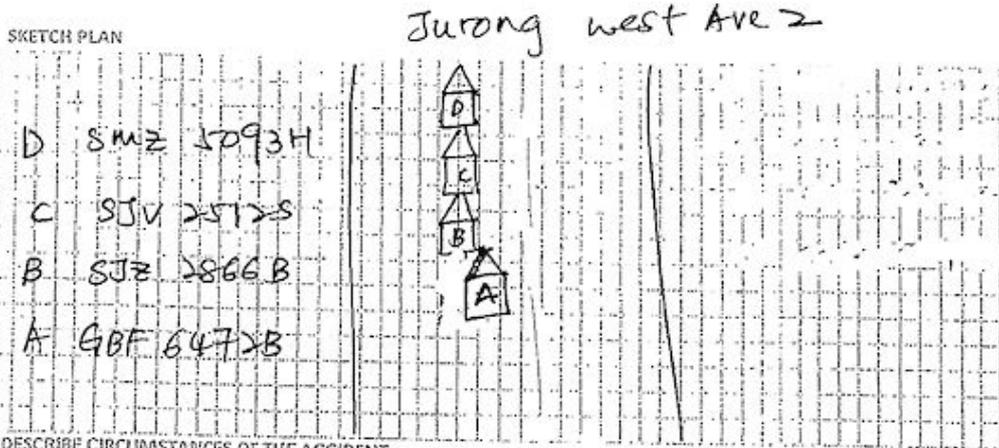

Policyholder's Signature
Date & Time: 11/5/2021
5pm



Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/5/2021
5pm




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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Roper Police Report T/20210511/7031

Important:
 You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/TP at other workshop

DECLARATION

I/WE declare the following particulars are true in every respect.

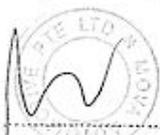



Policyholder's signature
 Date & Time 11/5/2021
 5pm



Driver's Signature
 (if driver not the policyholder)
 Date & Time 11/5/2021
 5pm

V-Tech Auto Service

Reporting Centre Personnel's Signature
 Name:
 Mric/Fin No.



前輪	後輪
175/75R15 103/101L LT	145R13-8PRLT
550 {5.50}	450 {4.50}
175/75R15 103/101L LT	165R13-6PRLT
550 {5.50}	350 {3.50}
25261	YV

TOYOTA MOTOR CORPORATION JAPAN
MODEL QDF-KDY231-TLMGY
ENGINE 1KD-FE 2982 ml
FRAME No. KDY231-8025882
COLOR 199 FB13 P11
TRANS./M/E R451 A01B 200
PLANT OPTION














**SINGAPORE
POLICE FORCE**


T/20210511/7031

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

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Report No. T/20210511/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2021 16:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NICK GOH JING WEI			Address: 218C BOON LAY AVENUE #13-295 SINGAPORE 643218		
ID Type / ID No.: NRIC NO / S8913179J			Contact No.: Home/Office: Mobile: 96584114		
Nationality: SINGAPORE CITIZEN			Email: kong@coring.com.sg		
Sex: Male	Age: 32	Date of Birth: 20/04/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2021 10:10	Type of Location: Straight Road
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: CHAIN COLLISION OF 4 VEHICLES				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF6472B	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	1
SJV2512S	Car	TOYOTA	VIOS	Silver	Slightly Damaged	1
SJZ2866B	Car	KIA	CARENS	Brown	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210511/7031

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

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Report No. T/20210511/7031

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMZ5093H	Car	TOYOTA	CHR	Brown	Slightly Damaged	1

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	NICK GOH JING WEI			ID No.	S8913179J	
Related Vehicle	GBF6472B (Lorry)			Contact No.	96584114	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL		
Driver						
Name	PHUNG FONG CHOO			ID No.	S6905692Z	
Related Vehicle	SJV2512S (Car)			Contact No.	98169966	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	Slight		
Driver						
Name	NG WEI WEN			ID No.	S8914636D	
Related Vehicle	SJZ2866B (Car)			Contact No.	84849434	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	Slight		



**SINGAPORE
POLICE FORCE**



T/20210511/7031

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

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Report No. T/20210511/7031

CONTINUATION OF REPORT

Driver			
Name	TOH MENG SOON		ID No. S6811747Z
Related Vehicle	SMZ5093H (Car)		Contact No. 92739556
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 10.05.2021 ABOUT 10.10AM, I, WAS DRIVING GBF 6472B TOYOTA DYNA, TRAVELLING ALONG JURONG WEST AVE 2. I WANTED TO FILTER RIGHT INTO CORPORATION RD. HALFWAY FLITERING, THE VEHICLES IN FRONT OF ME STOP. I AM NOT ABLE TO HOLD MY BRAKE AND COLIDED INTO THE VEHICLE IN FRONT. THERE ARE TOTAL 4 VEHICLES INVOLVED. SMZ 5093H, SJV 2512S AND SJZ 2866B. TRAFFIC POLICE AND AMBULANCE CONVEY TO THE SCENE. DRIVERS INVOLVED FILE REPORT WITH INSURER. I FELT UNCOMFORTABLE AND WENT FOR DOCTOR CONSULTATION AFTER THE INCIDENT.



**SINGAPORE
POLICE FORCE**

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



T/20210511/7031

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Report No. T/20210511/7031

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 / TPIB / NOOR HIDAYAH BINTE ABDULLAH Contact No.: 65476251

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: 11/05/2021 16:58
Classification Of Case: