

# 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 ..... 21/05/2021 18:21 (SGT)  
Date of Accident ..... 15/05/2021 16:30 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... NEAR BUONA VISTA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE3056J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HIAP SENG TRANSPORT PTE. LTD.  
Company Reg No ..... 201631385R  
Email Address ..... HSENGPC@SINGNET.COM  
Mobile Phone No ..... (Phone) +65-64566093  
Alternative Phone No ..... (Office) +65-64566093

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... Cyh52t  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 15681

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z20VC05005433  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KIM HONG  
NRIC No ..... S1651497G

Date Of Birth .....	21/08/1964
Occupation .....	Outdoor
Date Of Driving Pass .....	29/12/1986
Driving experience .....	34 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98163851
Alt. Phone Number .....	-
Email Address .....	HSENGPC@SINGNET.COM
Address .....	BLK 749 YISHUN ST 72
Address complement .....	#11-130
Postcode .....	760749
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? .....	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

PLS REFER TO THE POLICE REPORT:T/20210518/2090

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown

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 ..... TAN KIM HONG  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SERIOUS  
 Injured person in which vehicle? ..... XE3056J  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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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' 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

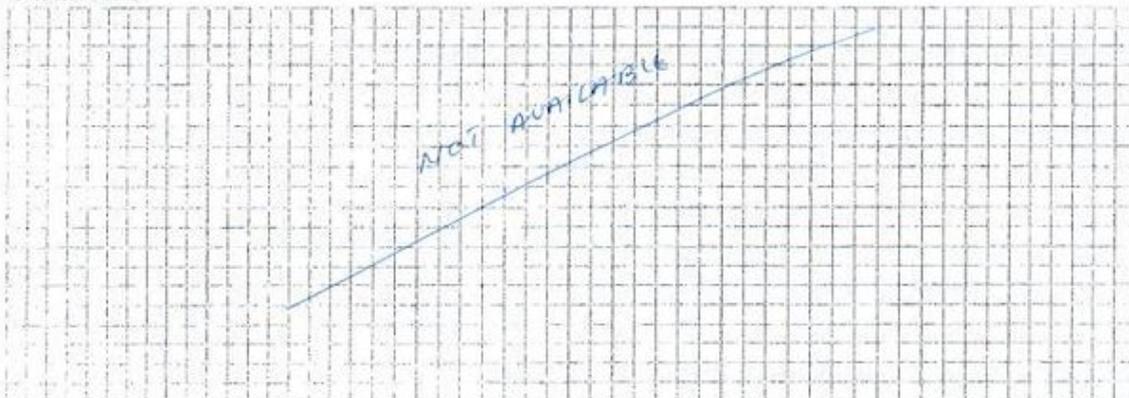
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

*[Handwritten signature]* 21/5/2024

*[Handwritten signature]* 21/05/24

**Sketch Plan**



NOT AVAILABLE





SINGAPORE  
POLICE FORCE



T/20210518/2090

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

2 of 3

Report No. T/20210518/2090

CONTINUATION OF REPORT

ON BEHALF			
Name	SIM GODGREY		ID No. S9282505A
Related Vehicle	XE3056J (Lorry)		Contact No. 92996093
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		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	Serious

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

MY DRIVER WAS DRIVING THE LORRY BEARING REGISTRATION NUMBER (XE3056J) ALONG AYE TOWARDS CITY. I WISH TO STATE THAT I DON'T MUCH ABOUT WHAT HAPPENED AS MY DRIVER IS STILL IN ICU. FROM WHAT I WAS TOLD, MY DRIVER COLLIDED ONTO THE REAR SIDE OF AN UNKNOWN TRAILER AND SUSTAINED A SERIOUS INJURY. HE WAS CONVEYED TO NUH WHERE HE IS STILL IN ICU NOW. THAT IS ALL

IO IN-CHARGE: IO HIDAYAH 65476251



SINGAPORE  
POLICE FORCE



T/20210518/2090

1 of 3

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

Report No. T/20210518/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2021 18:19	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: SIM GODGREY		Address: 539 JURONG WEST AVENUE 1 #10-1036 SINGAPORE 640539	
ID Type / ID No.: NRIC NO / S9282505A		Contact No.:	Mobile: 92996093
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 29/04/1992	Type of Informant: ON BEHALF
Race: Chinese		Language: English	Institution / School Name:
Occupation: COMPANY MANAGER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2021 16:30	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE3056J	Lorry	ISUZU	CYH52T	White		0
	TRAILER					0

**Details of Person Involved**

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



SINGAPORE  
POLICE FORCE



T/20210518/2090

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

2 of 3

Report No. T/20210518/2090

CONTINUATION OF REPORT

ON BEHALF			
Name	SIM GODGREY	ID No.	S9282505A
Related Vehicle	XE3056J (Lorry)	Contact No.	92996093
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	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	Serious

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

MY DRIVER WAS DRIVING THE LORRY BEARING REGISTRATION NUMBER (XE3056J) ALONG AYE TOWARDS CITY. I WISH TO STATE THAT I DON'T MUCH ABOUT WHAT HAPPENED AS MY DRIVER IS STILL IN ICU. FROM WHAT I WAS TOLD, MY DRIVER COLLIDED ONTO THE REAR SIDE OF AN UNKNOWN TRAILER AND SUSTAINED A SERIOUS INJURY. HE WAS CONVEYED TO NUH WHERE HE IS STILL IN ICU NOW. THAT IS ALL

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SINGAPORE  
POLICE FORCE



T/20210518/2090

3 of 3

Report No. T/20210518/2090

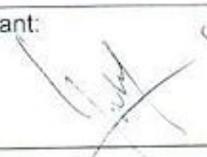
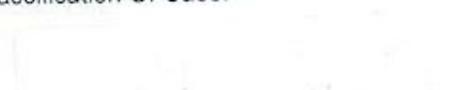
Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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: TP / SC2 MOHAMMAD DANISH SYAH BIN MOHD KASSIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2021 18:19
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NG BEIFENG Contact No.: 65476845	Classification Of Case: 

Authentication Stamp  
NP168

