

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 16:47 (SGT)
Date of Accident 20/05/2021 18:45 (SGT)
Exact Location of Accident Jln Taman, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC1941M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHUAN-YU CONSTRUCTION PTE LTD
Company Reg No 1XXXXX362Z
Email Address TOHJS@SINGNET.COM.SG
Mobile Phone No (Phone) +65-96635302
Alternative Phone No +65-96635302

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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number Z/21/VC00/109611
Cover Note Number -

DRIVER

Name of Driver TOH JOH SEE
NRIC No SXXXX072J

Date Of Birth	18/01/1950
Occupation	Outdoor
Date Of Driving Pass	12/11/1998
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96635302
Alt. Phone Number	-
Email Address	TOHJS@SINGNET.COM.SG
Address	34 JALAN TAMAN
Address complement	-
Postcode	328984
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 - Opening Door of Vehicle
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?	No
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210521/2038

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	CYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	TAN SOH CHYE
NRIC No	SXXXX877B
Contact Number	(Phone) +65-97301531
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 SOH CHYE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	CYCLIST
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

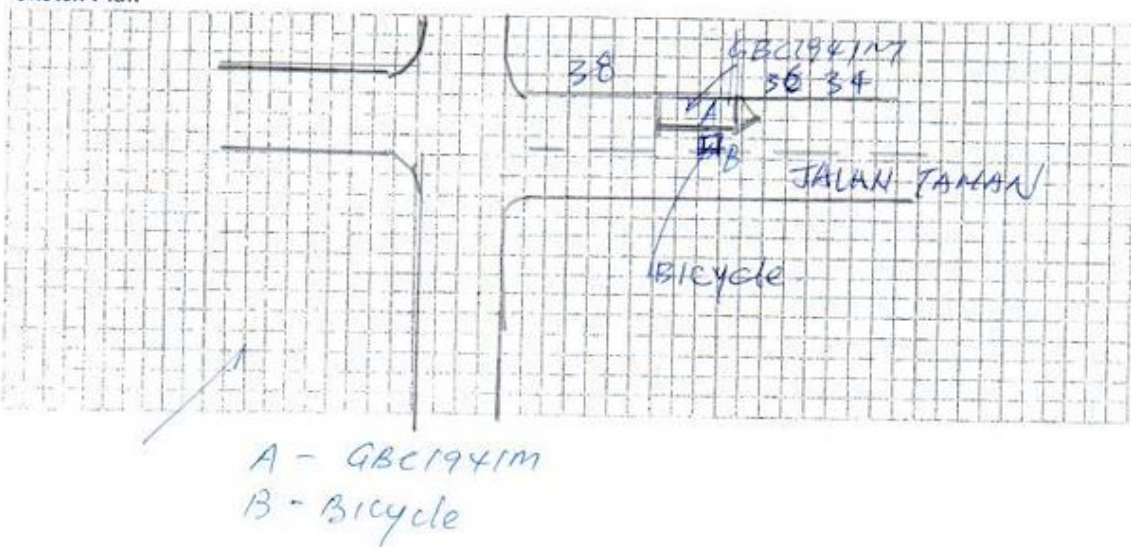
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report: T/20210521/2038

Declaration

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

[Signature] 21/5/21
 Policyholder's Signature / Date & Time

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

[Signature] 21/05/21
 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210521/2038

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210521/2038

CONTINUATION OF REPORT

Driver			
Name	TOH JOH SEE		ID No. S2014072J
Related Vehicle	GBC1941M (Lorry)		Contact No. 96635302
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
Cyclist			
Name	TAN SOH CHYE		ID No. S1168877B
Related Vehicle	(Bicycle)		Contact No. 97301531
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	Serious

Brief Details.

On the above mentioned date, time and location, I parked my vehicle at the side of the road in front of my house and opened my car door after checking behind, and after opening my door, I heard a loud tumble sound and I then made a check and found an elderly man with his bicycle on the ground. He complained of pain on his right shoulder. I offered to contact for ambulance however he refused and asked to be brought to a clinic, and thus, I brought him to one. The clinic then informed that he needs to be referred to a hospital, in which, I brought him to Raffles Hospital. I wish to state that an X-Ray was done and he was found with a dislocated right shoulder. The elderly man was then scheduled to visit a specialist and I am lodging this report for insurance claim purposes.



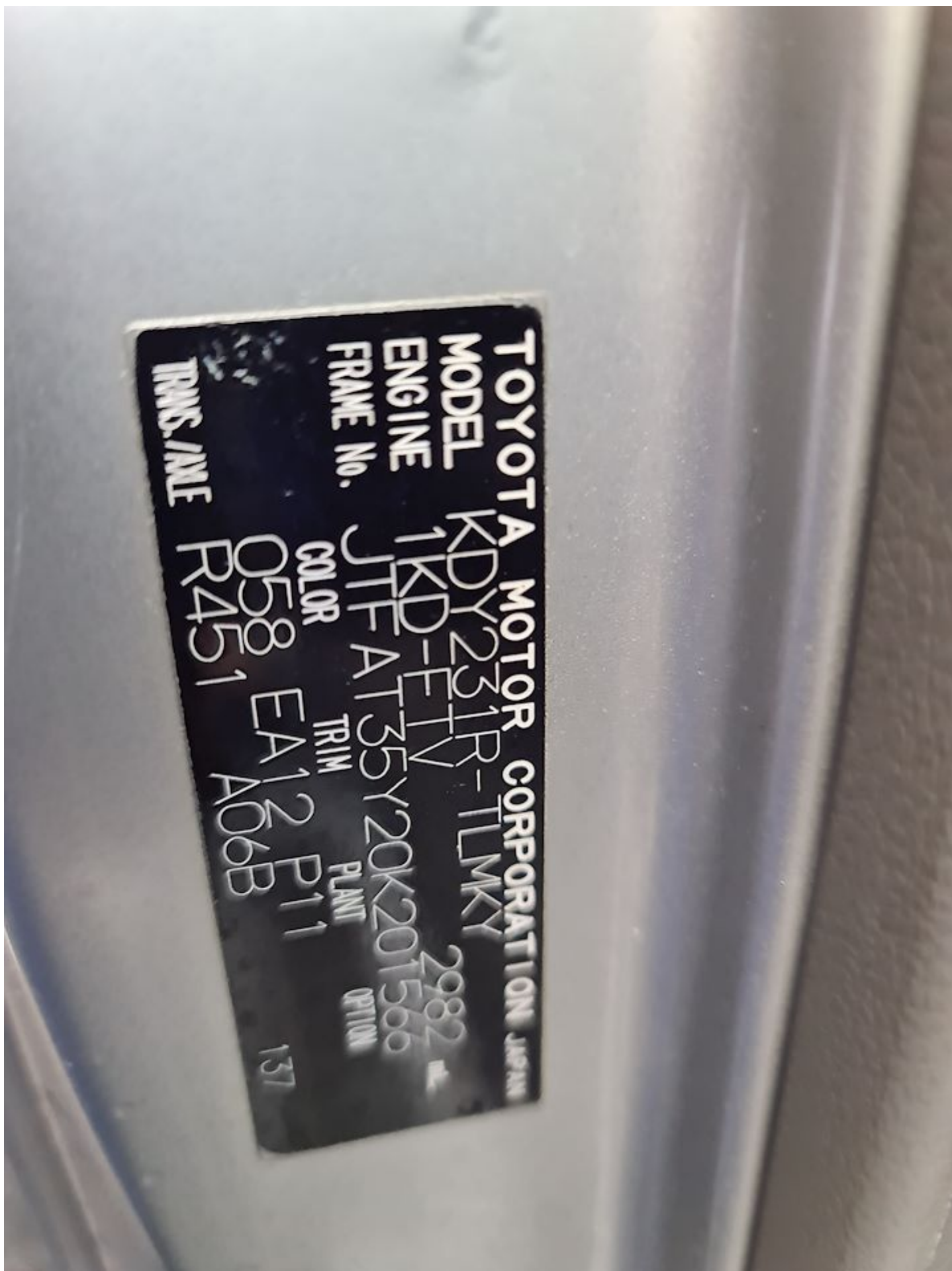
















SINGAPORE POLICE FORCE



T/20210521/2038

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210521/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2021 15:03	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: TOH JOH SEE			Address: 34 JALAN TAMAN SINGAPORE 328984		
ID Type / ID No.: NRIC NO / S2014072J			Contact No.: Home/Office: Mobile: 96635302		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 18/01/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 20/05/2021 18:45	Type of Location: Straight Road
Location: JALAN TAMAN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: STATIONERY VEHICLE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1941M	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	White	No Damage	0
	Bicycle					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210521/2038

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20210521/2038

CONTINUATION OF REPORT

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Name	TOH JOH SEE		ID No. S2014072J
Related Vehicle	GBC1941M (Lorry)		Contact No. 96635302
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
Cyclist			
Name	TAN SOH CHYE		ID No. S1168877B
Related Vehicle	(Bicycle)		Contact No. 97301531
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	Serious

Brief Details.

On the above mentioned date, time and location, I parked my vehicle at the side of the road in front of my house and opened my car door after checking behind, and after opening my door, I heard a loud tumble sound and I then made a check and found an elderly man with his bicycle on the ground. He complained of pain on his right shoulder. I offered to contact for ambulance however he refused and asked to be brought to a clinic, and thus, I brought him to one. The clinic then informed that he needs to be referred to a hospital, in which, I brought him to Raffles Hospital. I wish to state that an X-Ray was done and he was found with a dislocated right shoulder. The elderly man was then scheduled to visit a specialist and I am lodging this report for insurance claim purposes.



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T/20210521/2038

3 of 3

Report No. T/20210521/2038

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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:

A /
Sgt 2 IAN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/05/2021 15:03

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168

