

# 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 ..... 29/06/2021 14:12 (SGT)  
Date of Accident ..... 02/06/2021 21:20 (SGT)  
Exact Location of Accident ..... Lor 7 Toa Payoh, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF7247D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... A DESIGN ENGINEERING  
Company Reg No ..... 52863707W  
Email Address ..... enquiry@tathai.com.sg  
Mobile Phone No ..... (Phone) +65-65557676  
Alternative Phone No ..... (Office) +65-65557676

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... DYNA 150 5MT  
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? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z/21/VC06/109961  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GOH AH MOEY @ NG LEONG SENG  
NRIC No ..... S0515319J

Date Of Birth .....	23/03/1947
Occupation .....	Outdoor
Date Of Driving Pass .....	02/09/1969
Driving experience .....	51 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90391575
Alt. Phone Number .....	-
Email Address .....	enquiry@tathai.com.sg
Address .....	BLK 225 LOR 8 TOA PAYOH #08-52
Address complement .....	-
Postcode .....	310225
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 .....	No 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 .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 .....	Kim Keat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002529999
Alt. Police Station Phone No .....	(Fax) +65-63554311
Police Station Address .....	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### 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 .....	SJR5898E
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) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.

**A Design Engineering**  
 116B Ang Mo Kio St 31  
 #01-08 Multi Storey Car Park  
 Singapore 563316  
 Tel: 6455 0505




Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

Refer to police report

Refer to police report  
No <sup>new</sup> damage to my vehicle except old damages.

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre  
Personnel









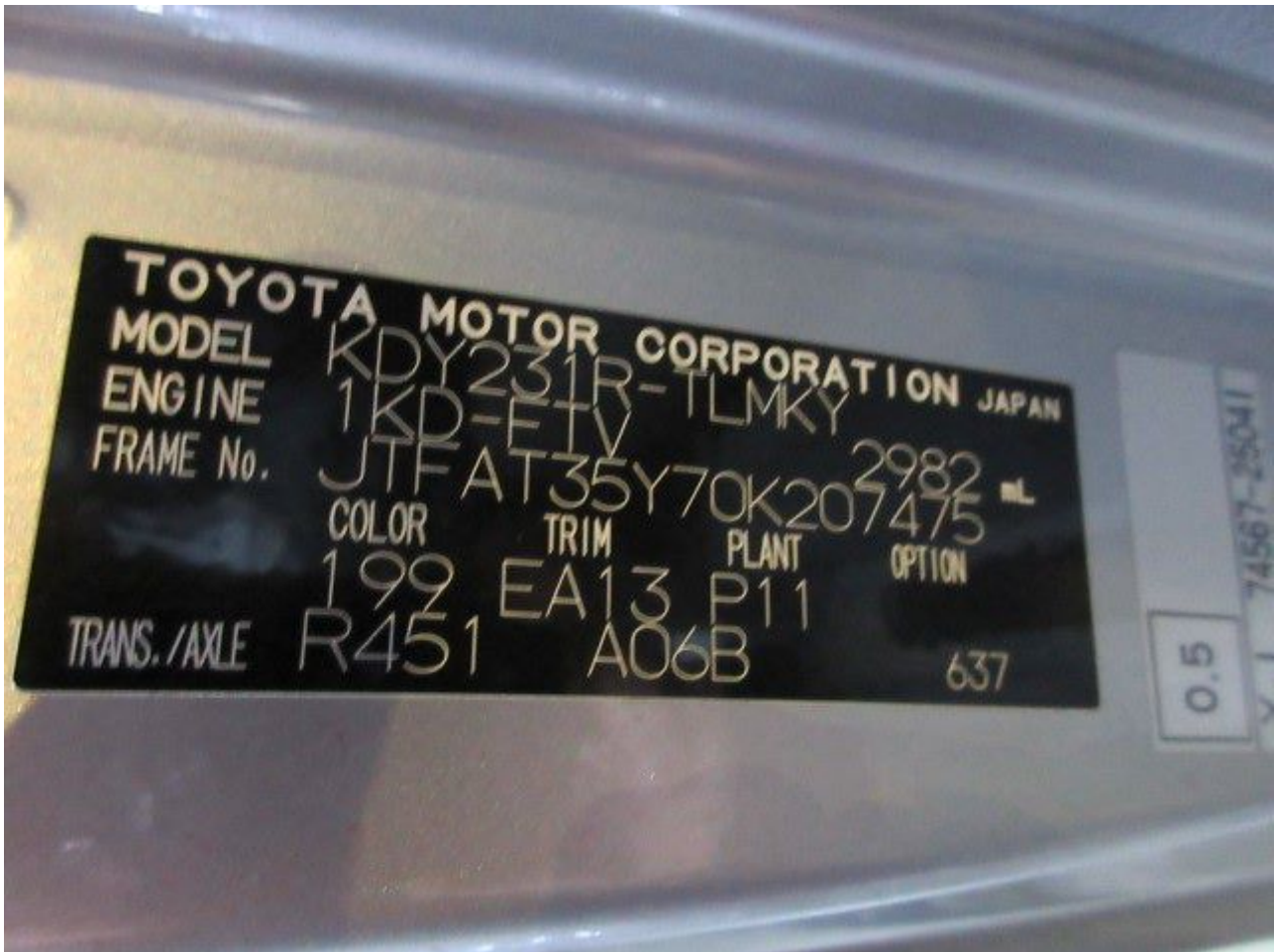
















**SINGAPORE  
POLICE FORCE**



T/20210622/2063

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

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Report No. T/20210622/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2021 16:31	Vide Report No.:	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: GOH AH MOEY			Address: APT BLK 225 LORONG 8 TOA PAYOH #08-52 SINGAPORE 310225	
ID Type / ID No.: NRIC NO / S0515319J			Contact No.:	Mobile: 90391575
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 74	Date of Birth: 23/03/1947	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/06/2021 21:20	Type of Location:
Location:  LORONG 7 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7247D	Lorry	TOYOTA	DYNA 150 5MT	Silver	No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210622/2063

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Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

Report No. T/20210622/2063

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH AH MOEY	ID No.	S0515319J
Related Vehicle	GBF7247D (Lorry)	Contact No.	90391575
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am lodging this report as I received a letter from traffic police, TP/IP/27623/2021, from TP IO Kaleswari A/P Palani, 65476902. However, I am not sure as to why I received such a letter from traffic police regarding 2/6/21.

I remembered clearly there was no accident happened on 2/6/21. I did not hit onto anyone or any vehicle at all.

I am an elderly of age 74 but my memory was very good. I did not notice anything unusual on that day and I just drove the said vehicle back home from work and went to sleep subsequently.

I am lodging this report for record purposes and if traffic police require any other information on my end, they can contact me via my contact number, 90391575.



**SINGAPORE  
POLICE FORCE**



T/20210622/2063

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

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Report No. T/20210622/2063

**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:

E /

Sgt 3 KUAH JIA HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/06/2021 16:31

Classification Of Case: