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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 08/06/2021 12:21 (SGT)
Date of Accident 07/06/2021 14:00 (SGT)
Exact Location of Accident 166A Yung Kuang Rd, Singapore 611166
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN9277P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Teo Soon Seng Pte Ltd
Company Reg No 199401281R
Email Address winnieng@teoss.org
Mobile Phone No (Phone) +65-84812869
Alternative Phone No +65-84812869

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z20VC05005919
Cover Note Number -

DRIVER

Name of Driver Chiu Eng Hua
NRIC No S1626047I

Date Of Birth	29/06/1963
Occupation	Outdoor
Date Of Driving Pass	11/08/2006
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84812869
Alt. Phone Number	-
Email Address	winnieng@teoss.org
Address	Blk 406, Choa Chu Kang Ave 3, #11-277
Address complement	-
Postcode	680406
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	Side Swipe
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no: T/20210607/2080.

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	FBG3604C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	Mohamed Firdaus Bin Mohamed Ismail
NRIC No	S8790197A
Contact Number	(Phone) +65-98519156
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?	FBG3604C
Were seat belts worn?	-
Is this injured conveyed to hospital by ambulance?	-

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.



8-6-2021

h 8/6/21

Policyholder's Signature
(Date & Time)

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

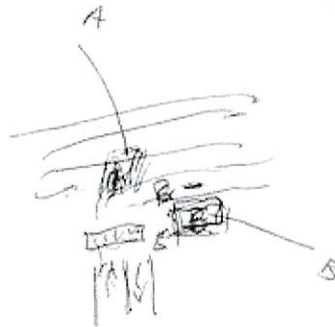
Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

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

☐ Claim Own Damage ☐ Claim TP ☒ Reporting Only ☐ Claim OD TP at other workshop

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SKETCH PLAN



A-YN9277P
B-FBG 3EC4C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20240607/2080.

DECLARATION

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

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8-6-2021

h 8/6/21











CHASSIS NO:	FEB71EA10118	
U.W.:	2480	KG.
M.L.W.:	6700	KG.
TYRE SIZE:	F 215/75R/17,5	
	R 215/75R/17,5(B)	
PASSENGER CAPACITY:	1 DRIVER 2 OTHERS	
WFE:		









**SINGAPORE
POLICE FORCE**



T/20210607/2080

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20210607/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2021 15:57	Vide Report No.:	Station Diary No.: 89
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Informant's Particulars

Name of Informant: CHIU ENG HUA	Address: APT BLK 406 CHOA CHU KANG AVENUE 3 #11-277 SINGAPORE 680406		
ID Type / ID No.: NRIC NO / S16260471	Contact No.: Home/Office: Mobile: 84812869		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 57	Date of Birth: 29/06/1963	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: DELIVERY DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/06/2021 14:00	Type of Location: YELLOW BOX
Location: YUNG KUANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3604C	Motorcycle				Slightly Damaged	0
YN9277P	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210607/2080

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20210607/2080

CONTINUATION OF REPORT

Name	MOHAMED FIRDAUS BIN MOHAMED ISMAIL		ID No.	S8790197A
Related Vehicle	FBG3604C (Motorcycle)		Contact No.	98519156
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	CHIU ENG HUA		ID No.	S1626047I
Related Vehicle	YN9277P (Lorry)		Contact No.	84812869
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	

Brief Details.

On the 07/06/2021 at about 1400hrs at Yung Kuang Road, I was driving my lorry bearing YN9277P at Yung Kuang Road near Blk 63 and Blk 66 Carpark, I made a right turn towards Soon Lee Road and I did not see an oncoming motor cyclist bearing FBG3604C and he hit my lorry on my right side. He did not fall on the road but the bike impacted my lorry and fall on the road. My lorry sustained minor damages while the bike of the motorcyclist has a broken headlight and some damages. Both ambulance and traffic police were at scene. The motorcyclist was conveyed by ambulance as he sustained some pain to the right side leg and hand. I did not sustained any injuries. No government property was damaged. I do not have a in-car camera installed in my lorry.

Ref: J/20210607/0074



**SINGAPORE
POLICE FORCE**



T/20210607/2080

3 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210607/2080

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 /

SC2 MUHAMMAD FIKRI BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/06/2021 15:57

Officer In Charge Of Case:

TP / GIT /

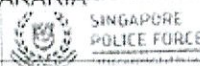
Sr Staff Sgt MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE