

# 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 .....              | 22/06/2021 16:22 (SGT) |
| Date of Accident .....                | 21/06/2021 17:30 (SGT) |
| Exact Location of Accident .....      | Bartley Rd, Singapore  |
| Additional Location Information ..... | TOWARDS TOA PAYOH      |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBC6502P |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | U.B.ZANOTTI SYSTEM PTE LTD |
| Company Reg No .....           | 2XXXXX889D                 |
| Email Address .....            | THOMAS@UBZ.COM.SG          |
| Mobile Phone No .....          | (Phone) +65-65474267       |
| Alternative Phone No .....     | (Office) +65-65474267      |

### 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 - Claiming third party |
| 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 .....             | 7210043927                           |
| Cover Note Number .....         | -                                    |

### DRIVER

|                      |                     |
|----------------------|---------------------|
| Name of Driver ..... | DARIEN KOH YUAN ZHI |
| NRIC No .....        | SXXXX670F           |

|  |                         |
|--|-------------------------|
| Date Of Birth .....  | 01/09/1964              |
| Occupation .....   | Outdoor                 |
| Date Of Driving Pass .....   | 28/02/1984              |
| Driving experience .....   | 37 YEARS AND 4 MONTHS   |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-87493365    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | THOMAS@UBZ.COM.SG       |
| Address .....  | BLK 492F TAMPINES ST 45 |
| Address complement .....   | #02-682                 |
| Postcode .....   | 526492                  |
| 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? .....  | No  |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |           |
|--------------|-----------|
| Name .....   | PASSENGER |
| Gender ..... | Male      |

#### DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police? .....  | Yes                                  |
| Police Station Name .....                       | Tampines Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005871999              |
| Alt. Police Station Phone No .....              | (Fax) +65-65871699                   |
| Police Station Address .....                    | 6 Tampines Ave 4 Singapore 529682    |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210622/2010

#### 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 ..... | SMD6251C |
| 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 .....                              | DARIEN KOH YUAN ZHI |
| Address .....   | -                   |
| Address Complement .....                                  | -                   |
| Post Code .....   | -                   |
| Approximate Age Years Old .....                           | -                   |
| Injuries Sustained .....                                  | SLIGHT              |
| Injured person in which vehicle? .....                    | GBC6502P            |
| Were seat belts worn? .....                               | Yes                 |
| Was this injured conveyed to hospital by ambulance? ..... | No                  |

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



*[Signature]*

*[Signature]* 22/06/21

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**

On 21/06/2021 @ 1730hrs, I was driving my company lorry GBL 6502P with my colleague sitting on board. We were heading to The Pylon for delivery. I was travelling in the centre lane along Bentley Rd towards The Pylon. I stopped my lorry at the traffic junction due to red light. After a short while, as I felt an impact from the rear. Upon alighting, I realised that vehicle SPD 6251C had failed to stop and collided into the rear portion of my vehicle. I suffered some pain and went to see doctor later in the night and was given 3 days of MC.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 22/06/21

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210622/2010

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20210622/20

**CONTINUATION OF REPORT**

| Driver                            |                     |  |                                   |
|-----------------------------------|---------------------|--|-----------------------------------|
| Name                              | DARIEN KOH YUAN ZHI | ID No.                                 | S1669670F                         |
| Related Vehicle                   | GBC6502P (Lorry)    | Contact No.                            | 87493365                          |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 21/06/2021          | Date Discharge                         | 21/06/2021                        |
| No. of Days granted Medical Leave | 03                  | Degree of Injury                       | Slight                            |

**Brief Details.**

On 21/06/21 at about 5:30pm, I was driving my lorry (V1: GBC6502P) along Bartley Road towards Toa Payoh. There was one passenger in the vehicle with me.

The traffic light was red as such I stopped my vehicle. While my vehicle was stationary, a vehicle (V2: SMD6251C) from the back collided into the rear end of my lorry. We stepped out of the vehicle to inspect the damages. The rear of my lorry had scratched and damages.

Traffic police was at the accident location.

After the accident, I realized that my right hand was pain and swollen. I believe it was because my hand was on the lorry steering wheel and was injured during the impact. I visited Kallang Bahru Family Clinic Pte Ltd (Blk 66 Kallang Bahru #01-485) and received 3 days MC from 22/06/2021 to 24/06/2021.

My passenger is not injured.

The lorry belongs to my company UBZ Pte Ltd.

The Driver of V2  
Name: Norisham  
NRIC: S803407211  
HP: 88693219



















































**SINGAPORE  
POLICE FORCE**



T/20210622/2010

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20210622/2010

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>22/06/2021 11:03 | Vide Report No.: | Station Diary No.:<br>17 |
|--|------------------|--------------------------|

**Informant's Particulars**

|   |            |                              |  |                            |  |
|---|------------|------------------------------|--|----------------------------|--|
| Name of Informant:<br>DARIEN KOH YUAN ZHI |            |                              | Address:<br>APT BLK 492F TAMPINES STREET 45 #02-682 SINGAPORE 526492 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S1669670F  |            |                              | Contact No.:<br>Home/Office: Mobile: 87493365                        |                            |  |
| Nationality:<br>SINGAPORE CITIZEN         |            |                              | Email:   |                            |  |
| Sex:<br>Male                              | Age:<br>56 | Date of Birth:<br>01/09/1964 | Type of Informant:<br>Driver   |                            |  |
| Race:<br>Chinese                          |            |                              | Language:  | Institution / School Name: |  |
| Occupation:<br>driver                     |            |                              | Driving Licence Information:<br>Class: Date of Expiry:               |                            |  |

**General Information of the Accident**

|  |                              |   |   |  |
|--|------------------------------|---|---|--|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>21/06/2021 17:30 | Type of Location:<br>Straight Road     |
| Location:<br><br>BARTLEY ROAD                                |                              |   |   |  |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make | Model | Color | Condition           | No of Passenger |
|-------------|-------|------|-------|-------|---------------------|-----------------|
| GBC6502P    | Lorry |      |       |       | Slightly<br>Damaged | 1               |
| SMD6251C    | Car   |      |       |       |                     | 0               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210622/2010

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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3  
Report No. T/20210622/20

**CONTINUATION OF REPORT**

| Driver                            |                     |  |                                   |
|-----------------------------------|---------------------|--|-----------------------------------|
| Name                              | DARIEN KOH YUAN ZHI | ID No.                                 | S1669670F                         |
| Related Vehicle                   | GBC6502P (Lorry)    | Contact No.                            | 87493365                          |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 21/06/2021          | Date Discharge                         | 21/06/2021                        |
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NRIC: S803407211  
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**SINGAPORE  
POLICE FORCE**



T/20210622/2010

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3




Report No. T/20210622/2010

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:<br>G /<br>Sgt 2 NURUL DIANA BINTE MOHAMAD<br>ROSLAN | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>22/06/2021 11:03  |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sr Staff Sgt TAN JUN YAN<br>Contact No.: 65476311  | Classification Of Case:<br>  |
| Authentication Stamp<br>NP168  | <br>SIGNATURE                |