

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	24/06/2021 13:29 (SGT)
Date of Accident	23/06/2021 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Commonwealth Avenue West Slip Road Towards North Buona Vista Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4067S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIDA FOOD TRADING PTE LTD
Company Reg No	2XXXXXX280G
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-90239282
Alternative Phone No	+65-90239282

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MCV0000520_02
Cover Note Number	-

DRIVER

Name of Driver	LOY TECK SOON
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NRIC No	SXXXX197I
Date Of Birth	08/03/1965
Occupation	Outdoor
Date Of Driving Pass	23/08/1990
Driving experience	30 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90239282
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 643 YISHUN STREET 61
Address complement	#13-290
Postcode	760643
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)	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT (T/20210623/2115)

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	AT OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2956J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOY TECK SOON
Address	BLK 643 YISHUN STREET 61
Address Complement	#13-290
Post Code	760643
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBC4067S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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.



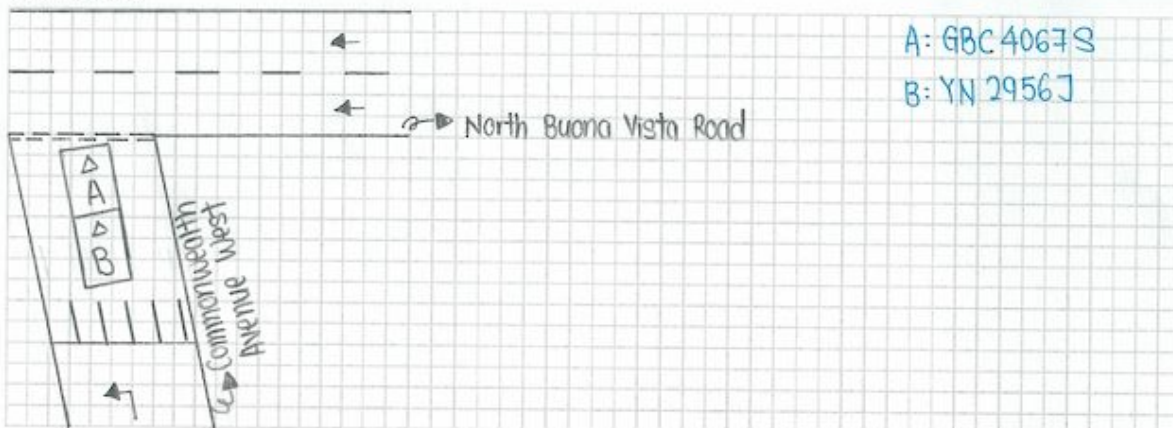
Policyholder's Signature / Date & Time

Xoy

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



Witnessed by Reporting Centre Personnel

Sketch Plan

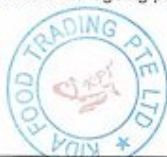
Describe Circumstances of the Accident

Please refer police report (T/20210623/2115)

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

No 7

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



Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20210623/2115

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210623/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2021 20:59		Vide Report No.:		Station Diary No.: 87
Informant's Particulars				
Name of Informant: LOY TECK SOON		Address: APT BLK 643 YISHUN STREET 61 #13-290 SINGAPORE 760643		
ID Type / ID No.: NRIC NO / S16861971		Contact No.: Home/Office: Mobile: 90239282		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 08/03/1965	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2021 09:20	Type of Location:
Location: COMMONWEALTH AVENUE WEST				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4067S	Van					0
YN2956J	Lorry					1

Details of Person Involved

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



**SINGAPORE
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T/20210623/2115

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Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210623/2115

CONTINUATION OF REPORT

Driver			
Name	LOY TECK SOON		ID No. S1686197I
Related Vehicle	GBC4067S (Van)		Contact No. 90239282
Hospital/Clinic	DR CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	23/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ARFINO MUCHSIN		ID No. S7429629G
Related Vehicle	YN2956J (Lorry)		Contact No. NIL
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	NIL

Brief Details.

I was driving along Commonwealth Ave West and had keep left to join to North Buona Vista Rd. I had stopped to wait for traffic to be clear when suddenly the vehicle from my rear bearing plate number YN2956J had collided onto my vehicle. Both of us had alighted from the vehicle and had agreed to settle the matter through insurance.

I had seek medical treatment and was given three days of medical leave. That is all.



**SINGAPORE
POLICE FORCE**



T/20210623/2115

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

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Report No. T/20210623/2115

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:

L /

Sgt 2 NUR RAUDHA BINTE SHEIKH ABDUL
NAZIR

Signature Of Informant:

Xoy

Signature Of Interpreter:

Not applicable

Date/Time:

23/06/2021 20:59

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

SN 053

Authentication Stamp

NP168

Signature:

Singapore Police Force