

# 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 .....	28/06/2021 17:06 (SGT)
Date of Accident .....	25/06/2021 14:00 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	FROM CTE - SLE NEAR LAMP POST 82/1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD380H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	EINDEC SINGAPORE PTE LTD
Company Reg No .....	201523533K
Email Address .....	ANDREWSEW@EINDEC.COM.SG
Mobile Phone No .....	(Phone) +65-62651311
Alternative Phone No .....	+65-62651311

### 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 .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	7210027272
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM KING HUAT
NRIC No .....	S2678599E

Date Of Birth .....	09/03/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	04/12/1999
Driving experience .....	21 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96523484
Alt. Phone Number .....	-
Email Address .....	ANDREWSEW@EINDEC.COM.SG
Address .....	BLK 816 JURONG WEST STREET 81 #06-44
Address complement .....	-
Postcode .....	640816
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 on collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	BEH HAN JOO
Gender .....	Male

#### 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 ATTACHMENT

#### 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 .....	SJK6204M
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIU ZHAO
Contact Number .....	(Phone) +65-96267004
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**

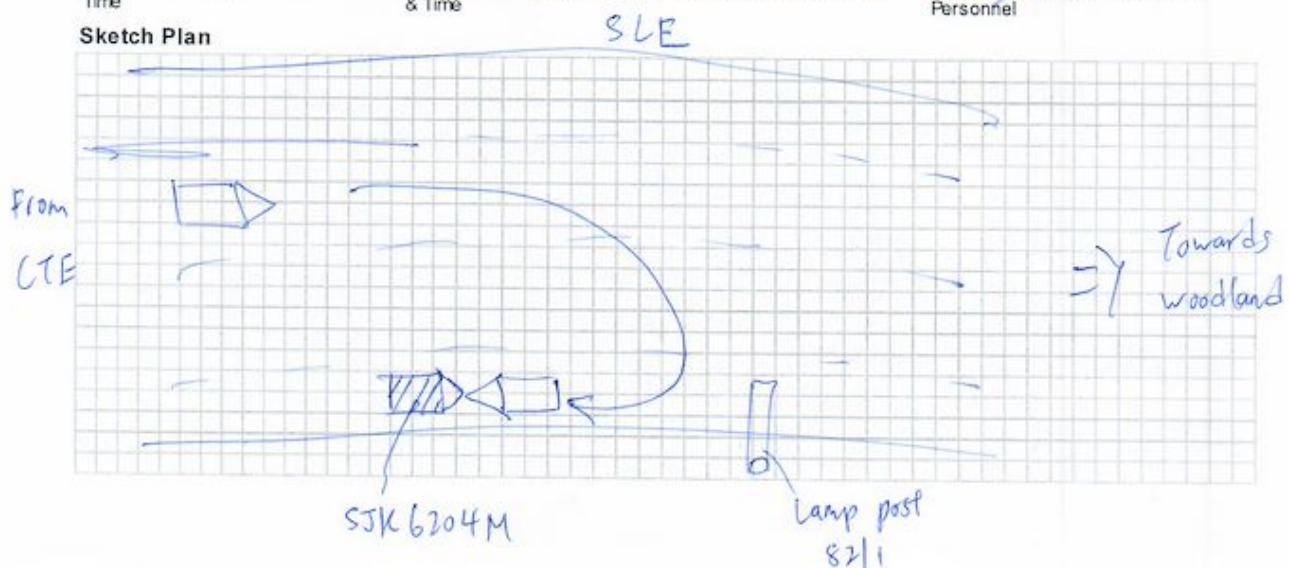
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

REFER POLICE REPORT T/20210626/2017

We declare the foregoing particulars are true in every respect.



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Witnessed by Reporting Centre  
Personnel



































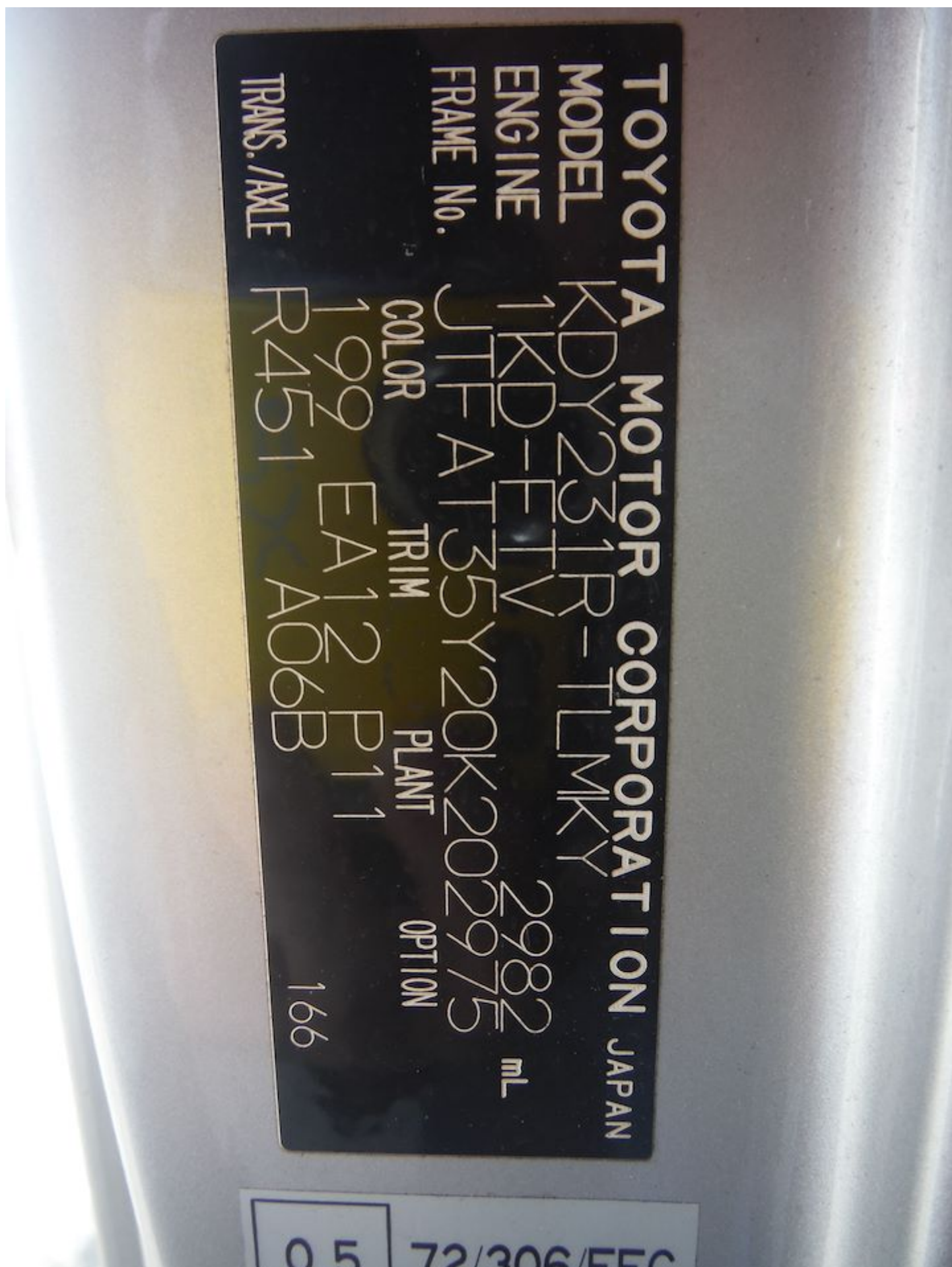














**SINGAPORE  
POLICE FORCE**



T/20210626/2017

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

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Report No. T/20210626/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/06/2021 09:57		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: LIM KING HUAT		Address: APT BLK 816 JURONG WEST STREET 81 #06-44 SINGAPORE 640816		
ID Type / ID No.: NRIC NO / S2678599E		Contact No.: Home/Office: Mobile: 96523484		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 56	Date of Birth: 09/03/1965	Type of Informant: Driver	
Race: Chinese		Language: Malay	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/06/2021 16:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 82/1				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD380H	Lorry	TOYOTA	DYNA 150 MANUAL	Silver	Slightly Damaged	1
SJK6204M	Car	HONDA	STREAM 1.8X A	Black	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
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T/20210626/2017

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

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Report No. T/20210626/2017

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM KING HUAT		ID No. S2678599E
Related Vehicle	GBD380H (Lorry)		Contact No. 96523484
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIU ZHAO		ID No. G8606207R
Related Vehicle	SJK6204M (Car)		Contact No. 96267004
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.**

V1 - GBD380H

V2 - SJK6204M

On 25/06/2021 1400hrs, I was on the second lane of CTE near lamppost 82/1. I was negotiating a left turn when my lorry V1 skidded and spun to the first lane. My lorry was then facing opposite traffic. V2 was driving on the first lane and could not stop in time. Hence, the front of V2 collided with the front of my lorry V1.

The passenger side of V1's front bumper is dented and the right headlight is slightly cracked. The driver side of V2's front bumper is dented. There were no injuries to any of the parties involved.

No Traffic Police and Ambulance came to scene. My lorry V1 does not have a dash camera. I am unsure if V2 has a dash camera.

I am lodging this report to file for insurance claims.





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POLICE FORCE**

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



T/20210626/2017

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Report No. T/20210626/2017

**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 RIZQULLAH RASYIDDIN

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:

*C u u*

Date/Time:  
26/06/2021 09:57

Classification Of Case:



SIGNATURE