# **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 witholding 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.

- 4. The issue and acceptance 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 22/07/2021 11:47 (SGT) Date of Accident 21/07/2021 10:43 (SGT) Exact Location of Accident Loyang Ave, Singapore Additional Location Information **TOWARDS CHANGI VILLAGE** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Manual

2982

Vehicle Registration Number **GBL7277K** 

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LIAN HUP HO MARKET PRODUCE SHOP Company Reg No 3XXXX800W Email Address ktmotorwerk@hotmail.com Mobile Phone No (Phone) +65-92771649 Alternative Phone No +65-89172330

VEHICLE PARTICULARS

Manufacturer

Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210005032 Cover Note Number

DRIVER

CC

Name of Driver LOW YONG HWEE NRIC No. SXXXX217J

Date Of Birth 30/06/1960 Occupation Outdoor Date Of Driving Pass 11/03/1994 Driving experience 27 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-89172330 Alt. Phone Number Email Address ktmotorwerk@hotmail.com Address BLK 557 BEDOK NORTH STREET 3 #08-1006 Address complement Postcode 460557 Is the driver the policyholder? Nο 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 Chain 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	GBB3055M Toyota Dyna -
Vehicle Category Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-

Postcode	 		-
Insurance Company Name		 	_
Nature Of Damage			_
Details of property damaged in accident		 	_
No. Of Passenger (Including Driver)	 		_

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG6481U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YM7481J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	LOW YONG HWEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBL7277K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

HHH

LIAN HUPHO MARKET PRODUCE SHOP

201C TAMPINES STREET 21 #01-14 SINGAPORE 523201

Policyholder's Signature / Date &

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

Weeksed by Reporting Centre Personnel

Sketch Plan

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Declaration

IWe declare the foregoing particulars are true in every respect.

LHH

LIAN HUP HO MARKET PRODUCE SHOP

201C TAMPINES STREET 21#01-14 SINGAPORE 523201 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

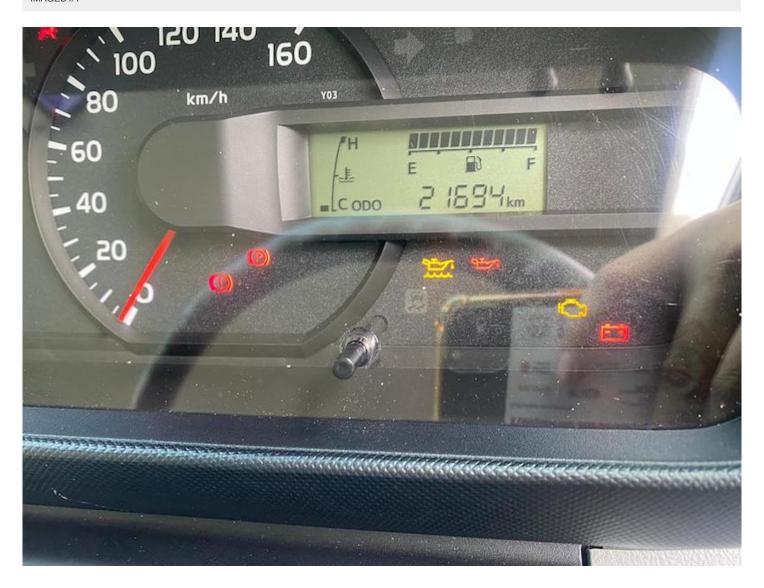
















# GENEFAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: SNUB217 M0002-01 Vehicle Registration No: GBL 7277 ( Name(as shown in NRIC): LOW YUNG / Hwele  (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate  NRIC/Passport No: S1444217 J  Address: BILC 557 Beloic North St 3 7108-1006, S  Contact (Tel): 89172330 (H/P):  (Email): Iclandrae/Ic@ holmn: 1-tom  Date of Accident: 2(-07-2021 Time of Accident: 1043  Place of Accident: Along Logand Ave Howards Chang, Village Insurance Company: Alla			ADDE	NDUM			-	
Name(as shown in NRIC):    LOW YBN & Hull   ("Vehicle Driver / Vehicle Owner) (") Please delete as appropriate   NRIC/Passport No : SI 4442/7 J   Address : BILC 557 Befolk New St 3 208-1006 S   Contact (Tel) : B9 172336 (H/P) :   (Email) :   (claudorwell & holmilicem)   Date of Accident : 2(-07-2021   Time of Accident : (043)   Place of Accident : Along Legand Ave founds Chang: Village     Insurance Company : Alla     (B) ADDITIONAL INFORMATION / AMENDMENTS:   have made a report on the above mentioned accident and would like to include additional information or make the following amendments:   L would like to add in one more vehicle CIS vehicle     YM 7451 J	(A)	PARTICULARS OF			MENDMEN	TS:		
Name(as shown in NRIC):    LOW YBN & Hull   ("Vehicle Driver / Vehicle Owner) (") Please delete as appropriate   NRIC/Passport No : SI 4442/7 J   Address : BILC 557 Befolk New St 3 208-1006 S   Contact (Tel) : B9 172336 (H/P) :   (Email) :   (claudorwell & holmilicem)   Date of Accident : 2(-07-2021   Time of Accident : (043)   Place of Accident : Along Legand Ave founds Chang: Village     Insurance Company : Alla     (B) ADDITIONAL INFORMATION / AMENDMENTS:   have made a report on the above mentioned accident and would like to include additional information or make the following amendments:   L would like to add in one more vehicle CIS vehicle     YM 7451 J	Original Report No :	5/4082171	10002-0	/ Vehicle R	paistration	No	GBL	72771
NRIC/Passport No:  SI 444217 J  Address: BILC 557 Befolk North St 3 2108-1006  Contact (Tel):  (Email):  (Email):    Claudorwe/k@holmil.com  Date of Accident:   2(.07-2021   Time of Accident:   1043     Place of Accident:   Albry Loyand Ave Howards Chang: Village     Insurance Company:   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All   All   All    (B) ADDITIONAL INFORMATION / AMENDMENTS:   All   All    (B) ADDI	ame(as shown in NRIC):	1001 11-11	G HWEE	2	4gration			
Date of Accident: 2(-U7-2021 Time of Accident: 1043  Place of Accident: Albry Logand Ave Jowards Chang: Village Insurance Company: AlG  (B) ADDITIONAL INFORMATION / AMENDMENTS: have made a report on the above mentioned accident and would like to include additional information or make of following amendments:  I would like to add in one more vehicle CIH vehicle  YM 7481 T to the GIA - 2d was a chain collision involving 4 vehicles instead 4 three. The segmence as  I) YM 7481 T lift vehicle  O GIBG 6481 W 2nd vehicle  GBB 3055 M WH vehicle  GBB 3055 M WH vehicle	NRIC/Passport No :							
Date of Accident: 21.47-2021  Place of Accident: Allong Loyand Ave fowards Chang: Village Insurance Company: Alla  (B) ADDITIONAL INFORMATION / AMENDMENTS: have made a report on the above mentioned accident and would like to include additional information or make the following amendments:  I would like to add in one more vehicle CIH vehicle  YM 7481 T to the GIA - 24 was a chain collision involving 4 vehicles instead 4 three. The segmence as  O MM 7481 T to the wehicle  O GIBC 7277 K 3rd vehicle  CABB 3055 M CH Vehicle	Address :	BILC SS	7 ,00	tole Non	th st	3	2108	-1006
Date of Accident: 21.47-2021 Time of Accident: 1043  Place of Accident: Allry Loyand Ave fowards Chang: Village Insurance Company: Alla  (B) ADDITIONAL INFORMATION / AMENDMENTS: nave made a report on the above mentioned accident and would like to include additional information or make the following amendments:  I would like to add in one more vehicle CIH vehicle  YM 7481 T to the GIA - 24 was a chase collision involving 4 vehicles instead 4 three. The sequence as  O MM 7481 T like wehicle  O GIBC 7277 K 3rd vehicle  CABB 3055 M CHA Vehicle	Contact (Tel) :	89172	330		(14)	/P):		
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Place of Accident: Allong Logand Ave towards Chang: Village Insurance Company: Alla  (B) ADDITIONAL INFORMATION / AMENDMENTS: have made a report on the above mentioned accident and would like to include additional information or make to following amendments:  I would like to add in one more vahicle CIH vehicle  YM 7481 J to the GIA - 2d was a chain collision involving 4 vehicles instead 4 three. The sequence as  I) YM 7481 J like wehicle  O GIBG 6481 W 2nd vehicle  O GBB 7277 K 3rd vehicle  F) GBB 3055 M Wh vehicle	Date of Accident	21.07	-2021	Tir	ne of Accid	ent: _	10	43
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gnature of Vehicle Owner / Driver	I would like YM 7451 T invulving 4  YM 7451 T invulving 4  YM 748  GIBG 648  GBB 305	e to add to the vehicles T  U  Vehicles	in on GIA Instead	ne more 21 1 of vehicle vehicle vehicle	whi was three	a co	igin	collisius

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5µm