

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	12/08/2021 15:06 (SGT)
Date of Accident	07/08/2021 17:00 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	TOWARDS TAMAN JURONG.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5431E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUN CHUAN CHAN SUPPLY & SERVICES
Company Reg No	5XXXX078E
Email Address	darrenho140@hotmail.com
Mobile Phone No	(Phone) +65-96305716
Alternative Phone No	+65-96305716

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	2070070860-01
Cover Note Number	-

DRIVER

Name of Driver	KOH CHEE LOO
NRIC No	SXXXX959D

Date Of Birth	28/07/1966
Occupation	Outdoor
Date Of Driving Pass	09/09/1986
Driving experience	34 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96305716
Alt. Phone Number	-
Email Address	darrenho140@hotmail.com
Address	BLK 285 BUKIT BATOK EAST AVE 3
Address complement	#09-433
Postcode	650285
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	No
Was any other vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210807/7031

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	SLG4539H
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	KOH CHEE LOO
Gender	Male
Phone No	(Phone) +65-96305716
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBJ5431E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

SUN CHUAN CHAN SUPPLY & SERVICES

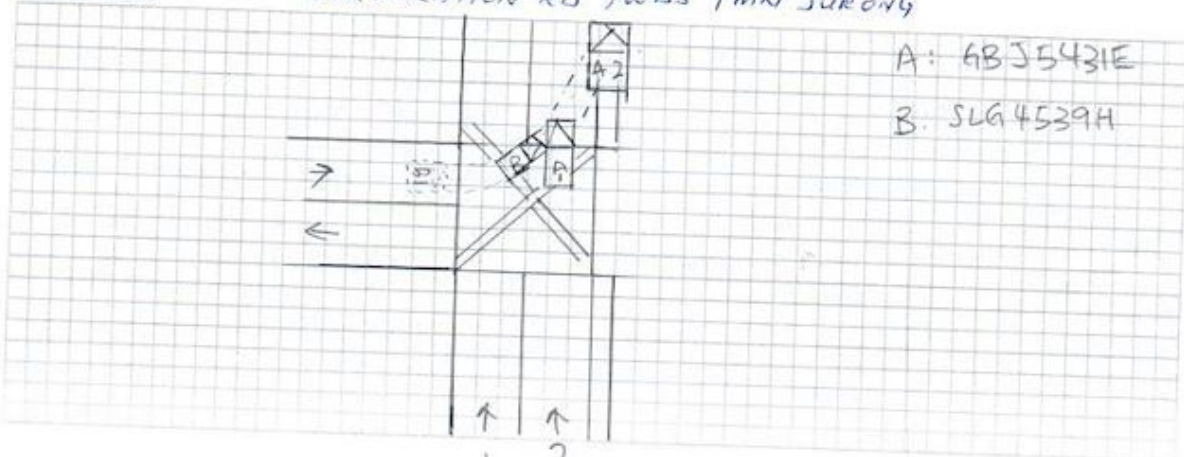
John Chee too
Policyholder's Signature / Date & Time

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

lyn 12/08/21
Witnessed by Reporting Centre Personnel

Sketch Plan

CORPORATION RD TWAS TMN JURONG



Describe Circumstances of the Accident

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A
BEAR LORRY PLATE 4BJ5431E WAS TRAVELLING STRAIGHT IN MY
LANE ON LANE 2. SUDDENLY I FELT A HUGE IMPACT FROM
MY LEFT PORTION OF MY VEHICLE CAUSING ME TO RAMP UP
THE KUPB. I GET DOWN AND REALISE VEHICLE B BEARING
CARPLATE SLG4539A WAS THE ONE THAT COLLIDED ONTO
ME.

Declaration

We declare the foregoing particulars are true in every respect.

SUN CHUAN CHAN SUPPLY & S.L.

Koh Chee too Koh Chee too

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210807/7031

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210807/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHEE LOO	ID No.	S1761959D
Related Vehicle	GBJ5431E (Lorry)	Contact No.	96305716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/08/2021	Date	07/08/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A BEARING LORRY PLATE (GBJ5431E) WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2. SUDDENLY I FELT A HUGE IMPACT FROM MY LEFT PORTION OF MY VEHICLE CAUSING ME TO RAMP UP THE KURB. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE (SLG4539H) WAS THE ONE THAT COLLUDED ON TO ME.

AFTER THE ACCIDENT I FELT PAIN ON MY NECK AND BACK SO I PROCEED TO KOVAN INTERMEDICAL TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.



















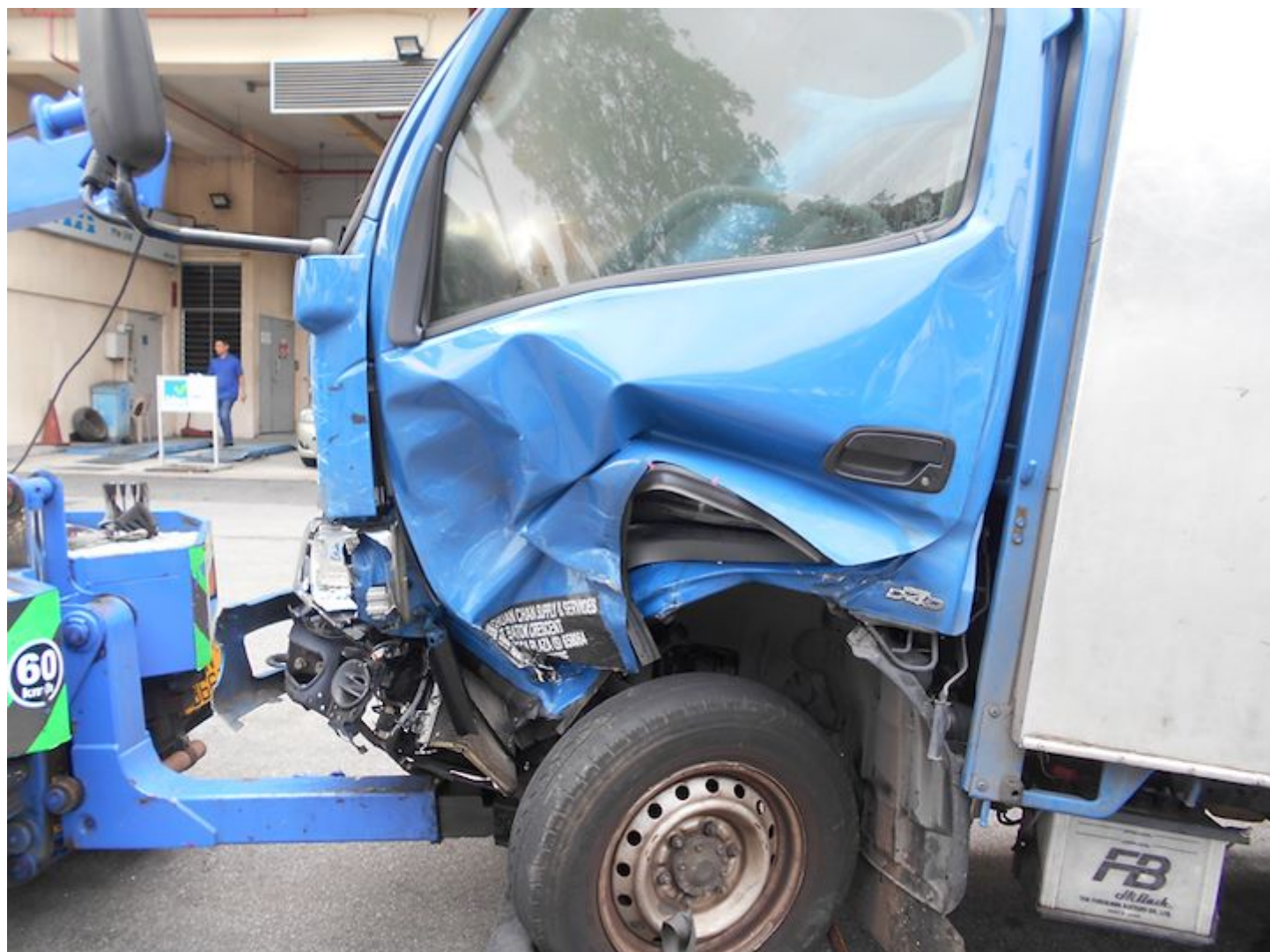
























SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210807/7031

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Report No. T/20210807/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2021 22:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH CHEE LOO			Address: 285 BUKIT BATOK EAST AVENUE 3 #09-433 SINGAPORE 650285		
ID Type / ID No.: NRIC NO / S1761959D			Contact No.: Home/Office: Mobile: 96305716		
Nationality: SINGAPORE CITIZEN			Email: nomoremoods@gmail.com		
Sex: Male	Age: 55	Date of Birth: 28/07/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 07/08/2021 17:00	Type of Location: Straight Road
Location: CORPORATION ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ5431E	Lorry				Seriously Damaged	0
SLG4539H	Car	NISSAN				0



**SINGAPORE
POLICE FORCE**



T/20210807/7031

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210807/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHEE LOO	ID No.	S1761959D
Related Vehicle	GBJ5431E (Lorry)	Contact No.	96305716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/08/2021	Date	07/08/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210807/7031

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Report No. T/20210807/7031

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/08/2021 22:24

Classification Of Case: