

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	21/08/2021 13:30 (SGT)
Date of Accident	20/08/2021 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TWDS PIE ENTERING KJE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3221G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHASEN LOGISTICS SERVICE LIMITED
Company Reg No	1XXXXX6430
Email Address	C-WEISHENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98734534
Alternative Phone No	(Home) +65-98734534

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVP000004156-01-000
Cover Note Number	-

DRIVER

Name of Driver	LIM ROBERT
NRIC No	SXXXX302C

Date Of Birth	10/06/1967
Occupation	Indoor
Date Of Driving Pass	05/04/2012
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98734534
Alt. Phone Number	-
Email Address	C-WEISHENG@HOTMAIL.COM
Address	BLK575 WOODLANDS DRIVE 16 #08-534
Address complement	-
Postcode	730575
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 - Change/cross lane
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?	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1790K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	KOH THIAN SANG
NRIC No	SXXXX492G
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	LIM ROBBERT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN3221G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law firms/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/strapped 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 firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

		SHUYI
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



A) SMN 3221G
B) XE1790JK

BKE TOWARDS PIE
KSE SLIPRD



**SINGAPORE
POLICE FORCE**



L/20210821/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210821/7013

steering wheel really tight.

My vehicle spun 180 degrees before hitting the barrier which was initially on my left.

That was when my vehicle managed to finally come to a stop and I could breathe a sigh of relief.

I alighted to realise that XE1790K had collided into the left portion of my vehicle and caused me to spin out of control.

Later the same day, I started feeling soreness and stiffness over my neck and shoulders.

As such, I proceeded to a nearby clinic, Unihealth Clinic Bedok, from where I was in the afternoon to seek treatment.

I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2021 14:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



L/20210821/7013

1 of 2

POLICE REPORT (NP299)

Report No. L/20210821/7013

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 21/08/2021 14:03	Vide Report No.	Station Diary No.
Name Of Informant LIM ROBERT	Address 575 WOODLANDS DRIVE 16 #08-534 SINGAPORE 730575	
ID Type / ID No. NRIC NO / S1800302C	Contact No. Home/Office: Mobile: 98734534	
Nationality SINGAPORE CITIZEN	Email Address robert@chasens-logistics.com	
Occupation General Manager	Sex Male	Age 54
Institution/School Name	Date of Birth 10/06/1967	Race Chinese
Date/Time Of Incident 20/08/2021 09:15	Location Of Incident BUKIT TIMAH EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my car SMN3221G along BKE(PIE) slip road towards KJE.

I was belted and was travelling along the right of 2 lanes after exiting BKE via exit towards KJE.

Suddenly, I felt a huge bump from the left portion of my vehicle causing me to lose control of my vehicle.

My vehicle started spinning to my left. I was caught by complete surprise and could only hold on to my

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Signature Of Interpreter: Not applicable	Date/Time: 21/08/2021 14:03
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY0B218L0001 Vehicle Registration No : SMW 3221 G.
 Name(as shown in NRIC): LIM ROBERT.
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : S1800302 C.
 Address : BLK 575 WOODLANDS DRIVE 16 B 03-534 (S) 730 575
 Contact (Tel) : _____ (H/P) : 9873 4534.
 (Email) : C-WEI SHENG @HOTMAIL.COM.
 Date of Accident : 201812021. Time of Accident : 09.15 hrs.
 Place of Accident : BKE TWOS PIE ENTERING KJE.
 Insurance Company : GREAT AMERICAN.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- AMEND TIME OF ACCIDENT TO 0915 HRS.
- ADD ON POLICE REPORT.
- INJURY PERSON NAME - LIM ROBERT. (M)



Signature of Vehicle Owner / Driver

Date:

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