

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 25/08/2021 11:58 (SGT)
Date of Accident 24/08/2021 15:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 12 TOWARDS WOODLANDS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN7214J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS FLORAND PTE LTD
Company Reg No 199606196W
Email Address sharan@transflorand.com
Mobile Phone No (Phone) +65-67580224
Alternative Phone No (Office) +65-67580224

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NPR85UH5A
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 2999

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/20/VC00/109438
Cover Note Number 29/12/2020-28/12/2021

DRIVER

Name of Driver TAN KEE MONG
NRIC No S1792248C

Date Of Birth	23/08/1967
Occupation	Outdoor
Date Of Driving Pass	21/06/2002
Driving experience	19 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92273806
Alt. Phone Number	-
Email Address	tankeemong130@gmail.com
Address	BLK 130 CHOA CHU KANG AVE 1 #05-38
Address complement	-
Postcode	680130
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	DRIZZLING
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?	Yes
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

REFER POLICE REPORT

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	SHD1352L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	TAXI DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD1352L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

1. VEHICLE NO.: YN 7214J
 2. INSURER CO.: LONPAC
 3. ACCIDENT DATE & TIME: 29/08/21

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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' 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.



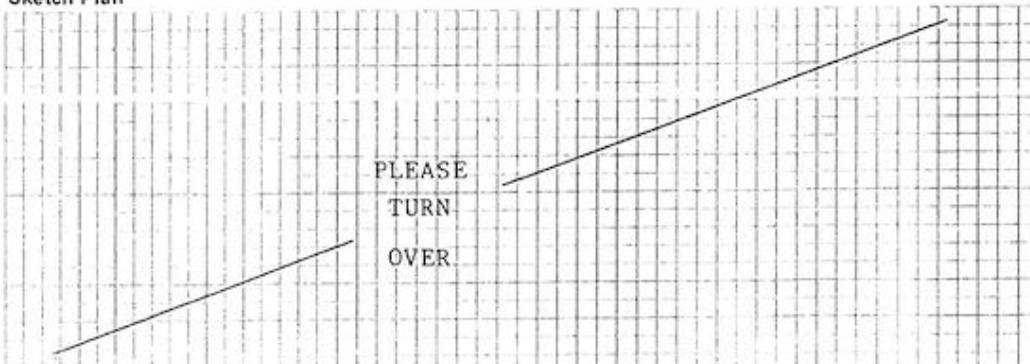
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

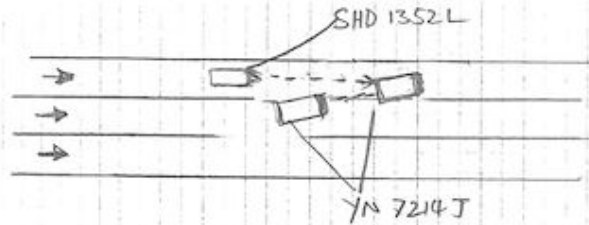
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Sketch Plan



Sketch Plan

WOODLANDS AVE 12 TOWARDS WOODLANDS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party (✓) Reporting Only
() Claim OD/TP at other workshop ()








**SINGAPORE
POLICE FORCE**


T/20210824/7029

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

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Report No. T/20210824/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2021 18:42		Vide Report No.: L/20210824/0070		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KEE MONG			Address: 130 CHOA CHU KANG AVENUE 1 #05-38 SINGAPORE 680130		
ID Type / ID No.: NRIC NO / S1792248C			Contact No.: Home/Office: Mobile: 92273806		
Nationality: SINGAPORE CITIZEN			Email: tankeemong130@gmail.com		
Sex: Male	Age: 54	Date of Birth: 23/08/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/08/2021 15:20	Type of Location: Straight Road	
Location: WOODLANDS (AVE 12)				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 70 Km/h		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SHD1352L	Car	HYUNDAI	i30	Silver	Seriously Damaged	1
YN7214J	Lorry	ISUZU		White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210824/7029

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

Report No. T/20210824/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHD1352L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TAN KEE MONG	ID No.	S1792248C
Related Vehicle	YN7214J (Lorry)	Contact No.	92273806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

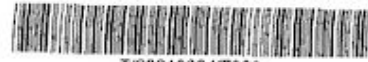
Brief Details.

On the 24/08/2021 at around 1520hrs, I was driving on the second lane on Woodlands Avenue 12. I then signaled left as I wanted to move to the third lane to exit to Woodlands Lane. As I was about to change lane, I checked my rear mirror and saw a taxi on the first lane far behind hence I decided to go into the third lane. I saw that the traffic light in front of me was red and multiple vehicle had stopped. As I was one-third into the third lane I didn't know the following taxi was close to my vehicle, therefore as I fully change lanes, the taxi came in contact with my vehicle. I stopped and got out of my vehicle. The Taxi driver told me that he was having chest pain due to the accident. A passerby saw the incident and called for the ambulance and brought the taxi driver to the hospital. TP also came to the scene and issued a case card and was told to come to the nearest NPC to lodge a police report.



**SINGAPORE
POLICE FORCE**

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



T/20210824/7029

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Report No. T/20210824/7029

CONTINUATION OF REPORT

Sketch 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 / TP1B /
GOH WEI LI
Contact No.: 65476394

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:
24/08/2021 18:42

Classification Of Case: