

## 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 .....	28/09/2021 17:52 (SGT)
Date of Accident .....	28/09/2021 09:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE TOWARDS TAMPINES NEAR LAMP POST 527
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBB5249H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	OR KIM PEOW CONTRACTORS (PRIVATE)LIMITED
Company Reg No .....	1XXXXX891R
Email Address .....	annieyeo@okph.com
Mobile Phone No .....	(Phone) +65-63671960
Alternative Phone No .....	(Office) +65-63671960

#### VEHICLE PARTICULARS

Manufacturer .....	Fiat
Model .....	FIORINO 1.3MJTD (225.2L20)
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 .....	Auto
CC .....	1248

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	Z/21/VC00/110925
Cover Note Number .....	27/5/21-26/5/22

#### DRIVER

Name of Driver .....	KEE NAM ENG(JI NANYING)
NRIC No .....	SXXXX426G

Date Of Birth .....	29/04/1971
Occupation .....	Indoor
Date Of Driving Pass .....	21/01/1993
Driving experience .....	28 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92967789
Alt. Phone Number .....	-
Email Address .....	keenameng@okph.com
Address .....	BLK 25 ANG MO KIO AVENUE 9 #11-15
Address complement .....	-
Postcode .....	569788
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 .....	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 .....	5
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MAIEI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210928/2045

#### 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 .....	GBL1338H
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MALCOM NG
NRIC No .....	SXXXX688I
Contact Number .....	(Phone) +65-86112565
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 .....	GBA4956L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	AH-HUAT
Contact Number .....	(Phone) +65-98399985
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 .....	GBK6276A
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 4

Vehicle Registration Number .....	GBD7146Y
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 ..... PASSENGER  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBK6276A  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLAN

1 VEHICLE NO GBB 5249H  
 2 INSURER CO Lumpac  
 3 ACCIDENT DATE & TIME 28/9/21  
0940hrs

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1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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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' law firms/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' law firms/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 firms/firms), which may be sited outside of Singapore, for one or more of the above Purposes.

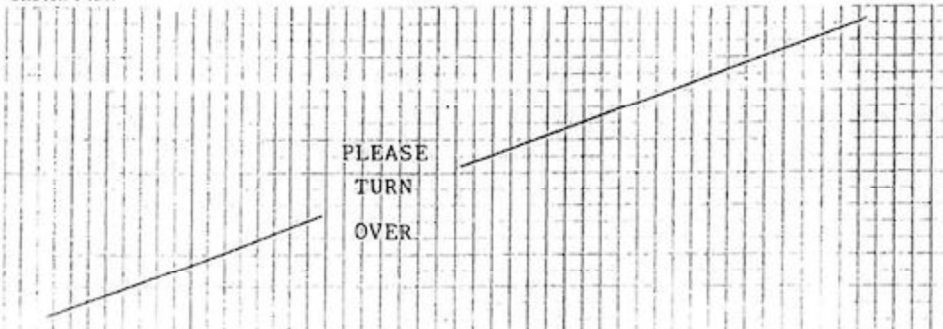


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel CYS

**Sketch Plan**









# SINGAPORE POLICE FORCE



T/20210928/2045

Police Station Of Origin:

Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE  
520461

Tel No: 1800-7818999

Tampines North NPP

Block 461 Tampines St 44

#01-56 Singapore 520461

Tel: 1800-7818999

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Report No. T/20210928/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2021 14:36	Vide Report No.: E/20210928/0031	Station Diary No.: 24
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### Informant's Particulars

Name of Informant: KEE NAM ENG	Address: APT BLK 25 ANG MO KIO AVENUE 9 #11-15 SINGAPORE 569788
ID Type / ID No.: NRIC NO / S7114426G	Contact No.: Home/Office: Mobile: 92967789
Nationality: SINGAPORE CITIZEN	Email:
Sex: Female    Age: 50    Date of Birth: 29/04/1971	Type of Informant: Driver
Race: Chinese	Language: English    Institution / School Name:
Occupation: Quantity surveyor	Driving Licence Information: Class: 3    Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/09/2021 09:40	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Lamp Post Number: 527				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA4956L	Lorry				Slightly Damaged	1
GBB5249H	Van				Slightly Damaged	1
GBD7146Y	Van				Slightly Damaged	0
GBK6276A	Lorry				Seriously Damaged	1
GBL1338H	Lorry				Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210928/2045

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Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20210928/2045

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	AH HUAT	ID No.	NIL
Related Vehicle	GBA4956L (Lorry)	Contact No.	98399985
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
Driver			
Name	KEE NAM ENG	ID No.	S7114426G
Related Vehicle	GBB5249H (Van)	Contact No.	92967789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MALCOLM NG	ID No.	NIL
Related Vehicle	GBL1338H (Lorry)	Contact No.	86112565
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.**

On the abovementioned date and time, I was travelling along the said location (TPE towards Tampines near lamp post 527) at the second lane when my rear right tyre punctured. Due to that I stopped my vehicle and intended to bring my vehicle to the side so as not to allow any obstruction to traffic flow however was unable to do so due to heavy traffic. I considered placing the emergency sign but realised it was too dangerous and decided to call for towing crew for assistance while I waited in my vehicle with hazard light indicator on. I glanced at my rear view mirror and noticed a vehicle (GBL1338H) slowing down and came to a stop very close to the rear of my vehicle. A moment later the said vehicle hit onto my rear and I soon realized that there were other vehicles behind the said lorry collided with each other.





**SINGAPORE  
POLICE FORCE**



T/20210928/2045

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20210928/2045

**CONTINUATION OF REPORT**

Vehicle (GBB7146Y) had hit onto the rear of (GBK6276A), which in turn had hit onto the rear of its front vehicle (GBA4956L) causing it to hit onto the subsequent vehicle behind me (GBL1338H) which then hit onto the rear of my vehicle. Ambulance attended to the incident and passenger of GBK6276A was subsequently conveyed.

Traffic Police was also at scene and I was advised by traffic police to lodge a report with reference to the accident (TP in-charge IO Feroz : 65476206)



**SINGAPORE  
POLICE FORCE**



T/20210928/2045

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Report No. T/20210928/2045

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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

G /

SI NURUL AZAM BIN MOHAMED  
KAMRUL HAQUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No. 65478531  
SINGAPORE POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Keef.

Date/Time:

28/09/2021 14:36

Classification Of Case: