

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 05/10/2021 11:44 (SGT)
Date of Accident 04/10/2021 08:30 (SGT)
Exact Location of Accident Yishun Ave 8, Singapore
Additional Location Information Yishun Ave 8 towards Yishun Ave 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6665L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Hwa Koon Engineering Pte Ltd
Company Reg No 199402348M
Email Address pauline.ho@hwakoon.com
Mobile Phone No (Phone) +65-97774770
Alternative Phone No (Home) +65-97774770

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 3000

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/21/VC00/109274
Cover Note Number -

DRIVER

Name of Driver Chin Kim Ming
NRIC No S7367970B

Date Of Birth	12/12/1973
Occupation	Outdoor
Date Of Driving Pass	05/04/2010
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98958703
Alt. Phone Number	-
Email Address	pauline.ho@hwakoon.com
Address	10 Admiralty Street #02-47 North Link Building
Address complement	-
Postcode	757695
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	4
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	worker
Gender	Male

PASSENGER 2

Name	worker
Gender	Male

PASSENGER 3

Name	worker
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached 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	GBD615G
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 2

Vehicle Registration Number	GBE4890X
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	SMX3266A
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	worker
Gender	Male

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF6665L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	worker
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF6665L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	worker
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF6665L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	Chin Kim Ming
Gender	Male
Phone No	(Phone) +65-98958703
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBF6665L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Refer attached police Report

We declare the foregoing particulars are true in every respect.



21

7

Witnessed by Reporting Centre
Personnel

SKETCH PLAN**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. 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)**

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 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 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 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - G8F6665L

B - G80615G

C - G8E4890X

D - S1Mx3266A



































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20211004/2084

4 of 4

Report No. T/20211004/2084

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
L/
Sgt 2 BENJAMIN TAN CHAO
FENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/10/2021 17:13

Officer In Charge Of Case:
TP / CIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Classification Of Case:



SINGAPORE POLICE FORCE



T/20211004/2084

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20211004/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 17:13		Vide Report No.: L/20211004/0054		Station Diary No.: 86	
Informant's Particulars					
Name of Informant: CHIN KIM MING			Address: APT BLK 673B EDGEFIELD PLAINS #07-611 SINGAPORE 822673		
ID Type / ID No.: NRIC NO / S7367970B			Contact No.: Home/Office:		Mobile: 98958703
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 47	Date of Birth: 12/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/10/2021 08:30	Type of Location: T-Junction
Location: YISHUN AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD615G	Lorry					0
GBE4890X	Lorry					0
GBF6665L	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver	Slightly Damaged	3
SMX3266A	Car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20211004/2084

2 of 4

Report No. T/20211004/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMASAMY PANDIARAJAN	ID No.	G802763N
Related Vehicle	GBD615G (Lorry)	Contact No.	83073581
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	CHIE WEE KIANG	ID No.	S7439324A
Related Vehicle	GBE4890X (Lorry)	Contact No.	97240867
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	CHIN KIM MING	ID No.	S7367970B
Related Vehicle	GBF6665L (Lorry)	Contact No.	98958703
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20211004/2084

3 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20211004/2084

CONTINUATION OF REPORT

Driver			
Name	GOH CHOH HUAT	ID No.	S6928790E
Related Vehicle	SMX3266A (Car)	Contact No.	96811993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/10/2021 at about 0830hrs, I was driving my company lorry along Yishun Avenue 8 towards Yishun Avenue 1, before the T junction of Yishun Avenue 8 and Yishun Street 44. The road was dry and it was not raining. The traffic was heavy and I was travelling along Lane 2, with 3 passengers in my lorry. As I saw the traffic light turned to red light, I saw the red sedan car in front of me had stopped and I stopped well. There was a short distance between the car and my lorry. However, I felt a sudden impact from the rear and my lorry collided onto the rear of the red sedan car in front of me. We then alighted from our vehicles and realized that there was a chain accident involving three lorries and a car, in order of sequence: SMX3266A, GBF6665L, GBD615G and GBE4890X. The ambulance and Police arrived shortly after. My passengers was then conveyed to hospital via ambulance. I was then instructed to lodge a Police Report.