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 witholding 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.

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 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 02/11/2021 10:59 (SGT) Date of Accident 26/10/2021 15:50 (SGT) Exact Location of Accident Telok Paku Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number XF709D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHONG SENG BROTHERS LOGISTICS SERVICES Company Reg No 5XXXX005D **Email Address** ops@chongseng.com.sg Mobile Phone No (Phone) +65-94875673 Alternative Phone No +65-94875673

VEHICLE PARTICULARS

Manufacturer

Model Fuso Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 11967

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd Type of Coverage Comprehensive Fleet Policy Policy Number Z/21/VC00/111890 Cover Note Number

DRIVER

Name of Driver MOHD RAJMAN BIN OTHMAN NRIC No. SXXXX399Z

Date Of Birth 23/04/1960 Occupation Outdoor Date Of Driving Pass 20/03/1987 Driving experience 34 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-83670786 Alt. Phone Number Email Address ops@chongseng.com.sg Address **BLK 334 WOODLANDS STREET 32** Address complement #03-23 Postcode 730334 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JES9576 Vehicle Category Commercial vehicle DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20211026/2114 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident WITH COMPANY Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JES9576

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 Vehicle Manufacturer	SMZ3431D
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)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
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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)

l 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
- (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.

XE709D

Policy holder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

TELOK PAKU PI

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Declaration

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 2 of 3 Report No. T/20211026/2114

CONTINUATION OF REPORT

Details of Perso	n Involved		SEE MAN		abia Najila	ALL SECTION OF THE PARTY OF THE
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL	Us	Use of Pedestrian Crossing: NA			
Driver	With the Annihimeters		NAME OF TAXABLE PARTY.		PORTENING TO SERVICE	CONTRACTOR OF STREET,
Name	MOHD RAJMAN BIN OTHMAN			ID N		S1429399Z
Related Vehicle	XE709D (Lorry)			Cont	act No.	83670786
Hospital/Clinic	NIL		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date			te Discharge	-	
No. of Days gran	ted Medical Leave	NIL		gree of Injury		-

Brief Details.

On the 26/10/2021 at about 1550hrs, I was travelling along Telok Paku Road heading towards Nicoll Drive. When I was approaching the right bend, I saw that the car (SMZ3431D) infront of me had suddenly wanted to turn left into the small road in which the sign there showed that it was a no left turn. I had braked in time as I did not want to collide into his vehicle. The lorry (JES9576) behind me had not braked in time and had collided into my rear in which I then collided into the front car. We all then got out of the vehicle and checked that everyone was fine before I proceeded to call for the traffic police. We then waited for traffic police to come and they had checked the scene before we were told that we can move our vehicles already and to make a police report regarding the matter. I would like to state that I do have in-car camera footage and that traffic police had not taken it from me.











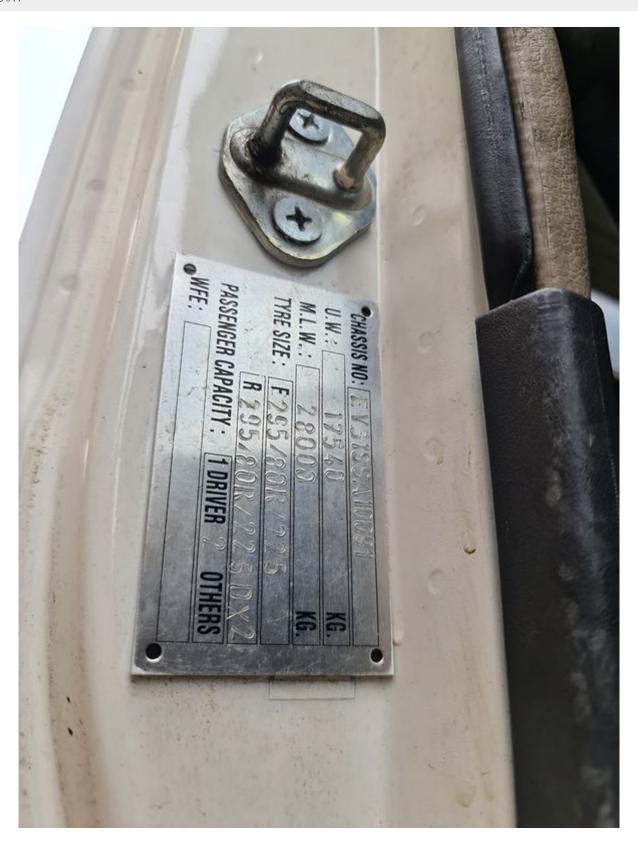


















1 of 3

Report No. T/20211026/2114

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 22:52	Made:	Vide Report No.: G/20211026/0122	Station Diary No.: 381		
Informa	nt's Partic	ulars				
Name of Informant: MOHD RAJMAN BIN OTHMAN			Address: APT BLK 334 WOODLANDS STREET 32 #03-23 SINGAPORE 730334			
ID Type / ID No.: NRIC NO / S1429399Z			Contact No.: Home/Office: 83670786	Mobile:		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 61	Date of Birth: 23/04/1960	Type of Informant:			
Race: Malay			Language: Institution / School Nan			
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2021 15:50	Type of Location Bend	
TELOK PAKU Weather: Clear	J ROAD	Road Surface:		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Heavy	
Traffic Flow: Two Way		Not Controlled			

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
JES9576	Lorry				Slightly Damaged	0	
SMZ3431D	Car				Slightly Damaged	1	
XE709D	Lorry				Slightly Damaged	0	





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 2 of 3 Report No. T/20211026/2114

CONTINUATION OF REPORT

Details of Perso	n Involved		SEE MAN		abia Najila	ALL SECTION OF THE PARTY OF THE
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL	Us	Use of Pedestrian Crossing: NA			
Driver	With the Annihimeters		NAME OF TAXABLE PARTY.		PORTENING TO SERVICE	CONTRACTOR OF STREET,
Name	MOHD RAJMAN BIN OTHMAN			ID N		S1429399Z
Related Vehicle	XE709D (Lorry)			Cont	act No.	83670786
Hospital/Clinic	NIL		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date			te Discharge	-	
No. of Days gran	ted Medical Leave	NIL		gree of Injury		-

Brief Details.

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Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

3 of 3 Report No. T/20211026/2114

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 /	Signature Of Informant:
Sgt 3 CHOONG JIA LE, DION	Laplace
Signature Of Interpreter:	Date/Time:
Not applicable	26/10/2021 22:52
Officer In Charge Of Case:	Classification Of Case:
SSI TAY CHUN KEEN	
Contact No.: 65476436	
Authentication Stamp	

Singapore Police Force