

SL0321BB0008 / Lai Huat (Meng Kee) Motor Pte Ltd
ENTRY DATE & TIME: 11/11/2021 17:01 (SGT)
SUBMITTED BY: Jenny Lim
VERSION: 1 (11/11/2021 17:01 (SGT))

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	11/11/2021 17:01 (SGT)
Date of Accident	10/11/2021 18:51 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE towards CTE (after ERP gantry)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5508L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Juventus Tan Mun Le
NRIC No	S9440194A
Email Address	juventus.jt@gmail.com
Mobile Phone No	(Phone) +65-92999991
Alternative Phone No	+65-92999991

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01016836
Cover Note Number	-

DRIVER

Name of Driver	Juventus Tan Mun Le
NRIC No	S9440194A

Date Of Birth	25/10/1994
Occupation	Indoor
Date Of Driving Pass	31/03/2016
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92999991
Alt. Phone Number	+65-92999991
Email Address	juventus.jt@gmail.com
Address	Blk 258B Compassvale Road #15-565
Address complement	-
Postcode	542258
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD7967U
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	
Passport No/FIN	Zhong Congjun
Contact Number	G2732138R
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	Juventus Tan Mun Le
Gender	Male
Phone No	(Phone) +65-92999991
Address	Blk 258B Compassvale Road #15-565
Address Complement	-
Post Code	542258
Approximate Age Years Old	27
Injuries Sustained	-
Injured person in which vehicle?	SLC5508L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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
11 NOV 2021

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Jenny Lim



A) SLK 650 8L


B) GBD 7967U

Describe Circumstances of the Accident


REFER TO police REPORT
T/ 20211111/2572.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 11 NOV 2021

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


Witnessed by Reporting Centre
Personnel Jenny Lim



**SINGAPORE
POLICE FORCE**



T/20211111/2072

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20211111/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2021 14:46	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: JUVENTUS TAN MUN LE			Address: APT BLK 258B COMPASSVALE ROAD #15-565 SINGAPORE 542258	
ID Type / ID No.: NRIC NO / S9440194A			Contact No.: Home/Office: Mobile: 92999991	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 25/10/1994	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Business development executive			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2021 18:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7967U	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	White	Slightly Damaged	0
SLC5508L	Car	MAZDA	MAZDA3 SEDAN 2.0 SPORTS A/T 2WD S/R	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211111/2072

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20211111/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC5508L	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0101683 6	29/12/2020	28/12/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	JUVENTUS TAN MUN LE	ID No.	S9440194A
Related Vehicle	SLC5508L (Car)	Contact No.	92999991
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2021	Date Discharge	11/11/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving my vehicle SLC5508L along PIE towards Tuas direction. It was raining at the point of time and the road surface was wet. I took the exit to CTE (City) and was driving along the right lane of the 2 lane road. Due to the traffic congestion, it was a slow moving traffic. As I was slowing my vehicle, I felt a sudden impact from the rear of my vehicle. I alighted and saw that a lorry GBD7967U had collided onto the rear of my vehicle. After exchanging particulars with the driver and taking photos of the accident scene, I left the scene. No police or ambulance came to scene.

On 11/11/2021 after I woke, I felt discomfort and pain thus decided to seek medical attention at Mount Alvernia Hospital and was issued with 7 days medical certificate. I am lodging the report to facilitate insurance claims. I wish to state that I have a video footage of the accident and I am willing to share it to facilitate police investigations.



**SINGAPORE
POLICE FORCE**



T/20211111/2072

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20211111/2072

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

E /

Sgt 2 PUA JIAN YAN, JEREMIAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/11/2021 14:46

Classification Of Case:

SN 061

Authentication Stamp

NP168

