

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 20/12/2021 15:51 (SGT)
Date of Accident 17/12/2021 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF KRANJI ROAD AND JALAN LAM HUAT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9706T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FASTWELD ENGINEERING CONSTRUCTION PTE LTD
Company Reg No 1XXXXX603W
Email Address kohchyeuat8828@gmail.com
Mobile Phone No (Phone) +65-96332191
Alternative Phone No +65-96332191

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 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210073852
Cover Note Number -

DRIVER

Name of Driver KOH CHYE HUAT
NRIC No SXXXX359D

Date Of Birth	04/03/1947
Occupation	Outdoor
Date Of Driving Pass	27/01/1966
Driving experience	55 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96332191
Alt. Phone Number	-
Email Address	kohchyehuat8828@gmail.com
Address	BLK 21 GHIM MOH ROAD
Address complement	#08-151
Postcode	270021
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?	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	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 TO THE POLICE REPORT : T/20211217/7033

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	YM9747E
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	KOH CHYE HUAT
Gender	Male
Phone No	(Phone) +65-96332191
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBD9706T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

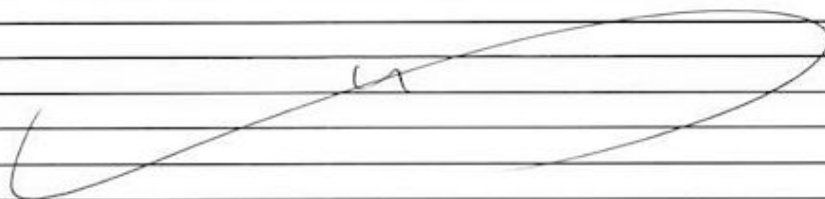
	<p><i>[Signature]</i></p>	<p><i>Rm 20/12/21</i></p>
<p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p>(A) GBD 9706 T (B) Ym 9747 E</p> <p>Kranji Road</p> <p>Junction of Kranji Road and Jalan Lam Huat</p> <p><i>[Hand-drawn sketch plan showing road layout, vehicle positions, and accident details. Includes labels for 'Kranji Road', 'Junction of Kranji Road and Jalan Lam Huat', and vehicle identifiers 'GBD 9706 T' and 'Ym 9747 E'. Arrows indicate traffic flow and vehicle positions at the junction.]</i></p>		

Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T/2021/217/7033



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

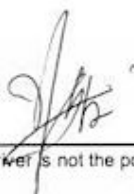
Declaration

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



Witnessed by Reporting Centre Personnel

Rm 20/12/21

























**SINGAPORE
POLICE FORCE**



T/20211217/7033

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

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Report No. T/20211217/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2021 15:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH CHYE HUAT			Address: 21 GHIM MOH ROAD #08-151 SINGAPORE 270021		
ID Type / ID No.: NRIC NO / S0455359D			Contact No.: Home/Office: Mobile: 96332191		
Nationality: SINGAPORE CITIZEN			Email: kohchyeuat8828@gmail.com		
Sex: Male	Age: 74	Date of Birth: 04/03/1947	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2021 10:30	Type of Location: T-Junction
Location: KRANJI ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD9706T	Lorry					0
YM9747E	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211217/7033

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

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Report No. T/20211217/7033

CONTINUATION OF REPORT

Driver			
Name	KOH CHYE HUAT	ID No.	S0455359D
Related Vehicle	GBD9706T (Lorry)	Contact No.	96332191
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/12/2021	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 17/12/2021 at about 1030 hours at along T junction of Kranji Road and Jalan Lam Huat towards Kranji Loop. I was travelling on the extreme left lane at along Kranji Road and came to a complete stop due to Red traffic light. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (b) who hit onto the rear portion of my vehicle (a) causing damages to my vehicle. I have 7 days MC for my injury.

Vehicles involving in the situation:

- (A) GBD9706T
- (B) YM9747E



SINGAPORE POLICE FORCE

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



T/20211217/7033

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Report No. T/20211217/7033

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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/12/2021 15:08

Classification Of Case: