

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	17/01/2022 18:23 (SGT)
Date of Accident	15/01/2022 10:30 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	ALONG MACPHERSON ROAD (AFTER JUNCTION OF MACPHERSON LANE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7646K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	24 HOUR RECOVERY SERVICES
Company Reg No	5XXXX929D
Email Address	24hoursrecovery@gmail.com
Mobile Phone No	(Phone) +65-94311986
Alternative Phone No	(Office) +65-94311986

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr69e
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	3050

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	SPMF1000000485
Cover Note Number	-

DRIVER

Name of Driver	DERRICK CHEE WIN SUM
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NRIC No	XXXXX585A
Date Of Birth	31/08/1986
Occupation	Outdoor
Date Of Driving Pass	14/03/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94311986
Alt. Phone Number	-
Email Address	24hoursrecovery@gmail.com
Address	BLK 739 JURONG WEST STREET 73 #09-60 SINGAPORE
Address complement	-
Postcode	640739
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	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN (POLICE REPORT NO. T/20220115/2088).

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	YN8800K
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)	-

SKETCH PLANIMPORTANT NOTICE

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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.



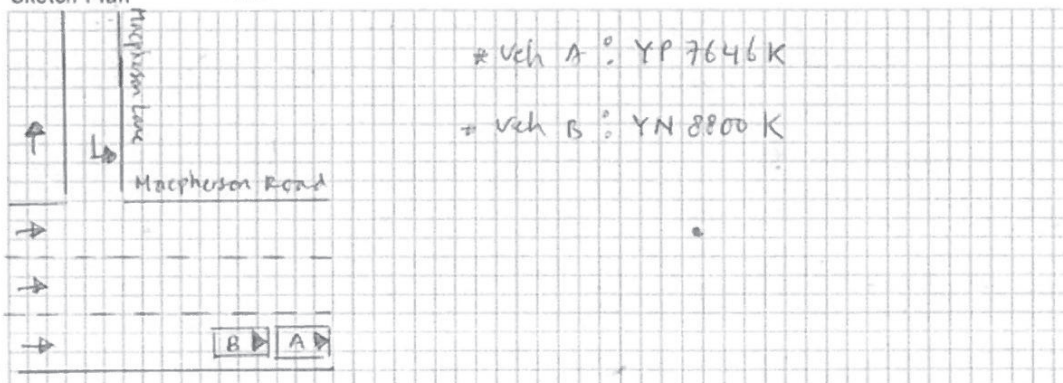
Santh



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to police report # 7/20200115/2080

* I wish to add in the following:
 after the accident, I tried to operate the hydraulic system of my
 tow truck but it is already mal-functioned after being hit by vehicle
 B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220115/2088

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220115/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2022 23:16	Vide Report No.:	Station Diary No.: 134
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Informant's Particulars

Name of Informant: DERRICK CHEE WIN SUM	Address: APT BLK 739 JURONG WEST STREET 73 #09-60 SINGAPORE 640739		
ID Type / ID No.: NRIC NO / S8661585A	Contact No.: Home/Office: Mobile: 94311986		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 35	Date of Birth: 31/08/1986	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: TOWING CREW	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2022 10:30	Type of Location: T-Junction
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Condition	No of Passenger
YN8800K	Tow Truck					0
YP7646K	Tow Truck					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220115/2088

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220115/2088

CONTINUATION OF REPORT

Driver			
Name	DERRICK CHEE WIN SUM		ID No. S8661585A
Related Vehicle	YP7646K (Tow Truck)		Contact No. 94311986
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2022	Date Discharge	15/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Truck Driver		ID No. NIL
Related Vehicle	NIL		Contact No. 90217589
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 15/01/2022 at about 1030hrs, I was drove my tow truck to Macpherson road to attend to an accident there as instructed by my company (24hr recovery). I was stationary along the first lane waiting for traffic to clear up in front of me. Then suddenly a tow truck hit onto the rear of my tow truck. I came out to assess the damage and saw scratches on my vehicle rear portion. The other truck suffered dented front bumper, damaged head lights and cracked windscreen. Nobody reported any injury at scene. We gave our particulars to the Traffic Police officer and left scene. Later, while driving, I felt dizzy and pain on my neck area. As such, I stopped my tow truck and called for ambulance. I was treated at Changi General Hospital and was given 3 days Medical Leave. I am now making the report as advised by the Traffic Police at scene.



**SINGAPORE
POLICE FORCE**



T/20220115/2088

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220115/2088

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

J /

Staff Sgt R VIKNESH



Signature Of Informant:

Signature Of Interpreter:

Not applicable

SIGNATURE

Date/Time:

15/01/2022 23:16

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case: