# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

27/01/2022 17:18 (SGT) 24/01/2022 11:40 (SGT)

LYRECO (SINGAPORE) PTE LTD

michael.chua@lyreco.com

(Phone) +65-82652588

(Office) +65-82652588

Singapore

Junction of Jln Bukit Merah Towards Queensway/Alexandra Rd

Singapore

## **DETAILS OF OWN VEHICLE**

Yes

Vehicle Registration Number

**GBC3825C** 

200501663H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Toyota

HIACE MANUAL

**Employment** 

No - Claiming third party

Sompo Insurance Singapore Pte. Ltd.

Commercial vehicle

Comprehensive

Manual

2982

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

D21MTPCVE000160

24/02/21 - 23/02/22

CHUA KOK CHYE S1726135E



Oriving Pass experience

oile Number A. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No
Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT (REPAIR BY OTHER WORKSHOP)

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Persons for not unloading a video of the accident

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

21/11/1965 Outdoor

14/01/2008

14 YEARS Male

680660

**Employee** 

Chain Collision

Clear

Dry

No

Yes

Yes

Yes

No

No

No

No

(Phone) +65-82652588

michael.chua@lyreco.com

BLK 660 CHOA CHU KANG CRESCENT #13-91

VIDEO WITH INSURED

Queenstown Neighbourhood Police Centre

No. 3 Queensway #01-03 Singapore 149073

(Phone) +65-18004719999

(Fax) +65-64715299

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

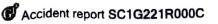
SHD3465G

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agory Taxi river Number ss complement code Jurance Company Name lature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number **GBA5339L** 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 SKU381J

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

DRIVER Name of injured person

Gender Phone No Address Address Complement

Post Code Approximate Age Years Old

REFER POLICE REPORT Injuries Sustained

SHD3465G Injured person in which vehicle?

Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes



#### 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- By the lodgment 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.
- 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 :
  - 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/ere 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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

05te & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

LAN #2

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On 24" Jan 2022 at about  $\pm 140 hrs$ , I was driving along Junction of Jalan Bukit Merah towards Queensway/Alexandra Road on the  $\pm^{11}$  Lane waiting to make a U Turn. Traffic Light was red. & there are vehicles quening up.

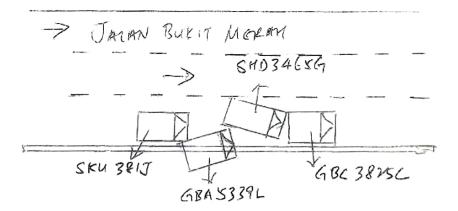
Suddenly, I heard a loud bang from the back of my Van. Then I alighting and saw there are few vehicles involve in the accident, its was a chain collusion behind me.

I saw a Taxi SHD3465G behind my Van, there is another Van GBA5339L & SKU381J (Mazda) involve in this accident.

The Taxi driver of SHD3465G was injured.

My Van was badly damaged at the Tailgate & Bumper portion resulted unable to open up now

I was told by the driver of SKU381J that the Van GBA5339L suddenly swerve out of the lane, hits onto the railings and back into the  $1^{\rm st}$  lane hitting onto his car SKU381J, the taxi SHD3465G , then on my van GBC3825C





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20220126/2033

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2022 12:45		ade:	Vide Report No.: T/20220124/2032	Station Diary No. 35	
internal	NS Haras	iasin void		-1	
Name of Informant: CHUA KOK CHYE			Address: APT BLK 660 CHOA CHU KANG CRESCENT #13-91 SINGAPORE 680660		
ID Type / ID No.: NRIC NO / \$1726135E			Contact No.: Home/Office:	Mobile: 82652588	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 56	Date of Birth: 21/11/1965	Type of Informant: Driver		
Race. Chinese			Language:	Institution / School Name:	
Occupation: DELIVERY DRIVER		₹	Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/01/2022 12:00	Type of Location T-Junction
Location: JALAN BUKIT	MERAH			
Weather: Clear		Road Surface: Dry		oad Speed Limit:
	Talle Torr.		Ti	affic Volume:
Traffic Flow:		Traffic Control: Traffic Light - Work	,,,,	oderate nyone conveyed by

EN FILLE PROPERTY OF			CHARLES OF
GBA5339L	Van	Seriously 0	
DAGGGGE	70	Damaged	
20000050	Man	Seriously 0	
3BC3825C	Van	Damaged	_
	A	Seriously 2	
SHD3465G	Car	Damaged	
		Seriously 0	
SKU381J	Car	Damaged	





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Report No. T/20220126/2033

CONTINUATION OF REPORT

#### Brief Details.

On 24/01/2022 at about 1140hrs, I was driving my company van GBC3825C travelling along Jalan Bukit Merah towards Queensway/Alexandra Road. As I was approaching the junction, the traffic light turned red, and I stopped my vehicle at the first lane of the road as I wanted to make a U-turn at the junction While I was waiting for the traffic light, I heard a loud bang from the rear, I felt an impact on the rear of my vehicle and my vehicle moved forward.

I came down from the vehicle and there were a chain collision involving 2 vans and 2 cars, I was approached and informed by the driver of SKU381J whose car is the last vehicle in the collision that, he saw the van GBA5339L was travelling at a very fast speed and it collided with multiple railings and went to the opposite road before it swerved back to the lane and collided onto the car SHD3465G which stopped behind my vehicle.

I wished to state that I did not suffered from any injuries from the accident and my van was badly damaged at the tailgate and bumper portion was unable to open now. I also wished to state that someone called for the police and ambulance assistance, the driver of SHD3465G was injured and conveyed by the ambulance. I was given D/20220124/0041 by the police and advised to lodge a police report.



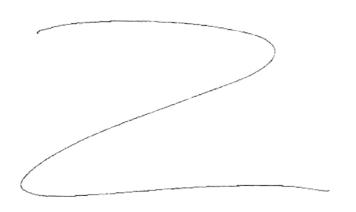
Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. 7/20220126/2033

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.

D/	Signature Of Informant:
Sgt 3 LIU FENGZHAN, GERRY	Chuncol
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2022 12 45
Officer in Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case.