

# 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 ..... 28/03/2022 15:29 (SGT)  
Date of Accident ..... 25/03/2022 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BRADDELL ROAD TOWARDS CENTRAL EXPRESSWAY (CTE)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA7130H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JOLLIBEAN FOODS PTE LTD  
Company Reg No ..... 1XXXXX536E  
Email Address ..... nurain@jollibean.com.sg  
Mobile Phone No ..... (Phone) +65-67463877  
Alternative Phone No ..... (Office) +65-67463877

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fb70bb1srdea  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... United Overseas Insurance Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... DHOM110139161407  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIEW SOON PING  
NRIC No ..... SXXXX065F

Date Of Birth .....	03/05/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	11/05/1977
Driving experience .....	44 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88896355
Alt. Phone Number .....	-
Email Address .....	nurain@jollibean.com.sg
Address .....	BLK 651 JALAN TENAGA
Address complement .....	#08-14
Postcode .....	410651
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 .....	Side Swipe
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 .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220325/2086.

#### 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 .....	SMJ6327L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	LEE PIN ROU
NRIC No .....	SXXXX941G
Contact Number .....	(Phone) +65-90093409
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
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' 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.



Policyholder's Signature / Date & Time

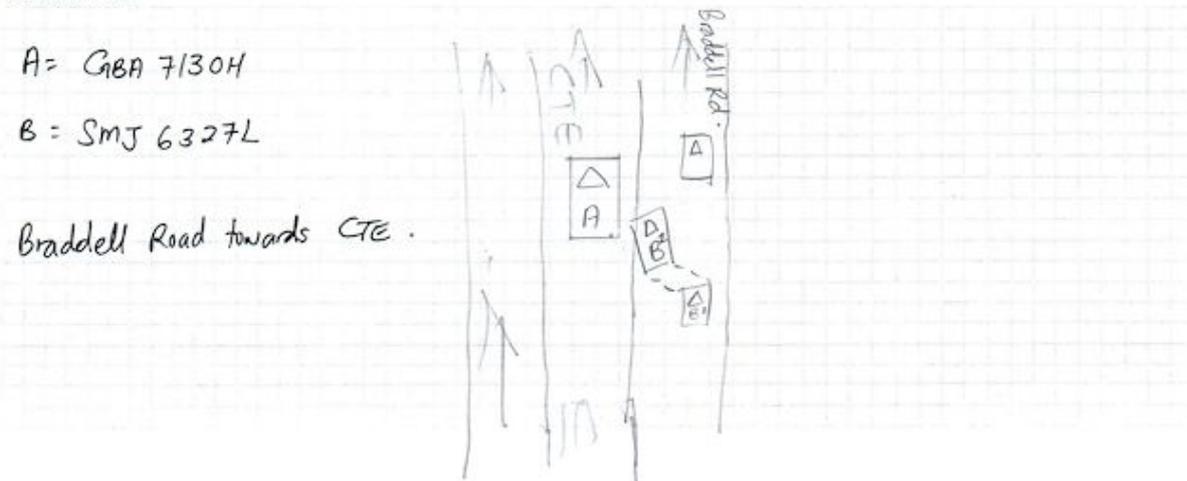
28/3 11/22

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

R 28/3/22

Witnessed by Reporting Centre Personnel

**Sketch Plan**







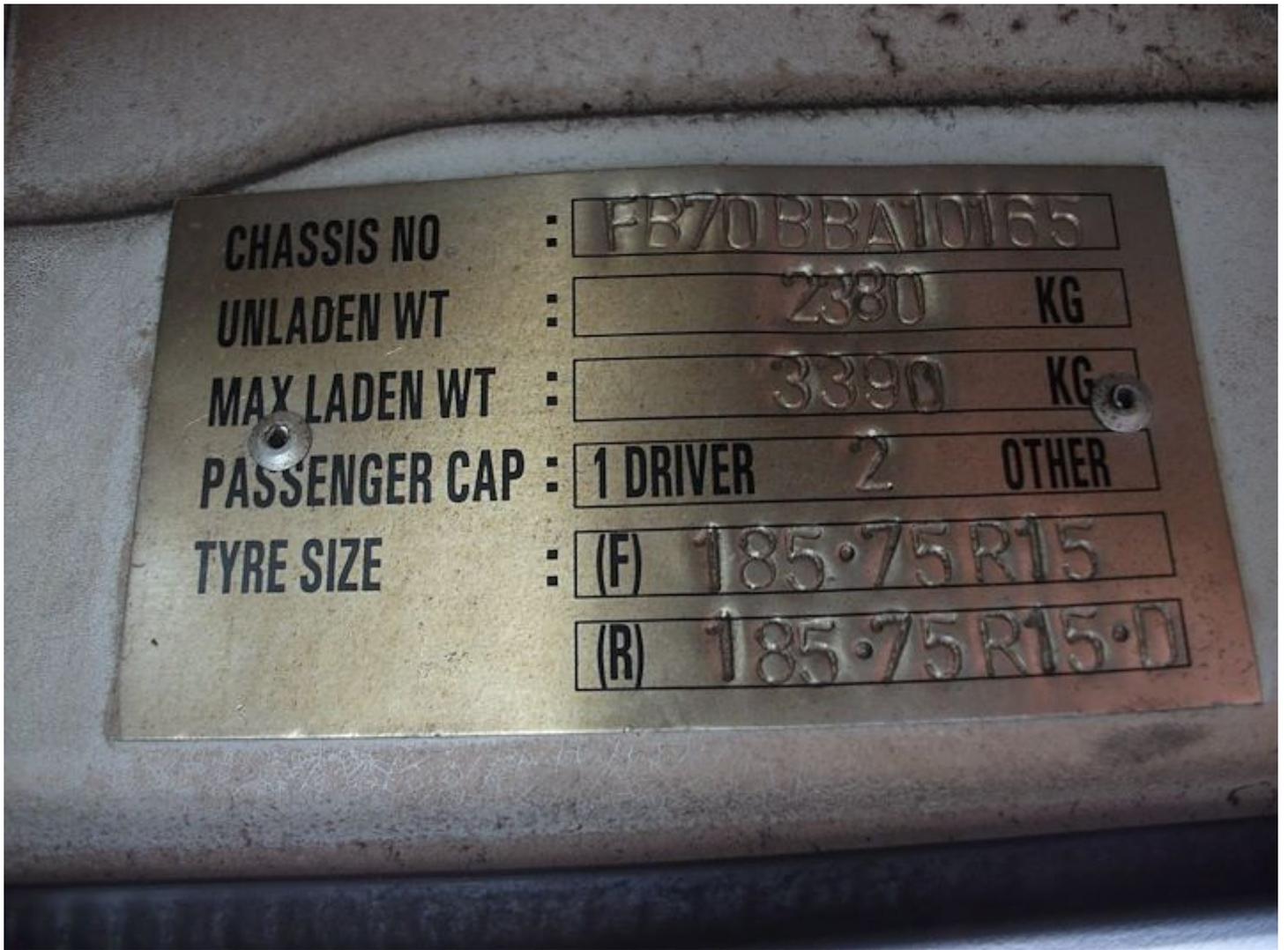














**SINGAPORE  
POLICE FORCE**



T/20220325/2086

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20220325/2086

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/03/2022 18:03	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: LIEW SOON PING		Address: APT BLK 651 JALAN TENAGA #08-14 SINGAPORE 410651	
ID Type / ID No.: NRIC NO / S1245065F		Contact No.: Home/Office: Mobile: 88896355	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 03/05/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2022 08:30	Type of Location: Straight Road
Location: BRADDELL ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7130H	Van				No Damage	1
SMJ6327L	Car				Slightly Damaged	1

**Details of Person Involved**

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

ROMANOFF



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T/20220325/2086

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Report No. T/20220325/2086

**CONTINUATION OF REPORT**

Driver			
Name	LIEW SOON PING		ID No. S1245065F
Related Vehicle	GBA7130H (Van)		Contact No. 88896355
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE PIN ROU		ID No. S8415941G
Related Vehicle	SMJ6327L (Car)		Contact No. 90093409
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 25/03/2022 at about 0830hrs, I was driving along Braddell Road towards Central Expressway (CTE). The traffic was heavy at that point of time.

Following that, the vehicle on my right hand side signaled me to stop the vehicle and after which the female driver informed me that I have damaged her left side mirror. I was unaware that my lorry hit on to her side mirror.

I am unsure if the damaged of her side mirror was caused by me. I do not have any in car camera in my lorry.

I am lodging a police report for record purposes.

SINGAPORE  
POLICE FORCE



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T/20220325/2086

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20220325/2086

## 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: G / SGT 1 MUHAMMAD SUFFIYAN BIN SAFFII		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 25/03/2022 18:03	
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201		Classification Of Case:	

NP168

