SW0B223U0002-02 / Woon Meng Motor Pte Ltd [659578]
ENTRY DATE & TIME: 30/03/2022 14:33 (SGT)
SUBMITTED BY: Heng Sew Sow
VERSION: 3 (05/04/2022 12:07 (SGT))

Your NCD will be affected due to late reporting

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 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	30/03/2022 14:33 (SGT)
Date of Accident	25/03/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Jurong West St 71
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5929H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Boon Seng Recycling Pte Ltd
Company Reg No	2XXXXX599K
Email Address	admin@bs95.sg
Mobile Phone No	(Phone) +65-91699299
Alternative Phone No	+65-91699299

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52l
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/21/VC00/112108
Cover Note Number	-

DRIVER

Name of Driver	Tan Tian Heng
NRIC No	SXXXX209H

Date Of Birth	22/05/1965
Occupation	Outdoor
Date Of Driving Pass	05/05/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91699299
Alt. Phone Number	-
Email Address	admin@bs95.sg
Address	Blk 644, Ang Mo Kio Ave 4, #02-874
Address complement	-
Postcode	560644
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	No Collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20220328/2022.

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	SKJ8381P
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

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstances of the Accident

Refer to police report no. : TG0220328/2022.

Declaration

I/We declare the foregoing particulars are true in every respect.

SENG RECYCLING PTE LTD 200911609K SOON

Policyholder's Signature / Date & Time 30/03/22

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

30/03/2022

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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' 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**")

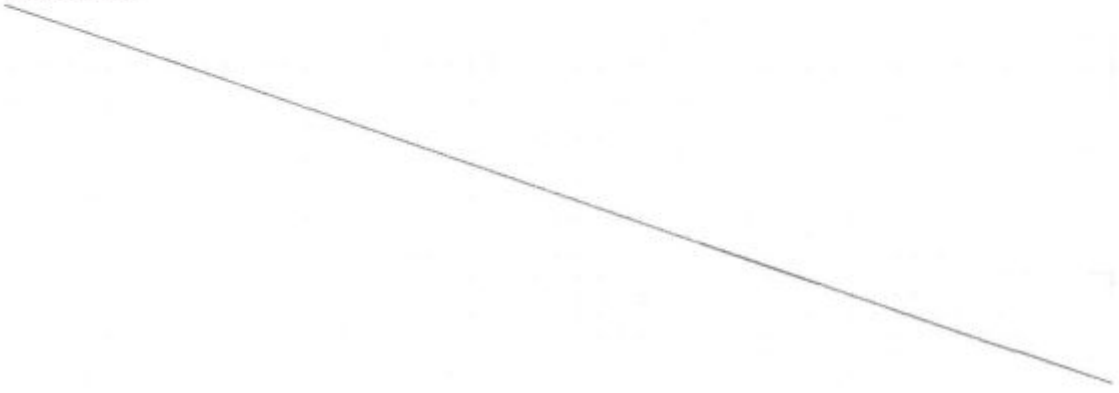
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

BOON SENG RECYCLING PTE. LTD. 200911559K

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
30/03/22		30/03/2022

Sketch Plan



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.

(✓) Claim Own Damage (OD) ( ) Claim Third Party (TP) ( ) Reporting Only ( ) Claim OD/TP at other workshop

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

T/20220328/2022

Report No. T/20220328/2022

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/03/2022 11:59		20

Informant's Particulars

Name of Informant: TAN TIAN HENG			Address: APT BLK 644 ANG MO KIO AVENUE 4 #02-874 SINGAPORE 560644	
ID Type / ID No.: NRIC NO / S1705209H			Contact No.: Home/Office:	Mobile: 91699299
Nationality: SINGAPORE CITIZEN			Email: logantan91@gmail.com	
Sex: Male	Age: 56	Date of Birth: 22/05/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: HEAVY VEHICLE DRIVER			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/03/2022 08:30	Type of Location: T-Junction
Location: JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Vehicle overturn				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ8381P	Car	HONDA	CITY	Blue	No Damage	0
XD5929H	Lorry	ISUZU		Gold	Seriously Damaged	0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20220328/2022

Report No. T/20220328/2022

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver			
Name	TAN TIAN HENG	ID No.	S1705209H
Related Vehicle	XD5929H (Lorry)	Contact No.	91699299
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	25/03/2022	Date Discharge	26/03/2022
No. of Days granted Medical Leave	28	Degree of Injury	Serious

Brief Details.

On 25/03/2022 at about 0800hrs, I was driving lorry bearing registration number: XD5929H along Pioneer Road North towards AYE. I was driving along the middle lane at the speed of around 50km/hour. I was approaching the junction of Pioneer Road North and Jurong West Ave 5. I noticed the traffic light was green, however the traffic had turn ember. One car bearing registration plate number: SKJ8381P was approaching the stop line of the traffic light had jammed brake. I had to swerve to the right to evade SKJ8381P as the driver had jammed brake. As a result, my lorry had overturned and collided onto the road divider. I was unsure what had happened afterwards as I was stuck in the lorry.

I was conveyed by the ambulance to NUH. I was discharged on 26/03/2022 and given 28 days of MC. I suffer cuts on my right hand index finger, right forearm, chest area, forehead, under my right eye and the back of my head. I suffer swelling on my left bicep.

There is heavy damages to my lorry. I also have an in-car camera that recorded the incident. I am able to provide the footage to the police.

I wish to state that my lorry can carry up to 28 ton of load however I was only carrying 26.3 ton of load.

SINGAPORE POLICE FORCE

T/20220328/2022

Report No. T/20220328/2022

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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: F / SGT 1 LEE CHING HAO NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2022 11:59
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: **Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.**

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SW0B223U000 **Vehicle Registration No:** XD5929H

Name (as shown in NRIC): Boon Seng Recycling Pte Ltd **NRIC/FIN/Passport No:** -

(*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate

Address: No. 1, Defu Lane 7 **Singapore (** 539329)

Contact (Tel): 68539595 **Mobile No.:** -

Email Address: admin@bs95.sg

Date of Accident: 25/03/2022 **Time of Accident:** 08:30 am

Place of Accident: Jurong West Street 71

Insurance Company: Lonpac Insurance Bhd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amendment of 'Claim Own Damage' to 'Reporting Only'.

X

Policyholder / Driver's Signature
Date: 04/04/2022

05/04/2022

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: