

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	04/05/2022 14:07 (SGT)
Date of Accident	29/04/2022 12:50 (SGT)
Exact Location of Accident	Near 2 Seletar West Farmway 5, Singapore 798098
Additional Location Information	Seletar West Farmway 8 Towards Seletar West Road 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7509Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Nam Ann Machinery & Enterprise Pte Ltd
Company Reg No	202200550M
Email Address	namann.me@gmail.com
Mobile Phone No	(Phone) +65-85000821
Alternative Phone No	+65-85000821

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fv51j
Variant	FV51JJD4RDEA
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	Goods vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD22V03028/VCH/R00
Cover Note Number	-

DRIVER

Name of Driver	Ang See Chuan
NRIC No	S1719690A

Date Of Birth	21/09/1965
Occupation	Outdoor
Date Of Driving Pass	24/02/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94892552
Alt. Phone Number	-
Email Address	nam.ang@hotmail.com
Address	Blk 973 Hougang Street 91 #04-220
Address complement	Singapore
Postcode	530973
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?	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 Sketch Plan and Police Report no.T/20220429/7034.

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	XD8959B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Ang See Chuan
Gender	Male
Phone No	(Phone) +65-94892552
Address	Blk 973 Hougang Street 91 #04-220
Address Complement	Singapore
Post Code	530973
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	XD7509Z
Were seat belts worn?	-
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' 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.

NAM ANN MACHINERY & ENTERPRISE PTE LTD

UEN: 202200660M

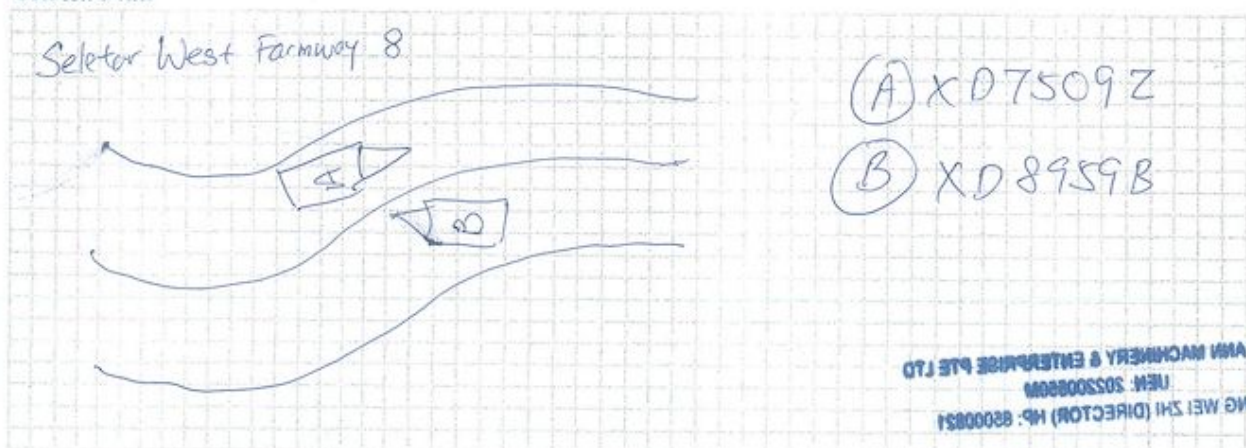
ANG WEI ZHI (DIRECTOR) HP: 85000821

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 Police Report.

NAM ANN MACHINERY & ENTERPRISE PTE LTD
UEN: 202200660M
ANG WEI ZHI (DIRECTOR) HP: 85000821

Declaration

We declare the foregoing particulars are true in every respect.

NAM ANN MACHINERY & ENTERPRISE PTE LTD
UEN: 202200660M
ANG WEI ZHI (DIRECTOR) HP: 85000821



Policyholder's Signature / Date &
Time

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



Witnessed by Reporting Centre
Personnel

















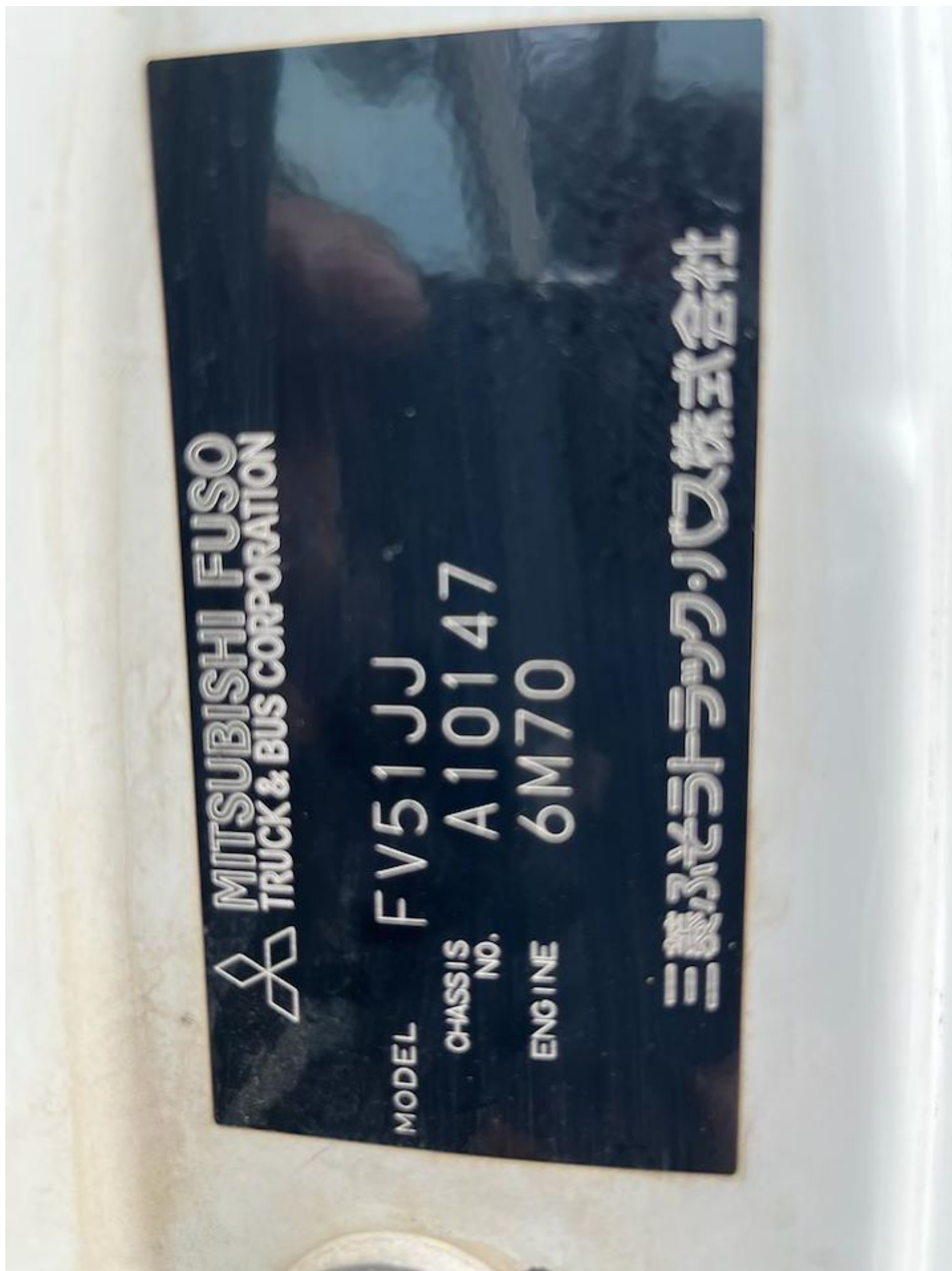














**SINGAPORE
POLICE FORCE**



T/20220429/7034

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

1 of 3

Report No. T/20220429/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2022 19:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG SEE CHUAN			Address: 973 HOUGANG STREET 91 #04-220 SINGAPORE 530973		
ID Type / ID No.: NRIC NO / S1719690A			Contact No.: Home/Office: Mobile: 94892552		
Nationality: SINGAPORE CITIZEN			Email: NAM.ANG@HOTMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 21/09/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2022 12:50	Type of Location: Bend
Location: SELETAR WEST FARMWAY 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 25 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
XD7509Z	Lorry	FUSO	Mitsubishi	White	Seriously Damaged	0
XD8959B	Lorry	MITSUBISHI	FUSO	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220429/7034

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

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Report No. T/20220429/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XD7509Z	LIBERTY INSURANCE PTE LTD	SD22V03028/VCH/R00	14/02/2022	15/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG SEE CHUAN		ID No. S1719690A
Related Vehicle	XD7509Z (Lorry)		Contact No. 94892552
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry Class: 3,4,5 Date of Expiry: NIL
Date	29/04/2022		Date 29/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 29/04/22 @ 1250hrs I was driving my lorry XD7509Z along Seletar West Farmway 8 towards Seletar West Road 3, There was a bend road and I was on my lane moving forward, Suddenly a lorry (XD8959B) Driving against my lane and I try keep on my left to prevent this accident but the lorry (XD8959B) hit on to my rear right wheel and cause my rear 2 tyres Burst. I feel my back pain and consult doctor and given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20220429/7034

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

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Report No. T/20220429/7034

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
29/04/2022 19:08

Classification Of Case: