

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 17/05/2022 14:01 (SGT)
Date of Accident 16/05/2022 21:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK8229Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RENTOKIL INITIAL SINGAPORE PTE LTD
Company Reg No 195900145N
Email Address FIEZRY.JAMARI@RENTOKIL-INITIAL.COM
Mobile Phone No (Phone) +65-63478138
Alternative Phone No (Office) +65-63478138

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 7990000059
Cover Note Number -

DRIVER

Name of Driver LIEW YEW SOON
Passport No/FIN G2974451W

Date Of Birth	11/12/1996
Occupation	Outdoor
Date Of Driving Pass	31/10/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96570633
Alt. Phone Number	-
Email Address	YEWsoon.LIEW@RENTOKIL-INITIAL.COM
Address	BLK 703 HOUGANG AVENUE 2 #01-189
Address complement	-
Postcode	530703
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REQUEST FROM OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ3410J
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)	-

SKETCH PLAN

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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.



 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

P/S refer police report.


Declaration

We declare the foregoing particulars are true in every respect.


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/20220517/2007

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4
Report No. T/20220517/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2022 02:02		Vide Report No.: E/20220516/0166		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: LIEW YEW SOON			Address:		
ID Type / ID No.: FIN NO / G2974451W			Contact No.: Home/Office: Mobile: 96570633		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 11/12/1996	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PEST CONTROL			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/05/2022 21:40	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 926				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK8229Z	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White	Slightly Damaged	0
SJJ3410J	Car	DAIHATSU	MATERIA 1.5L AUTO ABS AIRBAG 2WD	Red	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220517/2007

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220517/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIEW YEW SOON	ID No.	G2974451W
Related Vehicle	GBK8229Z (Van)	Contact No.	96570633
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Chan Kok Pying	ID No.	S7341347H
Related Vehicle	SJJ3410J (Car)	Contact No.	98209401
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.

I am working for Rentokil Pte Ltd as a pest control. On 16/05/22 at about 2143hrs I was driving my company van GBK 8229Z along PIE toward Changi near to the 19km marked. I was on the 3rd lane when I decided to filter to the 2nd lane, I loss control of my van and it skidded and hit onto another car (SJJ 3410J) that was moving. After the collision, I called for traffic police and ambulance assistance. Paramedics made a check on me and the other driver (Name: Chan Kok Pying, NRIC: S7341347H,HP: 98209401) both of us was not conveyed to hospital. We exchanged particulars.

The damaged to my van was front bumper damaged and the damaged to the car was on the right side of the car door.

I was given a case card E/20220516/0166 by traffic police. I called my company and they advise me to lodge a police report.



**SINGAPORE
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T/20220517/2007

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Report No. T/20220517/2007

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220517/2007

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20220517/2007

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 /
Other TAN DE XUAN DARREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/05/2022 02:02

Officer In Charge Of Case:
TP / GIT /
Other MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

NP168