

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 06/06/2022 15:31 (SGT)
Date of Accident 04/06/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information SELEGIE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9086T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TONG SOON FURNITURE COMPANY
Company Reg No BXXXXX700B
Email Address phbms@yahoo.com
Mobile Phone No (Phone) +65-96343189
Alternative Phone No (Office) +65-96343189

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2953

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z22VC05010652
Cover Note Number -

DRIVER

Name of Driver AW YONG HENG
NRIC No SXXXX264G

Date Of Birth	08/03/1946
Occupation	Outdoor
Date Of Driving Pass	14/09/1971
Driving experience	50 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96343189
Alt. Phone Number	-
Email Address	phbms@yahoo.com
Address	BLK 601C PUNGGOL CENTRAL
Address complement	#12-628
Postcode	823601
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG POH SUAN
Gender	Male

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

PLEASE REFER TO POLICE REPORT NO: 20220606/7014

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	WC2187T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KARUPPASAMY MARIKANNAN
Passport No/FIN	GXXXX856U
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	AW YONG HENG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE9086T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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:

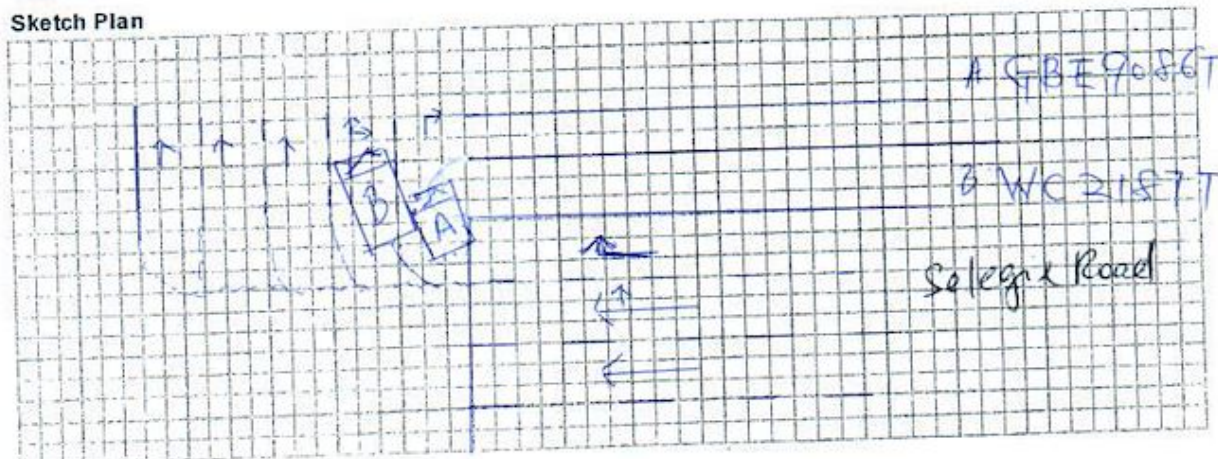
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

東順木器公司
TONG SOON FURNITURE CO.

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 to the police Report T/20220606/7014

Declaration

We declare the foregoing particulars are true in every respect.

東順木器公司
TONG SOON FURNITURE CO.

[Signature]

[Signature]

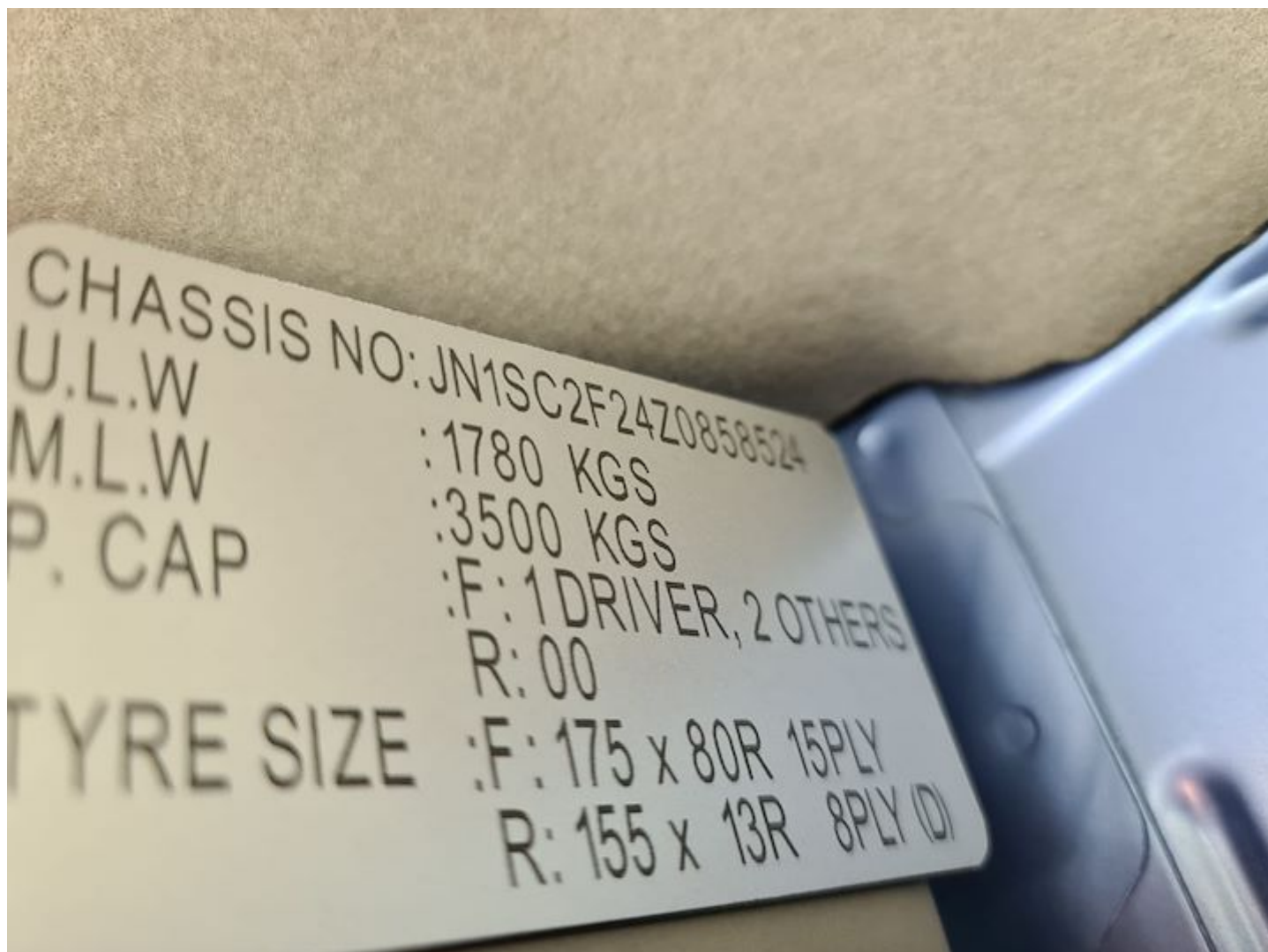
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20220606/7014

1 of 3

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

Report No. T/20220606/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2022 12:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AW YONG HENG			Address: 601C PUNGGOL CENTRAL #12-628 SINGAPORE 823601		
ID Type / ID No.: NRIC NO / S2127264G			Contact No.: Home/Office:		Mobile: 96343189
Nationality: SINGAPORE CITIZEN			Email: AWYONG.HENG@GMAIL.COM		
Sex: Male	Age: 76	Date of Birth: 08/03/1946	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2022 08:30	Type of Location: X-Junction
Location: SELEGIE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBE9086T	Lorry	NISSAN	Cabstar	Blue	Seriously Damaged	1
WC2187T	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220606/7014

2 of 3

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

Report No. T/20220606/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE9086T	LONPAC INSURANCE BHD.	Z22VC05010652	19/04/2022	18/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	AW YONG HENG		ID No.	S2127264G
Related Vehicle	GBE9086T (Lorry)		Contact No.	96343189
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	06/06/2022	Date	06/06/2022	
No. of Days granted Medical Leave	05	Degree of	Slight	
Driver				
Name	KARUPPASAMY MARIKANNAN		ID No.	G2708856U
Related Vehicle	WC2187T (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

On 04/06/2022 @ around 8.30am I was driving my vehicle(GBE9086T) along Rochor Canal road inner lane going to turn right, when I was turning suddenly a vehicle(WC2187T) speedy cut into my lane and the vehicle right rear part hit to my vehicle front left part cause serious damage.

**SINGAPORE
POLICE FORCE**

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



T/20220606/7014

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Report No. T/20220606/7014

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 /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
06/06/2022 12:21

Classification Of Case:

NP168



Serve all with Love

Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M22000088822

This is to certify that AW YONG HENG, S2127264G, is granted Outpatient Sick Leave for 5 day(s) from 06-Jun-2022 to 10-Jun-2022.

Remark:

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin
MCR: 06147F

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

06/06/2022

Date



820 THOMSON ROAD, SINGAPORE 574623
MAIN LINE: 6347 6488 WEBSITE: www.mountalvernia.sg
GST REGN NO: M2-00033218

Patient Name : AW YONG HENG
ID No. : S2127264G
Account No. : 0220714864

Receipt No. : 220056241
Date : 06/06/2022
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20	EA	7.80
FASTUM GEL 30G	1	EA	6.68
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			76.48
GST @ 7%			5.35
			81.83
Paid:			
CASH BY AW YONG HENG			81.80
Mode of Payment : CASH			
Reference No. :			

This is a computer generated official receipt, no signature is required.