# **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.

- 4. The issue and acceptance of this is form by instrained 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 28/06/2022 15:14 (SGT) Reported by Date of Accident 27/06/2022 06:47 (SGT) Exact Location of Accident Singapore Additional Location Information BKE TWDS PIE AFT MANDAI FLYOVER Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **GW267T** INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner TST MARINE& ENGINEERING PTE LTD Company Reg No 2XXXXX838W Email Address abc8627e@gmail.com Mobile Phone No (Phone) +65-68626670 Alternative Phone No VEHICLE PARTICULARS Manufacturer Toyota Model Dyna 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982 **INSURANCE COMPANY** Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100125820-13

SIM BOON CHUA

SXXXX681J

25/05/1960

Indoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Date Of Driving Pass 22/09/1981 Driving experience 40 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96840884 Alt. Phone Number Email Address abc8627e@gmail.com Address BLK 119 AMK AVE 3 Address complement #03-1809 Postcode 560119 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 Chain 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name THO CHENG HUAT Gender Male **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220627/2055 ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SJM6743M
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)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	RL628
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)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	GBH1607C - - -
Vehicle Category	Commercial 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)	-

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person Gender	SIM BOON CHUA Male
Phone No	-
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GW267T

Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No
INJURED 2	
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?	THO CHENG HUAT Male SLIGHT GW267T Yes No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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)

l 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
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



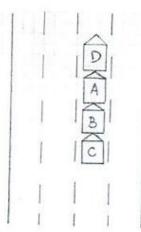
Policyholder's Signature / Date &

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

DOSLINDA BINTE A-WALLAB

Witnessed by Reporting Centre Personnel 28/06/32

Sketch Plan



A = GW 267T

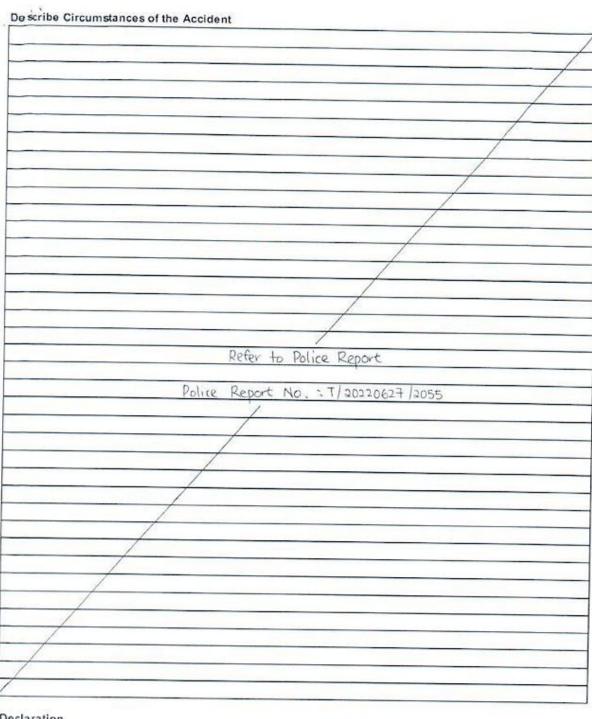
B=SJM6743M

C = RL628

D = GBH 1607C

BKE towards PIE

(After Mandai Flyover)



# Declaration

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



Policyholder's Signature / Date &

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

ROSLINDA BINTE A WALLAB

Witnessed by Reporting Centre Personnel 28/06/22

T/20220627/2055

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20220627/2055

2064

Tel No: 1800-7449999

CONTINUATION OF REPORT

# Brief Details.

On 27/6/2022 at about 0547hrs I was travelling along BKE expressway towards PIE Expressway

I was travelling on a four lane road, and my vehicle was travelling on the second lane from the right.

I was travelling pass the flyover between Mandai Rd and BKE expressway.

I wish to state that at that point of time, there was a traffic jam along the expressway. My vehicle GW267T soon stopped at a traffic jam along the BKE. In front of my vehicle was another Lorry , GBH1607C which was also stationary due to a traffic jam.

Suddenly I felt a bang from the rear of my vehicle, due to the impact, my vehicle move towards the right into the 1st lane from the right after the collision from the rear of my vehicle and the left door of my vehicle collided with the lorry that was in front of my vehicle. I then realise one vehicle, SJM6473M collided into

After the collision. I observe another vehicle , RL628 (Malayslan vehicle) also collided with the vehicle that collided into my vehicle earlier, causing both vehicles to move towards the left side of the lane into the 3rd lane from the right.

I wish to state that Police and ambulance services were at scene and conveyed my passenger to Ng Teng Fong General Hospital.

I wish to inform that All drivers that were involved in the traffic accident exchanged particulars with each other and left the scene.

I observe , the rear of my lorry suffer damages as the spare tire compartment became dislodged following the accident, the front rear door and window pane was damaged due to the incident

I was given a case card vide: P/20220627/0033 by the police who attended to me.

I also went to a private clinic , namely Frontier Medical Associates to get medical check up and was given 2 days mc from 27/6/2022 to 28/6/2022 by the doctor, vide MC serial number MC2206276126.

My passenger Tho Cheng Huat, S1506481A was also given 3 Days MC at Ng Teng Fong General Hospital, vide MC 1242903566.

I am lodging this police report for my awa record purpose.

### Paniculars

GBH16070 Kluthsian 34509183 GE087186U

SJM6743M Noor Hishem 38663791





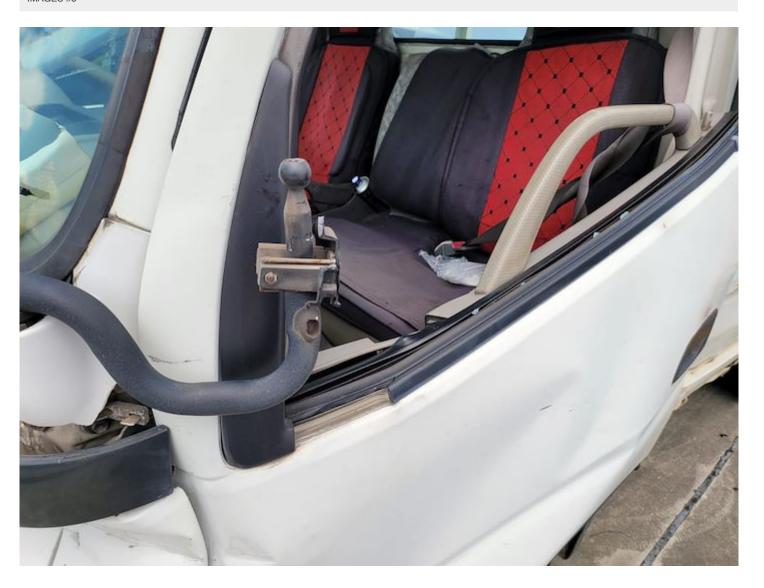








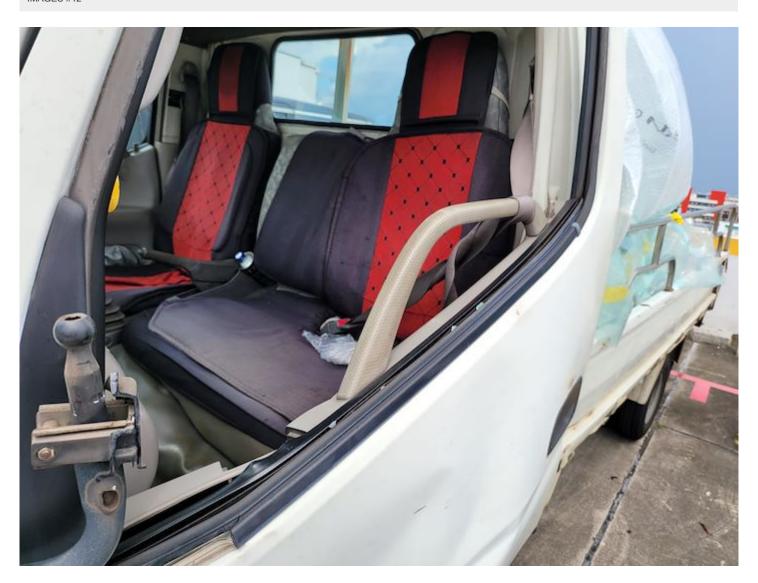


















Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

epon No. T/20220527/2055

REPORT OF A TRAFFIC ACCIDENT

	me Report N 022 14:44	lade:	Vide Report No.:	Station Diary No.:
Informa	ent's Particu	ılars		
	f Informant: ON CHUA	Alberta Resultable	Address: APT BLK 119 ANG MO KIO SINGAPORE 560119	AVENUE 3 #03-1809
ID Type NRIC N	D Type / ID No.; NRIC NO / \$1450681J		Contact No.: Home/Office: Mobile: 96840884	
National SINGAF	ity: ORE CITIZE	EN	Email:	
Sex: Male	Age: 62	Date of Birth: 25/05/1960	Type of Informant:	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Production engineer			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Ulance Drink Date/Time of Accident: No 27/06/2022 06:		Type of Location Straight Road
BUKIT TIMAH	EXPRESSWAY			
Weather:	Road	Surface		Bond Sound Living
Clear	Road Dry	d Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way Type of Collisi	Dry Traff	Surface: c Control:		Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Candition	N= -60
GW267T	1		1110001	00101	Condition	No of Passenger

T/20220627/2055

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

2 of 4 Report No. T/20220627/2055

Tel No: 1800-7449999

CONTINUATION OF REPORT

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### Paniculars

GBH16070 Kluthsian 34509183 GE087186U

SJM6743M Noor Hishem 38663791

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

Report No. T/20220627/2055

CONTINUATION OF REPORT

S7118033F

RL628 Calvin Tan 86782987 Malaysian ID 890607155015

Complainant Sim Boon Chua S1450681J GW267T



7/20220527/2055

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

4 of 4 ; Report No. T/20220627/2055

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 2 TAN PENG YEE	Signature Of Informant:	de
Signature Of Interpreter: Not applicable	Date/Time 27/06/2022 14:44	-
Officer in Charge of Dass: TP / GIT: SP. STAFF SGT JC#ILINK(/SID MORNING) ACT Contect No. 45474060	Classification Of Case	-
w2565	Service Control (Control Control Contr	-