SS1Y226T0000 / SME MOTOR PTE LTD ENTRY DATE & TIME: 29/06/2022 17:35 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (29/06/2022 17:35 (SGT))



# 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
- 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.
   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 29/06/2022 17:35 (SGT) Reported by Driver Date of Accident 28/06/2022 12:03 (SGT) Exact Location of Accident Holland Ave, Singapore Additional Location Information JUNCTION HOLLAND DRIVE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Employment

Manual

2982

No - Claiming third party

Commercial vehicle

Vehicle Registration Number GBD9007C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WG ELECTRICAL ENGINEERING PTE LTD Company Reg No 201108004C **Email Address** kyattalan@yahoo.com.sg Mobile Phone No (Phone) +65-92719298 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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? Vehicle Category Transmission

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPCVE001649

DRIVER

CC

Name of Driver WONG KA PING Passport No/FIN G0689641W 07/08/1991 Date Of Birth Occupation Outdoor



Date Of Driving Pass 31/08/2018 Driving experience 3 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-92419298 Alt. Phone Number Email Address kyattalan@yahoo.com.sg Address 479 SEMBAWANG DRIVE #06-373 Address complement Postcode 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 - Head to Rear 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? 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Bukit Merah West Neighbourhood Police Centre Police Station Name Police Station Phone No (Phone) +65-18003779999 Alt. Police Station Phone No (Fax) +65-63773923 500 Bukit Merah View #01-01 Singapore 159682 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220629/2032. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD254T Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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' 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 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' law yers/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 Parsonal 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.

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

| Company | Company

144	eit 1/1.110 - folka	1
	all Pelice Lepro	
***		
	7.5	
		VA Same and the sa
		**************************************
		***************************************
		-
		The state of the s
	•	
claration		
declare the ferencing particul	are are frue in avery memori	
Engine	ars are true in every respect.	
(3)	1	
(10) PP		
m la	1	
100	1 1 -	
1 1 1	1	





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 l of 3 Report No. T/20220629/2052

Tel No: 1800-3779999

Date/Time Report Made:

29/06/2022 11:38

Vide Report No.:

38

25/00/2022 11.30				30	
Informa	nt's Partici	ulars			
Name of Informant: WONG KA PING ID Type / ID No.; FIN NO / G0689641W			Address: APT BLK 479 SEMBAWANG DRIVE #06-373 SINGAPORE 750479		
		W	Contact No.: Home/Office:	Mobile: 92719298	
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 07/08/1991	Type of Informant: Driver	*	
Race: Chingse			Language: English	Institution / School Name:	
Occupation: Electrician			Driving Licence Information Class: 2B,3	n; Date of Expiry: 21/06/2025	

Type of Accident:	Non-injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2022 12:00	Type of Local in T-Junction
Location: HOLLAND A	/ENUE			
Weather:		Road Surface;	and himpings and drawn the second of the second	Road Speed Limit:
Clear				
Clear Traffic Flow: Two Way		Traffic Control: Traffic Light - Fault	y	Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
GBD9007C	Larry				Seriously Damaged	0
SHD254T	Car				Totally Damaged	0



Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Report No. T/20220629/, 032

2013

Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 28 June 2022 at around 1203 hours, I was driving my company lorry with registration number GBD9007C' along Holland Avenue and I stopped at the traffic junction between Holland Drive and Holland Avenue as the traffic light was red.

stopped behind a red taxi with registration number 'SHD254T' with a safe stopping distance away fro h if e said taxi. However, this red taxi somehow reverse and collided with my lorry. Both myself and the taxi friver make a check on our vehicle and upon checking on my lorry, my lorry's license plate was dented.

The taxi driver informed me that the collision was his fault and no police report is required and the taxi driver then left the scene. -

After consulting with my employer, I was advised to lodged a police report regarding this incident.

I wish to inform that myself and the taxi driver weren't injured from the collision.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE Tel No: 1800-3779999

3 of 3 Report No. T/20220629/2032

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: D / Other NG YUAN SHENG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2022 11:38	
Office: In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	
·4I <sup>2</sup> 168		