SS2X227J000G / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/07/2022 16:24 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (19/07/2022 16:24 (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
- 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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information

19/07/2022 16:24 (SGT)
Both
18/07/2022 17:40 (SGT)
BKE, Singapore
TWDS WOODLANDS BEFORE DAIRY FARM EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN5063R

INSURED/POLICYHOLDER

Country/State of Loss

Is company?

Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No

Yes

ASPECT MOVER & WAREHOUSING PTE LTD

202026074R

sales@aspectmover.sg (Phone) +65-81886933

VEHICLE PARTICULARS

Manufacturer

Model

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

CC ...

Mitsubishi

Fuso

uso

Employment

No - Claiming third party

Commercial vehicle

Manual 2998

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd

GA553069

DRIVER

Name of Driver

Passport No/FIN Date Of Birth

Occupation

TEO KOK HOE G2425253T 11/05/1995 Outdoor



Date Of Driving Pass 22/07/2021 Driving experience 1 YEAR Gender Male Mobile Number (Phone) +65-87004204 Alt. Phone Number Email Address sales@aspectmover.sg Address 30 MANDAI ESTATE #03-09 Address complement 722918 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 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 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 SIM KIM HO Gender Male PASSENGER 2 Name TOH KIAN KOK 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 REFER TO POLICE REPORT: T/20220718/7054.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB5007J 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 **VEHICLE B** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

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?	TEO KOK HOE Male YN5063R 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? INJURED 3	SIM KIM HO Male YN5063R Yes
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?	TOH KIAN KOK Male YN5063R Yes No

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 Control 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 ladgement 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)

Funderstand, 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;

& Time

- (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 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. ASPECT MOVER & WAREHOUSING PTE LTD

UEN: 202026074R 30 MANDAI ESTATE #03-09 MANDAI INDUSTRIAL BUILDING SINGAPORE 729918

TEL: 6760 1138 FAX: 6368 2466

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

A: TN5063R

B: SMB5007]
BKE towarde Woodland
before Daily farm Exit

	Defler	Police	Report	T 202207 18 705	ll
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Declaration					
Mh doolara tha faranaina andia	utara ara taua in au				
We declare the larger housing	GPTE LTD " ev	ery respect.			
UEN: 202026074R					
30 MANDAI ESTATE #03					
SINGAPORE 729918 E. 6769 1138 F 13 6368		1			





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

2 of 4 Report No. T/20220718/7054

CONTINUATION OF REPORT

No. of Pedestrian	ns Injured: NIL		Use of Ped	destrian (Cross	ing: NA
Driver						
Name	TEO KOK HOE			ID No.	- according to	G2425253T
Related Vehicle	YN5063R (Lorry)			Contact	No.	87004204
Hospital/Clinic	NIL	,		Class of Driving Licence Expiry		Class: 4 Date of Expiry: 21/03/2026
Date	NIL		Date	A	VIL	The state of the s
No. of Days gran	ted Medical Leave	NIL	Degree of		VIL	
Passenger						
Name	SIM KIM HO			ID No.		S9800029A
Related Vehicle	YN5063R (Lorry)			Contact	No.	96118829
Hospital/Clinic	NIL			Class of Driving Licence Expiry	- contains	Class: NIL Date of Expiry: NIL
Date	NIL	The Control of the Co	Date	1	VIL	MC Make any control of the second design of the sec
THE RESERVE OF THE PARTY OF THE	ted Medical Leave	NIL	Degree of	1	VIL	
Passenger Name	TOH KIAN KOK			ID No.		S1134140C
Related Vehicle	YN5063R (Lorry)			Contact	No.	88745315
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	18/07/2022	SAPART CONTRACTOR OF THE SAME AND A CONTRACTOR	Date		VIL.	THE PROPERTY OF THE POST AND REAL PROPERTY OF THE PROPERTY OF THE POST OF THE
THE RESIDENCE OF THE PERSON NAMED OF THE PERSO	ed Medical Leave	NIL	Degree of		VIL	

Brief Details

On the 18/07/2022 at about 1740hrs I was driving along BKE at the speed of 55 Km/H and there were two of my working colleagues were together with me by the name of Sim Kim Ho (jensen) and Toh Kian Kok. My lorry (YN5063R)

While I was driving on lane 3 of the road, on the lane 2 there was this SMRT Double deck bus (bus no.: 972, Bus plate no.: SMB5007J) intended to change from 2nd lane to 3rd lane. But my Lorry was right beside the SMRT Bus on lane 3, bus driver did not check his blind spot and started to change from 2nd lane to the 3rd lane. I tried to put jam break and horn at the



T720220718/705-4

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 3 of 4 Report No. 1 20220718:7054

CONTINUATION OF REPORT

bus driver but he still continued to change lane and hit my lorry and push my lorry all the way the to road shoulder.

The Damages my lorry attained:

- right side mirror broken
- right side of the head light broken
- -right side door of my lorry got dent and scratches

No one in my lorry was injured. TP attended to the scene.



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



4 of 4 Report No. 1/20220718/7054

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2022 20:49
Officer In Charge Of Case: TP / TPIB / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:
This report is lodged at Bukit Panjang NPC Kiosl	k1

NP168