

# 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 ..... 25/07/2022 18:52 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 22/07/2022 15:20 (SGT)  
Exact Location of Accident ..... Yio Chu Kang Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB6256E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMMERCIAL ENGINEERING PTE LTD  
Company Reg No ..... 1XXXXX880W  
Email Address ..... cheewei31@gmail.com  
Mobile Phone No ..... (Phone) +65-62929929  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD  
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 ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNW00082412101

### DRIVER

Name of Driver ..... LAI CHEE WEI  
Passport No/FIN ..... FXXXX152L  
Date Of Birth ..... 31/10/1980  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/05/2018
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81287746
Alt. Phone Number .....	-
Email Address .....	cheewei31@gmail.com
Address .....	BLK 412 SEMBAWANG DRIVE
Address complement .....	#14-742
Postcode .....	750412
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 .....	Collided into Property
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	2
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 .....	AUNG TUN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220722/2084

#### 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 .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	LAMP POST
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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6. The 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.
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.



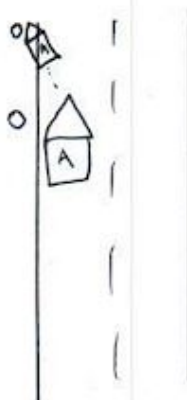
Policyholder's Signature / Date &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - GBB6256E  
B - LAMP POST



410 CHU KANG RD

Describe Circumstances of the Accident

Refer to police report  
T/20220722/2084

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 25/07/22





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999



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Report No. T/20220722/2084

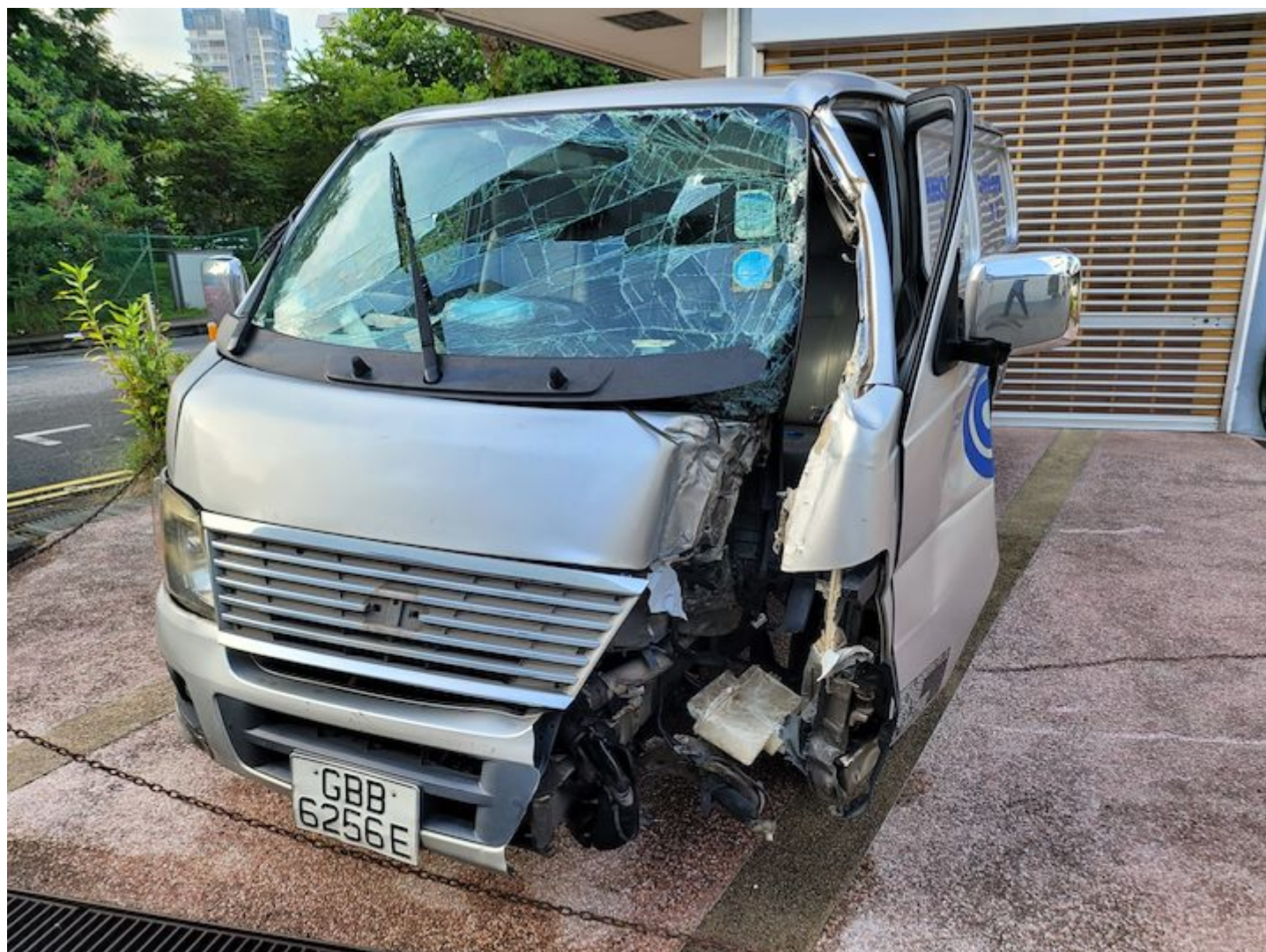
**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LAI CHEE WEI	ID No.	F8233152L
Related Vehicle	GBB6256E (Van)	Contact No.	81287746
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	AUNG TUN	ID No.	G2330022U
Related Vehicle	GBB6256E (Van)	Contact No.	80273167
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.**

On 22/07/2022 at about 1520hrs, I was driving my van, bearing registration plate number GBB6256E, travelling along Yio Chu Kang Road (2-lane road), after Lentor Road, at lamp post 339, towards CTE. I was travelling along the left lane. I change my gear from gear 4 to gear 5, subsequently my vehicle skidded to the left, went over the left side kerb, hit onto lamp post 339. My van did not collided to any other vehicle. At that point of time, I had one passenger who was seated at the front left passenger seat. Both of us were not injured. I called my manager, namely, Mr Patrick, C/N: 94300307 whom assisted to call for police assistance.

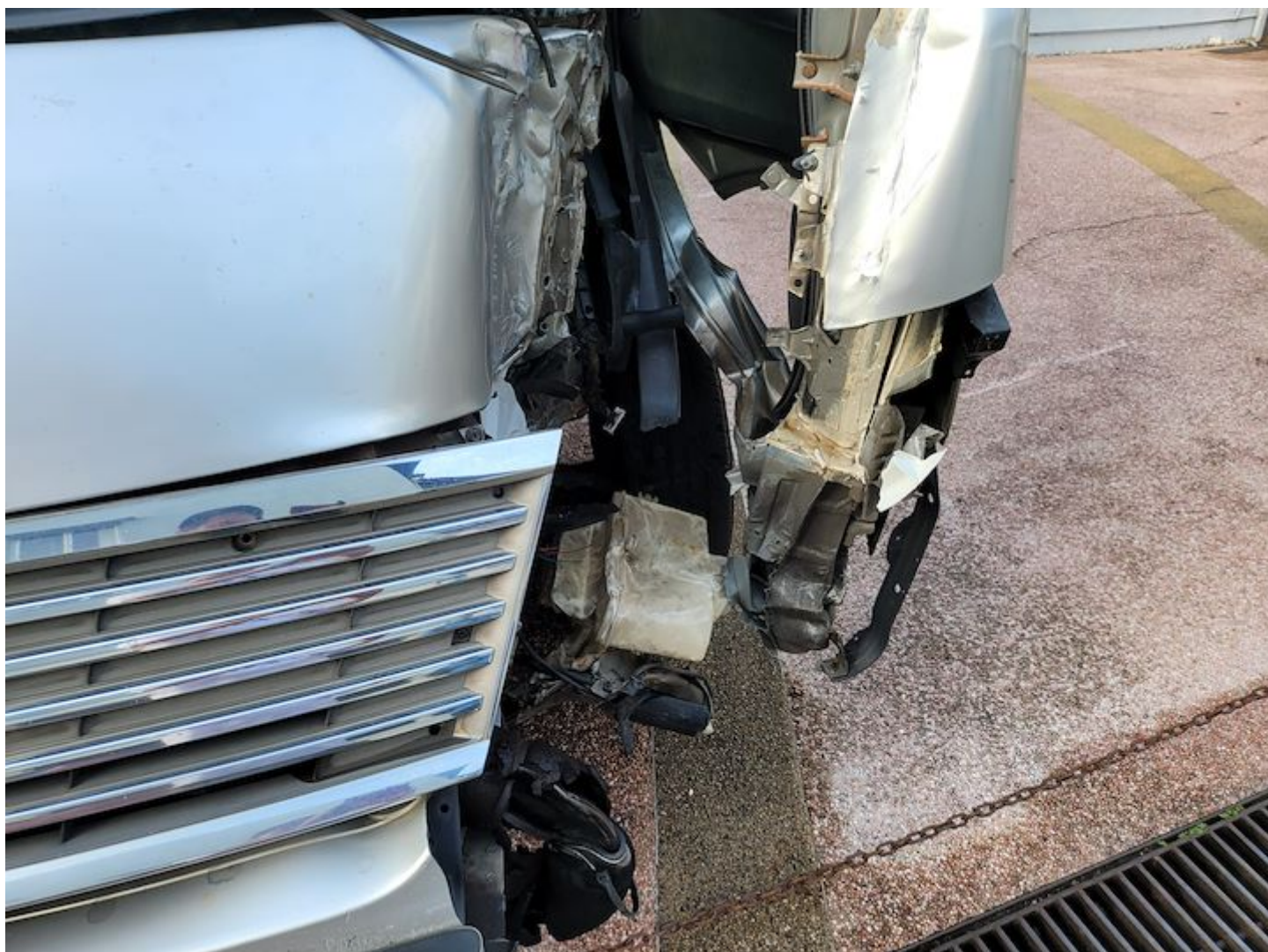
The van which I was driving belonged to my company, Commercial Engineering Pte Ltd. My company assisted to call tow truck which towed away the van. I was advised by the Traffic Police officer to lodge a traffic accident report and was issued a piece of paper indicating the case reference number, F/20220722/0095, IO in charge: Nadya, Tel: 65476331.






















**SINGAPORE  
POLICE FORCE**


T/20220722/2084

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Report No. T/20220722/2084

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/07/2022 17:49		Vide Report No.: F/20220722/0095		Station Diary No.: 75
<b>Informant's Particulars</b>				
Name of Informant: LAI CHEE WEI		Address: APT BLK 412 SEMBAWANG DRIVE #14-742 SINGAPORE 750412		
ID Type / ID No.: FIN NO / F8233152L		Contact No.: Home/Office: Mobile: 81287746		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 41	Date of Birth: 31/10/1980	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: AIR CON TECHNICIAN		Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2022 15:20	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6256E	Van	NISSAN		Silver	Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA




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T/20220722/2084

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Report No. T/20220722/2084

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LAI CHEE WEI	ID No.	F8233152L
Related Vehicle	GBB6256E (Van)	Contact No.	81287746
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	AUNG TUN	ID No.	G2330022U
Related Vehicle	GBB6256E (Van)	Contact No.	80273167
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

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On 22/07/2022 at about 1520hrs, I was driving my van, bearing registration plate number GBB6256E, travelling along Yio Chu Kang Road (2-lane road), after Lentor Road, at lamp post 339, towards CTE. I was travelling along the left lane. I change my gear from gear 4 to gear 5, subsequently my vehicle skidded to the left, went over the left side kerb, hit onto lamp post 339. My van did not collided to any other vehicle. At that point of time, I had one passenger who was seated at the front left passenger seat. Both of us were not injured. I called my manager, namely, Mr Patrick, C/N: 94300307 whom assisted to call for police assistance.

The van which I was driving belonged to my company, Commercial Engineering Pte Ltd. My company assisted to call tow truck which towed away the van. I was advised by the Traffic Police officer to lodge a traffic accident report and was issued a piece of paper indicating the case reference number, F/20220722/0095, IO in charge: Nadya, Tel: 65476331.





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T/20220722/2084

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Report No. T/20220722/2084

## 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:

E /

SGT 3 EUGENE LOW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/07/2022 17:49

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Classification Of Case:

NP168