

## 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 .....	26/07/2022 15:13 (SGT)
Reported by .....	Driver
Date of Accident .....	25/07/2022 08:25 (SGT)
Exact Location of Accident .....	KJE, Singapore
Additional Location Information .....	KJE towards PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC3073E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Edmund Vehicle Rental Pte Ltd
Company Reg No .....	201625244G
Email Address .....	edmunddevr@gmail.com
Mobile Phone No .....	(Phone) +65-62503339
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 your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	512254195-02-000005

#### DRIVER

Name of Driver .....	Soh Kim An
NRIC No .....	S2637468E
Date Of Birth .....	09/10/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	19/08/1988
Driving experience .....	33 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86062372
Alt. Phone Number .....	-
Email Address .....	edmundevr@gmail.com
Address .....	Blk 124C Rivervale Drive #13-227
Address complement .....	-
Postcode .....	543124
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	7
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 .....	unknown
Gender .....	Male

#### PASSENGER 2

Name .....	unknown
Gender .....	Male

#### PASSENGER 3

Name .....	unknown
Gender .....	Male

#### PASSENGER 4

Name .....	unknown
Gender .....	Male

#### PASSENGER 5

Name .....	Palaniyandi Murugesan
Gender .....	Male

#### PASSENGER 6

Name .....	Durairaj Anjalai Backiyaraj
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer attached police report no: T/20220725/2064

#### 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 .....	SDW8060E
Vehicle Manufacturer .....	Kia
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 .....	GBB7823L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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 .....	Durairaj Anjalai Backiyaraj
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-

Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBC3073E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	Palaniyandi Murugesan
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBC3073E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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;

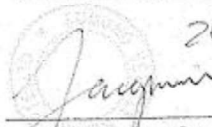
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(collectively the "Purposes")

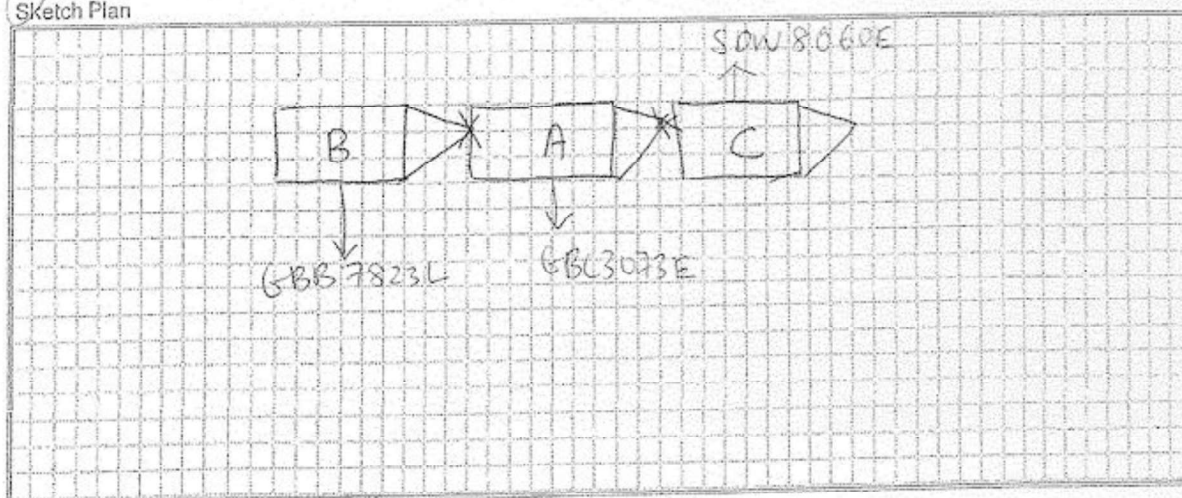
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

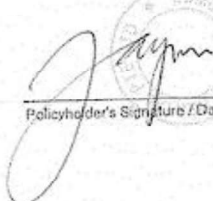



Describe Circumstance of the Accident


AS PER POLICE REPORT ATTACHED.

**Declaration**

I/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  
(Name as in NRIG/ID card)



# SINGAPORE POLICE FORCE



T/20220725/2064

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Report No. T/20220725/2064

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 15:42		Vide Report No.: G/20220725/0053		Station Diary No.: 88	
<b>Informant's Particulars</b>					
Name of Informant: SOH KIM AN			Address: APT BLK 124C RIVERVALE DRIVE #13-227 SINGAPORE 543124		
ID Type / ID No.: NRIC NO / S2637468E			Contact No.: Home/Office: Mobile: 86062372		
Nationality: MALAYSIAN			Email: kimansoh@gmail.com		
Sex: Male	Age: 58	Date of Birth: 09/10/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/07/2022 08:25	Type of Location: KJE towards PIE
Location:  KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7823L	Van					0
GBC3073E	Lorry				Slightly Damaged	6
SDW8060E	Car					0





**SINGAPORE  
POLICE FORCE**



T/20220725/2064

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Report No. T/20220725/2064

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH KIM AN	ID No.	S2637468E
Related Vehicle	GBC3073E (Lorry)	Contact No.	86062272
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

**Brief Details.**

On 25/07/2022 at about 0825hrs I was driving company's rental lorry registration number: GBC3073E together with six passengers on the second lane along KJE towards PIE. The traffic was heavy and all vehicles were slow moving when suddenly I felt an impact from the rear causing my lorry to move forward and collided into the rear of a car in front of me, registration number: SDW8060E. The vehicle that had collided into my rear is a Police Van registration number: GBB7823L.

I am not injured however two of my foreign workers in the lorry complaining of back pain and they were conveyed by ambulance to hospital for further treatment. My lorry sustained damages on the rear and the front.

Traffic Police officers at scene and interviewed all parties. I was advised to lodge a Traffic Accident report reference to incident, G/20220725/0053 under TP IO Fidah, TEL: 65476202.





**SINGAPORE  
POLICE FORCE**



T/20220725/2064

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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20220725/2064

**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:

J /

SI SHANIZA BINTE SITAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/07/2022 15:42

Officer In Charge Of Case:

TP / GIT /  
STAFF SGT SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

Classification Of Case:

NP168