

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 Actual 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	06/08/2022 14:45 (SGT)
Reported by	Driver
Date of Accident	05/08/2022 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TREVOSE CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1181T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAI GIAP PTE LTD
Company Reg No	197501255N
Email Address	taigiap@singnet.com.sg
Mobile Phone No	(Phone) +65-63687711
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYZ52R
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	15681

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05013063

DRIVER

Name of Driver	ONG GEK TIAM
NRIC No	S1278876B
Date Of Birth	22/06/1957
Occupation	Outdoor

Date Of Driving Pass	28/02/1985
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96818166
Alt. Phone Number	-
Email Address	taigiap@singnet.com.sg
Address	BLK 334 ANG MO KIO AVE 1 #06-2047
Address complement	-
Postcode	560334
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT ATTACHED

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	SNB4732T
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person PEDESTRIAN
Gender Female
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? No

SKETCH PLAN

VEH NO: XE 1181 T
 INSURER: Wnpac
 DATE OF ACC: 5/8/22
12:50hrs

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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.

大業私有限公司
 TAI GIAP PTE LTD

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

PLEASE
 TURN
 OVER

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit. OWN DAMAGE
Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (☒) Reporting Only
() Claim OD/ TP at other workshop ()

Sketch Plan

Refer Attached Sketch

Doc: 5/8/22 Time: 12:50 Ins: Compac

Refer to police report: T/26220805/2091

大業私營有限公司
TAI GIAP PTE LTD

Declaration

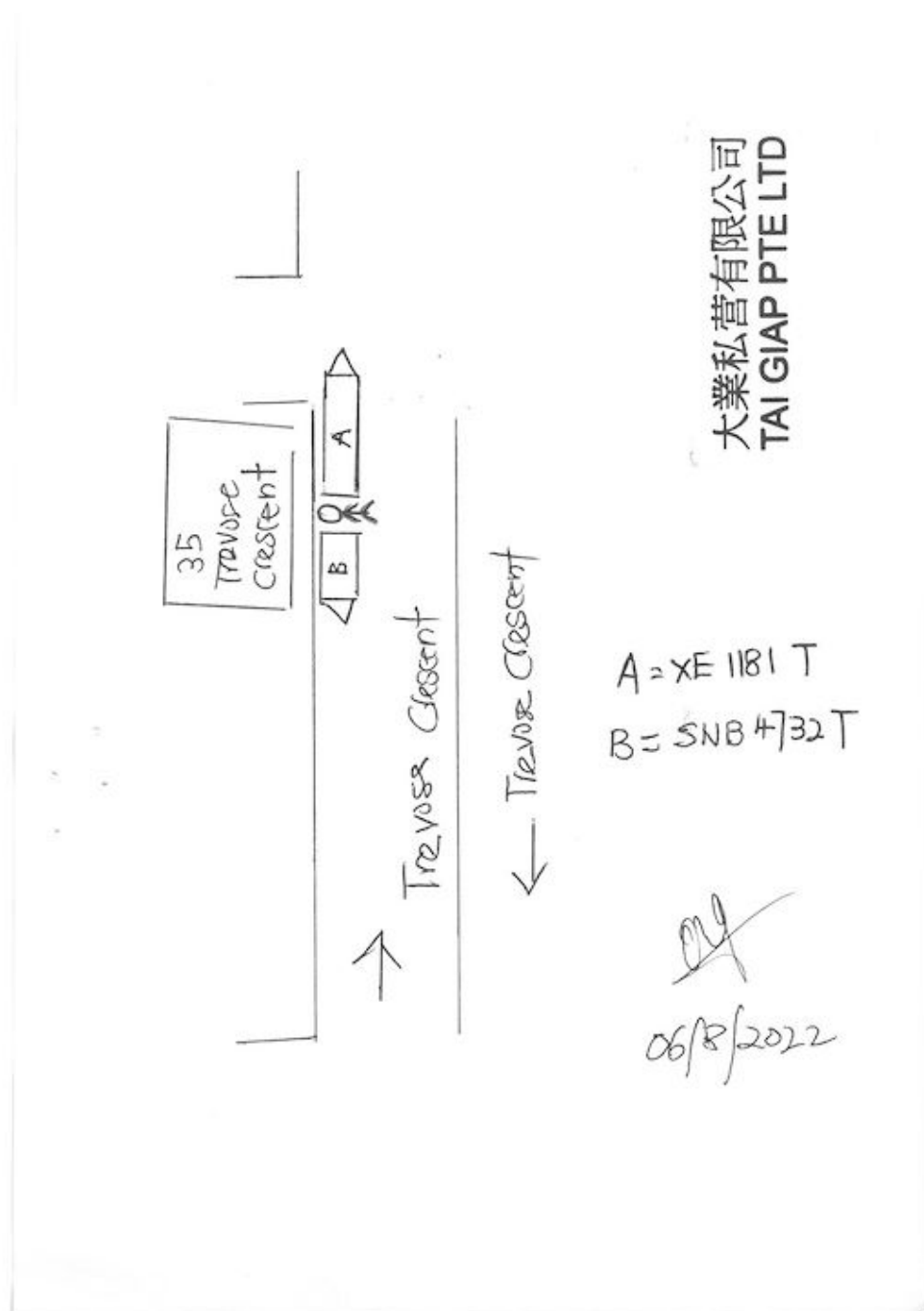
I/We declare the foregoing particulars are true in every respect.

大業私營有限公司
TAI GIAP PTE LTD

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) *Efendi*




















**SINGAPORE
POLICE FORCE**


T/20220805/2091

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Page 1 of 3
Report No. T/20220805/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2022 18:01	Vide Report No.: E/20220805/0086	Station Diary No.: 25
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Informant's Particulars				
Name of Informant: ONG GEK TIAM		Address: APT BLK 334 ANG MO KIO AVENUE 1 #06-2047 SINGAPORE 560334		
ID Type / ID No.: NRIC NO / S1278876B		Contact No.: Home/Office: Mobile: 96818166		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 65	Date of Birth: 22/06/1957	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2022 12:50	Type of Location: Straight Road
Location: TREVOSE CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB4732T	Car	TOYOTA	PRIUS PLUS (AUTO)	Grey	Slightly Damaged	0
XE1181T	Lorry	ISUZU	CYZ52R	White	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220805/2091

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Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20220805/2091

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XE1181T	LONPAC INSURANCE BHD.	Z22VC05013063		

Details of Person Involved				
Any Pedestrian Involved: Yes				
No. of Pedestrians Injured: 1			Use of Pedestrian Crossing: Not Used	
Driver				
Name	ONG GEK TIAM		ID No.	S1278876B
Related Vehicle	XE1181T (Lorry)		Contact No.	96818166
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 05/08/2022 at about 1252hrs, I was driving my company's lorry (Tai Giap PTE LTD) bearing registration plate XE1181T to make a delivery. I was making a delivery at 35 Trevoze Crescent, however, I had missed the house and stopped slightly further ahead. As such, I wanted to reverse along the road to reach the house. Before doing so I had made a check on the side mirrors and saw that it was clear. Shortly, I started reversing at a very slow speed. Shortly, a worker shouted and told me to stop, and I was informed my lorry's rear had collided onto a pedestrian. I alighted and spotted one lady seated on the road behind my lorry, she was being helped up by others off the road and brought her to their house at 35 Trevoze Crescent to wait for ambulance arrival. I then contacted my manager to inform him of the matter (Ng Keng Huat HP: 96889819). The domestic helper was conveyed to hospital and traffic police also arrived.

My manager came down and gathered that the pedestrian was a domestic helper, he spoke to the employer of the maid and gathered details of the employer (Mrs Tee HP: 96882800). Mrs Tee also informed my manager that when the domestic helper fell, she had fallen on the employer's vehicle rear bumper which caused a slight bump (SNB4732T). The employer informed that her car was just parked by the side of the road and no one was inside.

The lorry I was driving has no in-built car camera. I was advised by the Traffic Police officer to lodge a traffic accident report and I received a case card (E/20220805/0086)



**SINGAPORE
POLICE FORCE**



T/20220805/2091

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 3

Report No. T/20220805/2091

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:
F /
SGT 2 MUHAMMAD
NURFIRDAUS BIN MOHD NIZAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/08/2022 18:01

Officer In Charge Of Case:
TP / GIT /
SI KOH WEI JIE
Contact No.: 97303412

Classification Of Case:

NP168