

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 12/08/2022 14:26 (SGT)
Reported by Driver
Date of Accident 11/08/2022 11:50 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD5413D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JOO HEE TRANSPORT ENGINEERING CONSTRUCTION PTE. LTD.
Company Reg No 200820372W
Email Address ADMIN@JOOHEETPT.COM
Mobile Phone No (Phone) +65-64659905
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Scania
Model P340CA4X2MSZ
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 11705

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00013012203

DRIVER

Name of Driver LIM WEI KEAT, ADRIL
NRIC No S8945098E
Date Of Birth 13/12/1989

Occupation	Outdoor
Date Of Driving Pass	06/01/2011
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91278735
Alt. Phone Number	-
Email Address	ADRILLWK@GMAIL.COM
Address	APT BLK 746 JURONG WEST STREET 73 #11-99
Address complement	-
Postcode	640746
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	3
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)	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
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 TO POLICE REPORT: J/20220812/7013

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	XE6894L
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE4647Y
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)	-

SKETCH PLAN

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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:

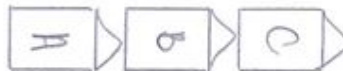
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

Sketch Plan



Vehicle A: X05413D

Vehicle B: XE6854L

Vehicle C: XE464FY

AYE

Describe Circumstances of the Accident

Refer to Police Report: J/20220812/7013

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













**SINGAPORE
POLICE FORCE**



J/20220812/7013

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POLICE REPORT (NP299)

Report No. J/20220812/7013

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 12/08/2022 10:44	Vide Report No.	Station Diary No.
Name Of Informant LIM WEI KEAT, ADRIL	Address 746 JURONG WEST STREET 73 #11-99 SINGAPORE 640746	
ID Type / ID No. NRIC NO / S8945098E	Contact No. Home/Office: Mobile: 91278735	
Nationality SINGAPORE CITIZEN	Email Address ADRILLWK@GMAIL.COM	
Occupation Lorry driver	Sex Male	Age 32
Institution/School Name	Date of Birth 13/12/1989	Race Chinese
Date/Time Of Incident 11/08/2022 11:50 - 11/08/2022 12:00	Location Of Incident AYE EXIT 11	

Brief details.

THERE WAS A ROAD WORK AT LANE 3 AT THE MOMENT AND I WAS DRIVING (XD5413D) AT LANE 2 WHEN I WAS APPROACHING THE ROADWORK, THE TRUCK AT THE FRONT DID A HARD BRAKING AND I COULD NOT STOP IN TIME AND CRASH INTO THE BACK OF THAT TRUCK (XE6894L).

WHEN I CAME DOWN AND CHECK ON THE DRIVER, I NOTICE HE CRASH INTO ANOTHER TRUCK (XE4647Y). THERE ARE TOTAL OF 3 TRUCK INVOLVE IN THE ACCIDENT AND AS PER WHAT THE FIRST DRIVER MENTIONED AS THAT THERE WAS A MOTORCYCLIST SUDDENLY

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: 12/08/2022 10:44
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Boon Lay NPP Kiosk 1



**SINGAPORE
POLICE FORCE**



J/20220812/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220812/7013

CUT INTO HIM LANE FROM THE LEFT AND HE DID A HARD BRAKE WHICH RESULT TO THE ACCIDENT. AS PER CONVERSATION AT THAT TIME, THERE ARE NO INJURY SUFFERED BY THE TRUCK DRIVERS.

Subjects Involved			
Victim			
Person Name	LIM WEI KEAT, ADRIAL		
ID Type	NRIC NO	ID No	S8945098E
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Lorry driver	Address	746 JURONG WEST STREET 73 #11-99 SINGAPORE 640746
Mobile No	91278735	Is Informant A Victim?	Yes
Person Name LIM WEI KEAT, ADRIAL (Informant)			

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: 12/08/2022 10:44
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Boon Lay NPP Kiosk 1