

# 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 ..... 22/08/2022 16:29 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 21/08/2022 08:55 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE6328R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KIREI JAPANESE FOOD SUPPLY PTE LTD  
Company Reg No ..... 1XXXXX112K  
Email Address ..... sales@kireifood.com.sg  
Mobile Phone No ..... (Phone) +65-81806899  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300265775 MKC

### DRIVER

Name of Driver ..... CHUA HONG TIAN  
NRIC No ..... SXXXX693J  
Date Of Birth ..... 18/03/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/11/1979
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81806899
Alt. Phone Number .....	-
Email Address .....	sales@kireifood.com.sg
Address .....	BLK 13 TECK WHYE LANE #13-210
Address complement .....	-
Postcode .....	680013
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 .....	No 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 .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
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 .....	WIFE
Gender .....	Female

#### PASSENGER 2

Name .....	SON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220821/2016

#### ATTACHMENT(S)

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

Reasons for not uploading a video of the accident ..... WITH TRAFFIC POLICE

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

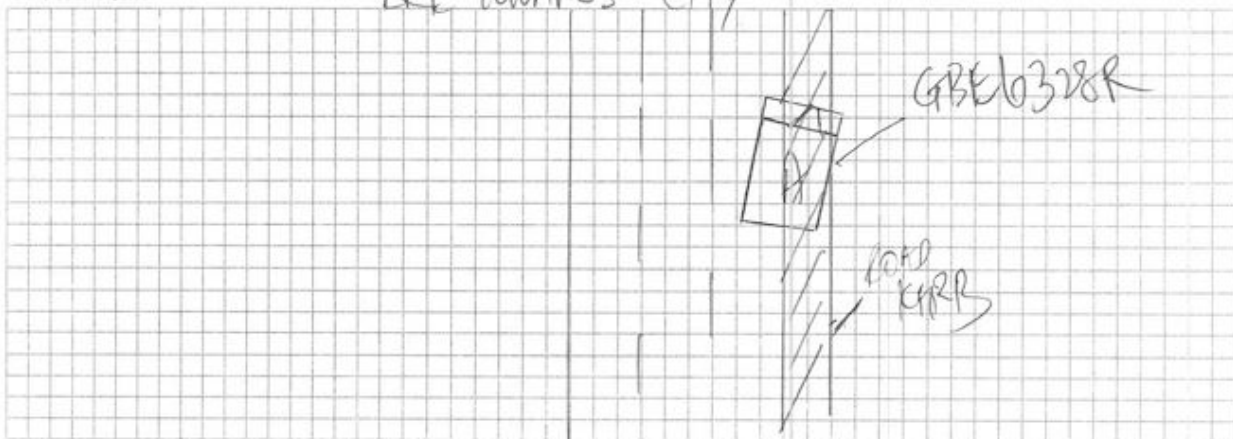
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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 & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

REFAR To Police Report 7/2022 28/21/2016

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

7/21/27

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

Witnessed by Reporting Centre Personnel


















































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220821/2016

1 of 3

Report No. T/20220821/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/08/2022 11:57		Vide Report No.: F/20220821/0133		Station Diary No.: 23	
<b>Informant's Particulars</b>					
Name of Informant: CHUA HONG TIAN		Address: 13 TECK WHYE LANE # 3-210 SINGAPORE 680013			
ID Type / ID No.: NRIC NO / S1155693J		Contact No.: Home/Office:		Mobile: 81806899	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 66	Date of Birth: 18/03/1956	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: DELIVERY		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2022 08:55	Type of Location: Bend
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6328R	Lorry				Slightly Damaged	2

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220821/2016

2 of 3

Report No. T/20220821/2016

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHUA HONG TIAN	ID No.	S1155693J
Related Vehicle	GBE6328R (Lorry)	Contact No.	81806899
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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	Chua Zhi Wei	ID No.	S9328765G
Related Vehicle	GBE6328R (Lorry)	Contact No.	81830244
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 21/8/22 at about 0855hrs, while I was driving my company lorry, GBE6328R, along BKE (PIE) I felt giddy and decide to stop on the left side of the expressway to take a rest. However, when turning into slip road of exit 2, near lamp post 122, I lost control of the vehicle and hit onto the left side of the guard railing and subsequently mounted the curb on the right along the slip road into exit 2.

One of my passenger, who is my son, called 995 for ambulance as I was black out for a while.

There were two other passenger in the lorry with me during the accident. None of them suffer any injuries. Due to the accident, my lorry suffered dents on the front left and right side as well as broken front and rear headlight cover. No pedestrian were involved in this accident. However, the railing along exit 2 was damaged.

Paramedics checked on me and I informed me that my blood pressure back to normal. Traffic police was also at scene and they issue me a case card with the IO in charge, Abdillah, written on the card. I then continue to drive the vehicle to Jalan Bukit Merah car workshop to repair the damages.


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220821/2016

3 of 3

Report No. T/20220821/2016

## 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:

D /

SGT 3 AW SHI LEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/08/2022 11:57

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT JOFILIANO BIN MOHAMED

ALI

Contact No.: 65476960

Classification Of Case:

NP168





# SINGAPORE POLICE FORCE

## ACKNOWLEDGEMENT SLIP

Ref: Report No: F/70220821/033

I, SGT3 T170279 LIM ZHONG PING.  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TRAFFIC POLICE.  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE SIXTEEN GB MICRO SD CARD.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from CHIA HONG TIAN 31155693J.  
(Name, NRIC or Passport No. / Rank and No.)

of B/13 TECK WAYE LN #13-210 3(680013).  
(Address / Police Station / NPC / NPP)

on 21/8/2022 at 1004HRS.  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)

[Signature]  
(Signature)

S1155693J  
(Name, NRIC or Passport No. / Rank and No.)

SGT3 T170279 LIM ZHONG PING.  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_