



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	26/08/2022 08:58 (SGT)
Reported by	Driver
Date of Accident	25/08/2022 07:35 (SGT)
Exact Location of Accident	Loyang Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6316E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD
Company Reg No	199308593E
Email Address	jmartauto@gmail.com
Mobile Phone No	(Phone) +65-98586721
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM11053191605

DRIVER

Name of Driver	TAN LIM KEONG
NRIC No	S7441951H
Date Of Birth	30/11/1974
Occupation	Outdoor



Date Of Driving Pass	25/06/2012
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98586721
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	BLK 467A FERNVALE LINK
Address complement	#15-505
Postcode	791467
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 Bicyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

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	SD CARD WITH TRAFFIC POLICE

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	CYCLIST
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

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

WITNESS DETAILS

WITNESS 1

Name	SARJEEV RAJAGUBAL
Phone	(Phone) +65-90692802
Email	-



**SINGAPORE
POLICE FORCE**



T/20220825/2196

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20220825/2196

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2022 15:15		Vide Report No.: G/20220825/0047		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: TAN LIM KEONG			Address: APT BLK 467A FERNVALE LINK #15-505 SINGAPORE 791467		
ID Type / ID No.: NRIC NO / S7441951H			Contact No.: Home/Office: Mobile: 98586721		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 30/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 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: 25/08/2022 07:35	Type of Location: Straight Road
Location: LOYANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN6316E	Lorry				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



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T/20220825/2196

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519457
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Report No. T/20220825/2196

CONTINUATION OF REPORT

Driver				
Name	TAN LIM KEONG		ID No.	S7441951H
Related Vehicle	NIL		Contact No.	98586721
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 25/08/2022, at around 0735hrs, I was driving along Loyang Drive (outside ST Microelectronics) when suddenly a cyclist popped out from the side road. I horned multiple times but he did not hear me. I swerved my vehicle to the right but I still hit him. He did not hear my horns as he was wearing earbuds and did not see my vehicle coming his way. After hitting him, I went down to to help him and called for the ambulance. I was also attended by Traffic Police (G/20220825/0047) and they seized my vehicle's in-car camera SD card. I did not manage to get the cyclist's details as I did not see him anymore after he entered the ambulance. The accident caused a big spiral crack on my lorry's windshield and my front bumper is badly damaged. My passenger and I were not injured during the accident. I am lodging a report for insurance purposes.

I had an eye-witness for the accident, below are his details.
Sarjeev Rajagubal
+65 9069 2802

IMPORTANT: Please attach a signed copy of your insurance Certificate to this report if you don't have the certificate with you, please fax a copy to 63474685, using the Report number as reference.

Signature of Officer Handling the Report

Sgt J. M. HANMAN RUSLAND
18N M. HANMAN RUSLAND

Signature of Eye-witness
Not applicable

Officer in Charge of Case

Sgt J. M. HANMAN RUSLAND
SGT J. M. HANMAN RUSLAND
Contact No: 62474685

Signature of Witness

Use Stamp
24/08/2022 15:15

Officer in Charge of Case



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T/20220825/2196

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20220825/2196

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:

G /
SGT 2 MUHAMMAD RUSHAIDI
BIN MUHAMMAD FAZLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/08/2022 15:15

Officer In Charge Of Case:
TP / GIT /
SGT 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Classification Of Case:

NP168