

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 29/08/2022 18:37 (SGT)
Reported by Driver
Date of Accident 27/08/2022 10:00 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information BEFORE JUNCTION ANG MO KIO AVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA8526T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FANG CHONG AIR-CONDITIONING ENGINEERING PTE LTD
Company Reg No 1XXXXX747E
Email Address akbbnb@gmail.com
Mobile Phone No (Phone) +65-96536643
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 Lonpac Insurance Bhd
Policy Number / Cover Note Number Z/21/VC00/112227

DRIVER

Name of Driver LOH KWAI KHEE
NRIC No SXXXX548J
Date Of Birth 19/08/1943
Occupation Outdoor

Date Of Driving Pass	28/09/1963
Driving experience	58 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96536643
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	BLK 64 LORONG 5 TOA PAYOH #09-344
Address complement	-
Postcode	310064
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	4
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220829/7061

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	SLG9787A
Vehicle Manufacturer	Lexus
Vehicle Model	Es300
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	SHD300T
Vehicle Manufacturer	Renault
Vehicle Model	Latitude
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
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 3

Vehicle Registration Number	SMS4902S
Vehicle Manufacturer	Suzuki
Vehicle Model	Vitara
Vehicle Variant	-
Vehicle Colour	Blue
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	LOH KWAI KHEE
Gender	Male
Phone No	(Phone) +65-96536643
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBA8526T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

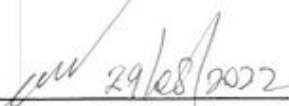
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

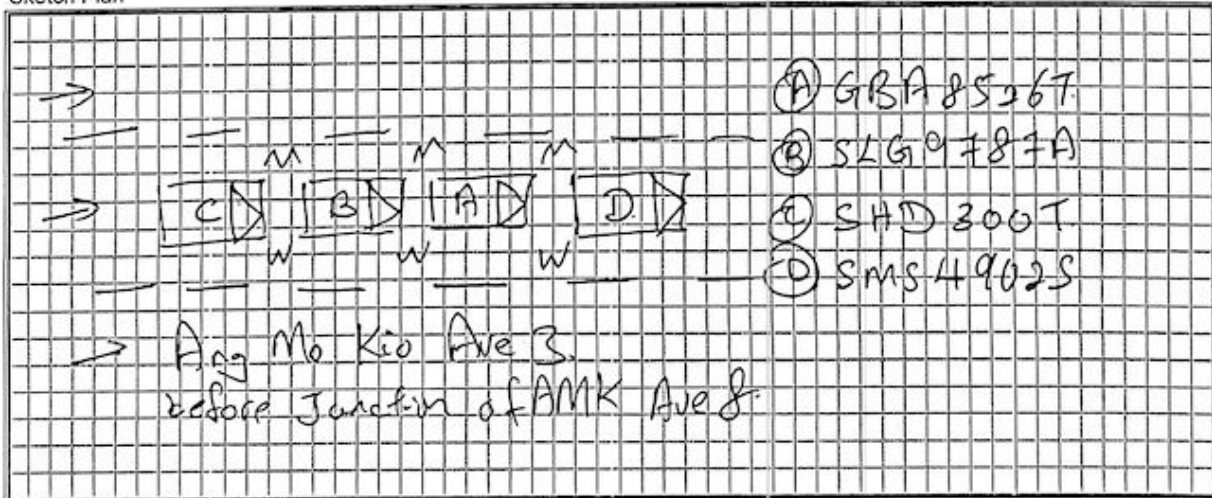
X 

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

 29/08/2022

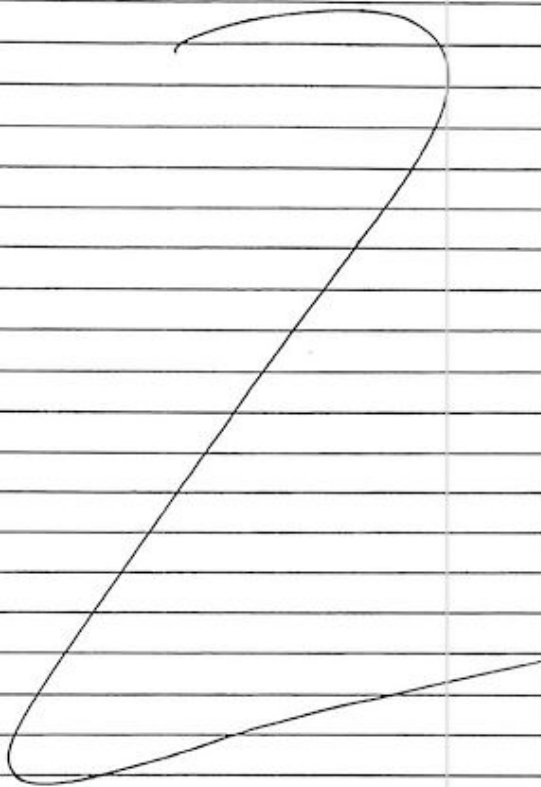
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report 7/20220829/7081



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 NRIC/ID card)































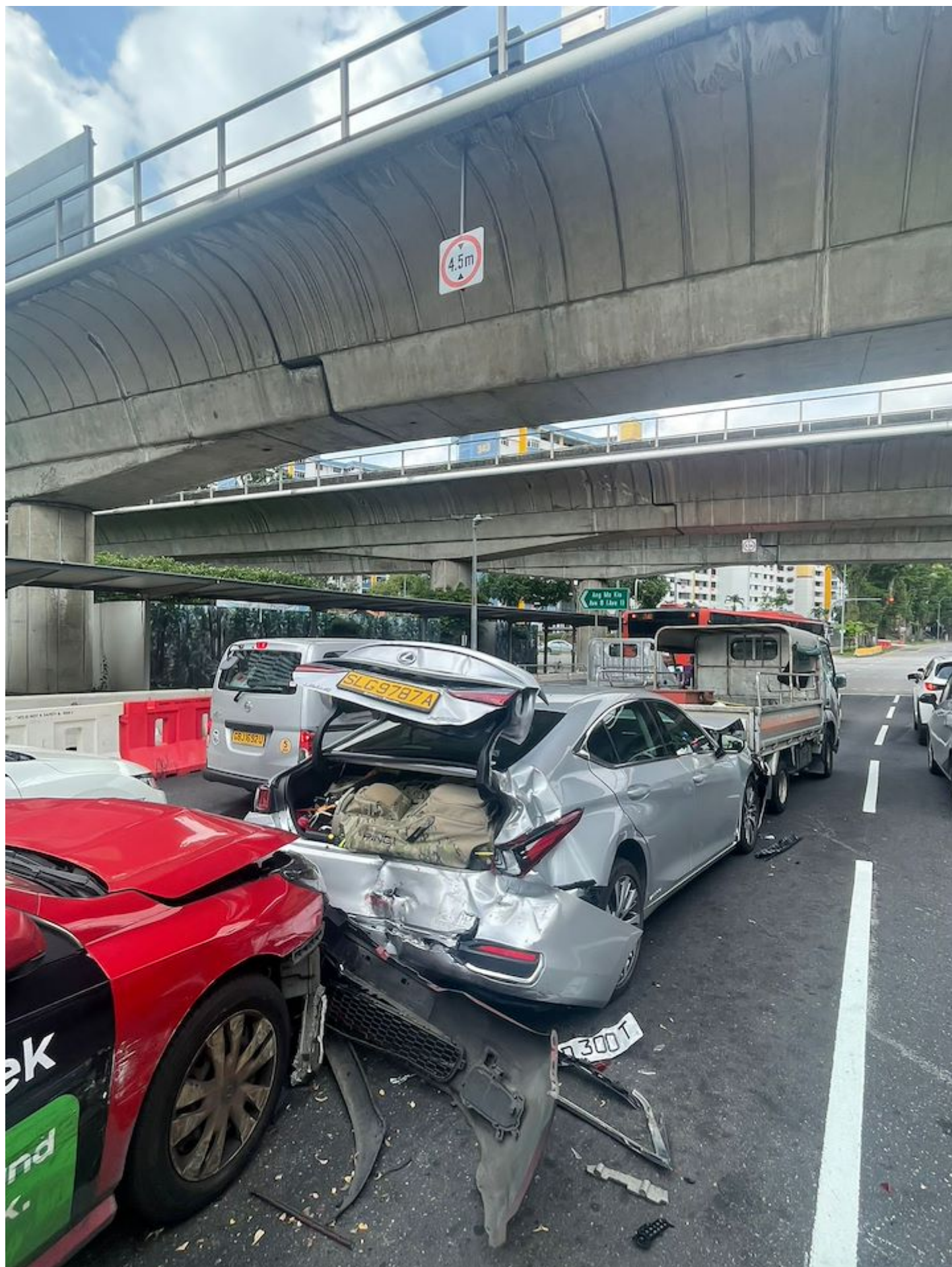






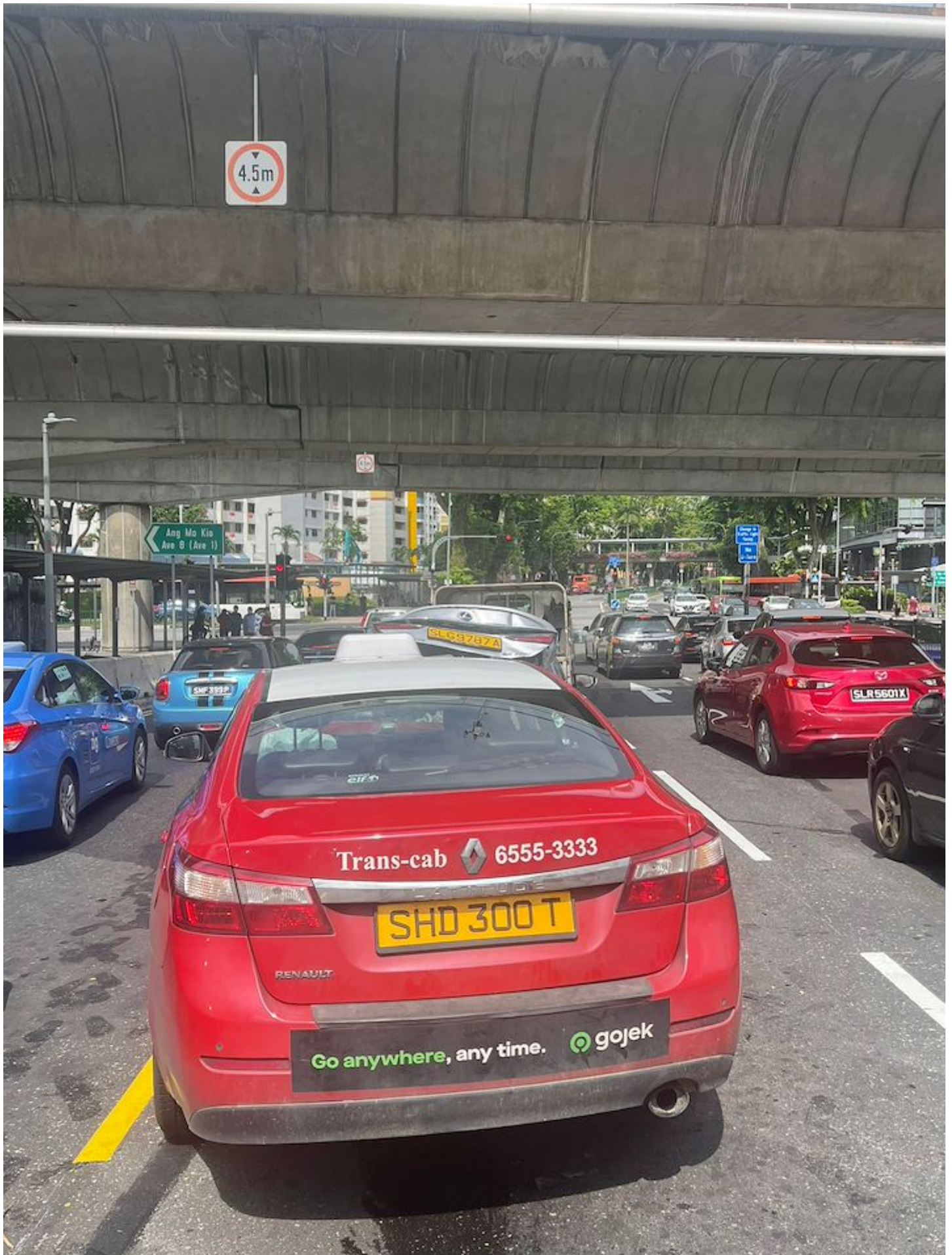





















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220829/7061

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Report No. T/20220829/7061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2022 17:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOH KWAI KHEE		Address: 64 LORONG 5 TOA PAYOH #09-344 SINGAPORE 310064			
ID Type / ID No.: NRIC NO / S2130548J		Contact No.:		Mobile: 96536643	
Nationality: SINGAPORE CITIZEN		Email: akbbnb@gmail.com			
Sex: Male	Age: 79	Date of Birth: 19/08/1943	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2022 10:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION INVOLVING 4 VEHICLE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBA8526T	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	1
SHD300T	Car	RENAULT	LATITUDE	Red		0
SLG9787A	Car	LEXUS	ES300	Silver		0
SMS4902S	Car	SUZUKI	VITARA	Blue		0



**SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220829/7061

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Report No. T/20220829/7061

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBA8526T	LONPAC INSURANCE BHD.	Z/21/VC00/112227	06/09/2021	05/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH KWAI KHEE	ID No.	S2130548J
Related Vehicle	GBA8526T (Lorry)	Contact No.	96536643
Hospital/Clinic	Y C WONG CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	29/08/2022	Date	29/08/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 27/08/2022 AT ABOUT 1000HRS, I STOP MY LORRY (GBA8526T) ALONG ANG MO KIO AVE 3 BEFORE TRAFFIC CROSS JUNCTION OF ANG MO KIO AVE 8. SUDDENLY I FEEL A GREAT IMPACT FROM THE REAR OF MY LORRY AND CAUSE MY LORRY TO SURGE FORWARD AND COLLIDED ONTO THE FRONT VEHICLE (SMS4902S). WHEN I GOT DOWN FROM MY LORRY, I THEN REALISE BEHIND MY LORRY GOT ANOTHER 2 VEHICLE INVOLVED. THE VEHICLE BEHIND ME IS SLG9787A AND ANOTHER ONE IS SHD300T. TRAFFIC POLICE WAS CALLED TO THE ACCIDENT SCENE AND GET OUR PARTICULAR. I WAS GIVEN A CASE CARD WITH REPORT NUMBER F/20220827/0070.

AFTER THE ACCIDENT, I FEEL UNCOMFORTABLE. I REST FOR 2 DAYS. ON MONDAY, I STILL DON'T FEEL COMFORTABLE ON MY NECK AND SHOULDER. I DECIDED TO CONSULT DOCTOR. I WAS GIVEN 5 DAYS OF MC.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220829/7061

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Report No. T/20220829/7061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
CHONG GUAN FATT
Contact No.: 65472077

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
29/08/2022 17:27

Classification Of Case: