# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 07/09/2022 17:18 (SGT) Reported by Driver Date of Accident 06/09/2022 15:30 (SGT) Exact Location of Accident Braddell Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Manual

2986

Vehicle Registration Number GX2848Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SOON KIAT THONG CONSTRUCTION PTE LTD Company Reg No 1XXXXX086R Email Address soonkiatthong@pacific.net.sg Mobile Phone No (Phone) +65-63825900 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 No - Reporting only your vehicle? Vehicle Category Commercial vehicle

Transmission

**INSURANCE COMPANY** 

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300536019 MKC

DRIVER

CC

Name of Driver **GWEE TECK SENG** NRIC No SXXXX300E Date Of Birth 03/02/1947 Occupation Outdoor

Date Of Driving Pass 02/12/1971 Driving experience 50 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-63825900 Alt. Phone Number Email Address soonkiatthong@pacific.net.sg Address BLK 306 SERANGOON AVE 2 Address complement #08-72 Postcode 550306 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Police Station Name Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20220906/2103 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 SLG7235P 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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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

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

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

Pla col	1 11	- /-		-1	,
Pls reper	to the	e police	report	11/2000	10906/-
		/			
7-79s					
laration declare the foregoing particul	are are true in ourse	veneral			
SHE CONSTRU	are true in ever	y respect.			
(F)					
(2)		an.		D	07/09/
(0 + 0)		Mille		Hym	07/09/
yholder's Signature / Date & 1	ime Actual Driver	's Signature (if driver is	not the policyholder) V	Vitnessed A Reporting	Contra Douglas





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE

2 of 3 Report No. T/20220906/2103

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver						The second second second
Name	GWEE TECK SENG			ID No. S0663300E		S0663300E
Related Vehicle	GX2848Z (Lorry)			Conta	ect No.	96837103
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Assessment of the local division in which the local division is not a second or the local division in the loca	NIL	
Date			Degree of		NIL	

## Brief Details.

On 06/09/2022 at about 1530hrs, I was driving my lorry with registration plate number GX2848Z along the filter lane, after CTE exit towards Braddell Road. Out of a sudden, the driver in front of me, driving KIA K5 with registration plate number SLG7235P jammed brake and I could not stop in time. Thus, I collided into the rear of his vehicle.

There were no ambulance or traffic police at scene. No one was injured. There are damages at the front left of his lorry, with scratches and damaged to the plate number. There is dent at the rear center of the other party's vehicle.

The lorry I am driving belongs to belongs to Soon Kiat Thong Construction Pte Ltd. I am lodging this report as my boss, Mr Joshua need a report for record purposes to claim insurance. My boss have the other party's contact details, but I do not have.

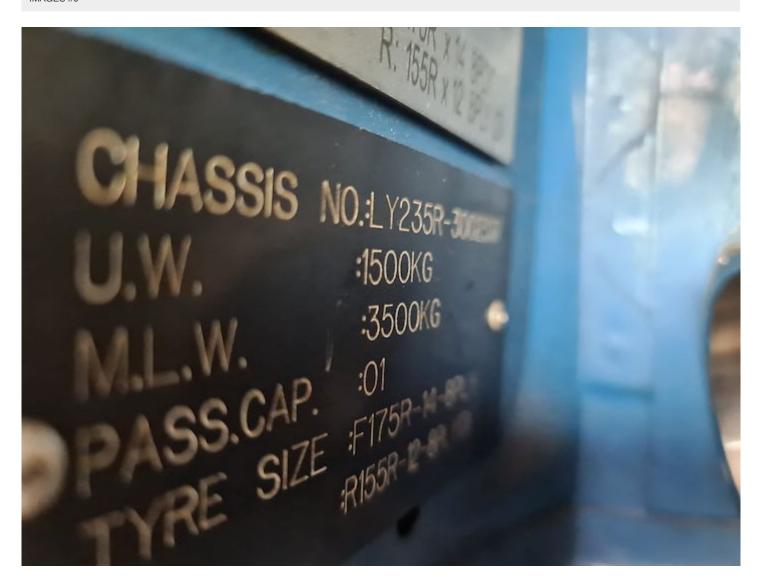


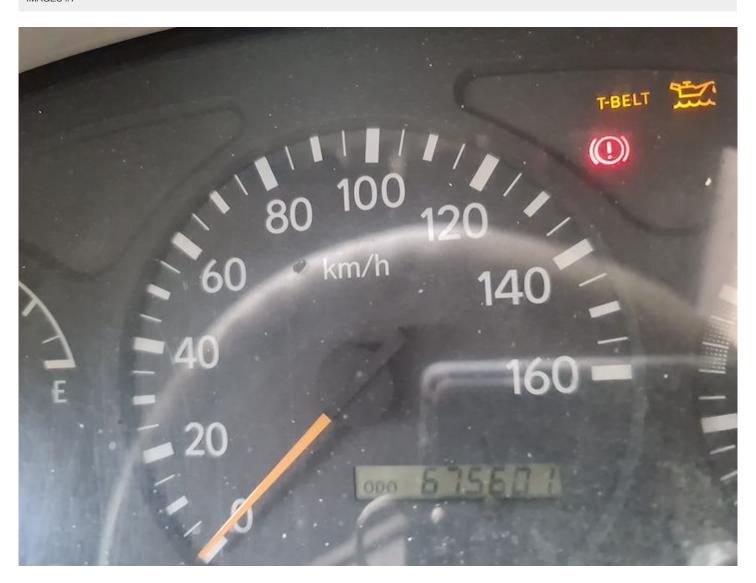
















Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20220906/2103

EPORT OF A TRAFFIC ACCIDENT			Vide Report No.:	Station Diary No.:		
Date/Time Report Made: 06/09/2022 21:20		ade:	7100 1.05	117		
nforman	t's Particu	lars	A KACHBA A KA			
Name of Informant: GWEE TECK SENG  ID Type / ID No.: NRIC NO / S0663300E  Nationality: SINGAPORE CITIZEN			Address: APT BLK 306 SERANGOON 550306	AVENUE 2 #08-72 SINGAPORE		
		00E	Contact No.: Home/Office:	Mobile: 96837103		
			Email:			
Sex:	Age:	Date of Birth: 03/02/1947	Type of Informant: Driver	Institution / School Name;		
Male 75 03/02/1347  Race: Chinese Occupation: Lorry driver			Language:	Institution / School Name.		
			Driving Licence Information: Class:	Date of Expiry:		

eneral Inforr	nation of the Accide	Drink	Date/Time of	Type of Location: Filter lane
Type of Accident:	Others	Drive: No	Accident: 06/09/2022 15:3	67
_ocation: BRADDELL I	ROAD			
				T- 10 - 41 imit
5.55		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow:				Road Speed Limit:  Traffic Volume: Heavy Anyone conveyed by

Details of Ve	ehicle Invol	ved	1.4	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIO	Slightly	0
GX2848Z	Lorry				Damaged	
					Slightly	1
SLG7235P	Car				Damaged	

	THE RESERVE OF THE PROPERTY OF
Details of Person Involved	Lake Lake British Bright - Deck and - American
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Federation of the





Police Station Of Origin: Hougang N.P.C

Report No. T/20220906/2103

2013

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver						CONTRACTOR II
Name	GWEE TECK SENG			ID No	-	S0663300E
Related Vehicle	GX2848Z (Lorry)			Conta	ct No.	96837103
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	Days granted Medical Leave NIL Degree				NIL	

## Brief Details.

On 06/09/2022 at about 1530hrs, I was driving my lorry with registration plate number GX2848Z along the filter lane, after CTE exit towards Braddell Road. Out of a sudden, the driver in front of me, driving KIA K5 with registration plate number SLG7235P jammed brake and I could not stop in time. Thus, I collided into the rear of his vehicle.

There were no ambulance or traffic police at scene. No one was injured. There are damages at the front left of his lorry, with scratches and damaged to the plate number. There is dent at the rear center of the other party's vehicle.

The lorry I am driving belongs to belongs to Soon Kiat Thong Construction Pte Ltd. I am lodging this report as my boss, Mr Joshua need a report for record purposes to claim insurance. My boss have the other party's contact details, but I do not have.





100

3 of 3

Report No. T/20220906/2103

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 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 <a href="report number">report number</a> as reference.

Signature of Officer Recording The Report: F / SGT 3 ALICIA NG YU SHAN	Signature Of Informant:	<b>&gt;</b>
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2022 21:20	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	
NP168		