

NATIONAL Assessment Centre Services: [part 1 Jan 2008]

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	13/09/2022 12:12 (SGT)
Reported by	Driver
Date of Accident	10/09/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS) EXIT 12 TOWARDS KPE (ECP) SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6948R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KIAN SENG THYE TRADING CO
Company Reg No	2XXXX500L
Email Address	keithlau.kst@gmail.com
Mobile Phone No	(Phone) +65-86543285
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DH0M110163941803

DRIVER

Name of Driver	LAU MENG XIN
NRIC No	SXXXX214E
Date Of Birth	13/05/1988
Occupation	Outdoor

Date Of Driving Pass	03/11/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86543285
Alt. Phone Number	-
Email Address	keithlau.kst@gmail.com
Address	BLK 57 TEBAN GARDENS ROAD
Address complement	#09-477
Postcode	600057
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?	Yes
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 NO: T/20220912/7070

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	SLZ8500S
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP3488B
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 3

Vehicle Registration Number	GBH5903X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ8500S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLZ8500S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

 Accident report SN08229D0001

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

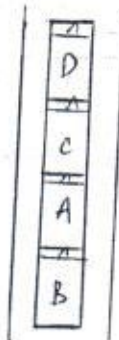
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - G1346948R

Veh B - SL28500S

Veh C - YP3488B

Veh D - GBH5903X

PIE (Tuas) towards KPE (ECB)

Describe Circumstances of the Accident

Refer to Police Report:

Declaration

We declare the foregoing particulars are true in every respect.

建成泰貿易公司
KEEN SENG THYE TRADING CO.
J7 Eng Kong Terrace, Singapore 630010
Tel: 6352 4575 Fax: 6352 4576

Policyholder's Signature / Date & Time

Driver's Signature / Driver's not the policyholder / Date & Time

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220912/7070

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

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Report No. T/20220912/7070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2022 19:52		Vide Report No.: G/20220910/0117		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU MENG XIN			Address: 57 Teban Gardens Road #09-477 Singapore 600057		
ID Type / ID No.: NRIC NO / S8816214E			Contact No.: Home/Office: Mobile: 86543285		
Nationality: SINGAPORE CITIZEN			Email: KEITHLAU.KST@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 13/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/09/2022 13:15	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG6948R	Lorry					0

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



**SINGAPORE
POLICE FORCE**



T/20220912/7070

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

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Report No. T/20220912/7070

CONTINUATION OF REPORT

Driver			
Name	LAU MENG XIN		ID No. S8816214E
Related Vehicle	GBG6948R (Lorry)		Contact No. 86543285
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving GBG6948R along PIE(TUAS) slip road towards KPE(ECP) when I noticed the vehicles in front of me coming to a stop.

I managed to come to a complete stop in time without hitting onto the vehicle in front.

Moments after coming to a complete stop, a massive impact slammed into the rear of my vehicle, causing my vehicle to surge forward, crashing into the rear of the lorry in front as a result.

Upon alighting, I realised that I was involved in a 4 car chain collision involving:

GBH5903X
YP3488B
GBG6948R
SLZ8500S

where mine was the 3rd vehicle.

The driver of the last vehicle was visibly injured and I called for Ambulance.

Traffic police and ambulance arrived at scene and the driver and passenger of the last vehicle were conveyed to hospital.

Initially, other than some giddiness, I was generally fine.

However, the same evening, I started feeling aches in my neck, shoulders and lower back areas.

The pain got increasingly worse the following day and I decided to seek treatment on 12/09/22 at my family doctor Unihealth Jurong East.

I was given 3 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20220912/7070

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

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Report No. T/20220912/7070

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220912/7070

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

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Report No. T/20220912/7070

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 / TPIB /
JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

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

Date/Time:
12/09/2022 19:52

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0822900001 Vehicle Registration No: GBH 6948R.
 Name (as shown in NRIC): Lau Mengxin NRIC/FIN/Passport No: S8816214E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 80057 Tekong Road # 09-477 Singapore (600057)
 Contact (Tel): 86843285 Mobile No.: _____
 Email Address: keithlau.kst@gmail.com
 Date of Accident: 11/9/22 Time of Accident: 1315
 Place of Accident: PIE (Turn) Exit 12 towards KPE (ECP) slip road.
 Insurance Company: UOI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Injured Person is in vehicle SLZ 8500S.

Policyholder / Actual Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

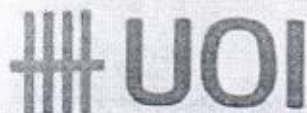
Date of Accident: 10/9/22 Accident Time: 0115pm (24-HR-FORMAT)
 Accident Place: PIE (Tuas) Exit 12 towards KPE (ECP) slip road
 Vehicle Reg. No (Car plate No.): 6866948R Vehicle Make/Model: Nissan cabstar
 Insurance Company: WOT Policy No: DHOM 11016594 18.3
 Name of Registered Owner: Company Individual Kian Seng Thye Trading Co
 ID of Registered Owner: Co Reg No: 21281500L Owner's NRIC No: _____
 Co Contact No: _____ Owner's Contact No: _____
 DRIVER'S Name: Lau Meng xin DRIVER'S NRIC No: 58816214E
 DRIVER'S Date of Birth: 13-5-1988 DRIVER'S License Pass Date: 03 Nov 2021
 Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address: 81K57 Teban Garden road #09-477 Sg 600057
 DRIVER'S Contact No./ Alt No: 1) 8654 3285 2) _____
 DRIVER'S Occupation: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
 Email Address: Keithlan.kst@gmail.com
 Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No <u>SL285005</u>	Vehicle Reg No <u>GBH5903X</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No <u>YP348PB</u>	Vehicle Reg No _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited

3 Anson Road
#26-01 Springleaf Tower
Singapore 079909

Tel (65) 6222 7733

Fax (65) 6327 3869 / 6327 3870

Email: ContactUs@uoi.com.sg
uoi.com.sg

Co. Reg. No. 197100152R

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE NO.	DHOM110163941803	Excess:	\$750/-SECT 1 TO INSURED'S EMPLOYEES \$1500/-SECT 1 TO NON-EMPLOYEES \$3000/-APPL TO <25 YRS & OR <3YRS EXP \$100/-WINDSCREEN DAMAGE CLAIM
Type of Cover	COMPREHENSIVE		
Vehicle Number	GBG6948R		
Name of Insured	KIAN SENG THYE TRADING CO		
Restricted Driver(s)	NOT APPLICABLE		

Period of Insurance 29 September 2021 to 28 September 2022

Hire Purchase HL BANK

Engine# ZD30025040N

Chassis# JN1SC2F24Z0860060

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

- (1) Use in connection with the Insured's business
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
 - (3) Use for social domestic and pleasure purposes
- THE POLICY DOES NOT COVER
- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing
 - (2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

For the Company