

## 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 .....	03/10/2022 12:56 (SGT)
Reported by .....	Driver
Date of Accident .....	01/10/2022 12:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TANAH MERAH COAST RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD5888S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HOCK LIAN SENG INFRASTRUCTURE PTE LTD
Company Reg No .....	196900255G
Email Address .....	WSKOH@VFIXAUTO.COM.SG
Mobile Phone No .....	(Phone) +65-64552957
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	Fmx370
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	10837

#### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Policy Number / Cover Note Number .....	-

#### DRIVER

Name of Driver .....	ANG AH TOU
NRIC No .....	S1280475Z
Date Of Birth .....	06/11/1956
Occupation .....	Outdoor

Date Of Driving Pass .....	16/11/1979
Driving experience .....	42 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97322148
Alt. Phone Number .....	-
Email Address .....	WSKOH@VFIXAUTO.COM.SG
Address .....	BLK 245 YISHUN AVE 9
Address complement .....	#07-161
Postcode .....	760245
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	XD4295J
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 2

Vehicle Registration Number .....	XD8561P
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	XD5888S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN


## IMPORTANT NOTICE

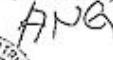
1. Please report correctly the details of the accident to speed up the claims process.
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## 8. Consent under the Personal Data Protection Act (PDPA)

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature  
 Date & Time: \_\_\_\_\_

 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_



Vehicle B - XD4295J

Vehicle C - X D8561P

LICENSE PLATE: X05888S, X04295J, X08561P ACCIDENT DATE & TIME: 1/10/22, # 1230 hrs

CONTACT NUMBER: 6455 2057 E-MAIL ADDRESS: n5knh@vfixauto.com.sg

LOCATION: Tandh Merah Coast Road 1000 post 266

Refer to police report no T/202210002/2020

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:























**SINGAPORE  
POLICE FORCE**



T/20221002/2025

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20221002/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2022 11:12		Vide Report No.: E/20221001/0087		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: ANG AH TOU			Address: APT BLK 245 YISHUN AVENUE 9 #07-161 SINGAPORE 760245		
ID Type / ID No.: NRIC NO / S1280475Z			Contact No.: Home/Office: Mobile: 97322148		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 06/11/1956	Type of Informant: Driver		
Race: Chinese			Language: Hokkien		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2022 12:30	Type of Location: Straight Road
Location:  TANAH MERAH COAST ROAD				
Lamp Post Number: 266				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD4295J	Lorry					0
XD5888S	Lorry				Seriously Damaged	0
XD8561P	Lorry					0





**SINGAPORE  
POLICE FORCE**



T/20221002/2025

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20221002/2025

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD YAZID BIN MOHAMMAD YUSOP	ID No.	S7312167A
Related Vehicle	XD4295J (Lorry)	Contact No.	NIL
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
Driver			
Name	ANG AH TOU	ID No.	S1280475Z
Related Vehicle	XD5888S (Lorry)	Contact No.	97322148
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	01/10/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO CHOON HUAT	ID No.	S1560573A
Related Vehicle	XD8561P (Lorry)	Contact No.	NIL
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 01/10/2022 at about 11 plus in the morning, I was driving my company's vehicle bearing registration number XD5888S along Tanah Merah Coast Road towards Aviation Park; the road was wet and it was drizzling, there was another heavy vehicle bearing registration number XD4295J. While near to lamp post 266, XD4295J had collided to the front vehicle, I had tried to brake but to no avail and collided to the rear of XD4295J.

I had then alighted from my vehicle to check. My vehicle was badly damaged on the front and was unable to drive thereafter; it has to be towed away. I had then exchanged particulars with the other two drivers;



**SINGAPORE  
POLICE FORCE**



T/20221002/2025

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Report No. T/20221002/2025

**CONTINUATION OF REPORT**

XD8561P (the front vehicle) and XD4295J (the middle vehicle). The driver of XD4295J was not feeling well and was subsequently conveyed to hospital by ambulance. The Traffic Police arrived at the accident scene; I handed over the memory card of my dashcam to the officer. I was advised to lodge a Police report on the accident.

After which, I felt pain on my left leg and when I checked, I sustained bruises on the back of my left leg and pain on my chest. I had consulted doctor at Khoo Teck Puat Hospital (KTPH) and was given 03 days of medical leave.

I am lodging this report under the instruction of Traffic Police and also for insurance claimant and company's actions.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
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31 Yishun Central SINGAPORE 768827  
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T/20221002/2025

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Report No. T/20221002/2025

## 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:

L /

SR STAFF SGT YAP YHEE HOE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/10/2022 11:12

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476232

Classification Of Case:

NP168

Scanned with CamScanner