# **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 18/10/2022 17:55 (SGT) Reported by Driver Date of Accident 17/10/2022 15:30 (SGT) Exact Location of Accident Clementi Ave 2, Singapore Additional Location Information Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number XD3803A

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LES TECH BUILDING MATERIALS PTE. LTD. Company Reg No 2XXXXX067W Email Address patrickchua0166@gmail.com Mobile Phone No (Phone) +65-98295559 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Fv51jp 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 - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 12882

## **INSURANCE COMPANY**

Name of Insurance Company Lonpac Insurance Bhd Policy Number / Cover Note Number Z22VC05011238

### DRIVER

Name of Driver **CHUA THIAM CHYE** NRIC No SXXXX205G Date Of Birth 15/06/1964 Occupation Outdoor

Date Of Driving Pass 27/05/1999 Driving experience 23 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-88384223 Alt. Phone Number Email Address chuathiamchye2205@gmail.com Address BLK 302D ANCHORVALE LINK #11-20 Address complement Postcode 544302 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 Was anybody injured in the Accident? Yes 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? 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221018/7051 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 GBB8310T 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	SBS3085L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	CHUA THIAM CHYE
Gender	Male
Phone No	(Phone) +65-88384223
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	XD3803A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 have 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 from, 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, handing anxior 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, layyyes/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 skriver is not the policyholder) / Date

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Wifessed by Reporting Contre Personnel (Name as in NRICriD card)

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Sketch Plan

(B) <0 2868A
(B) <488 8310T
(C) SBS 3085L

Scanned with CamScanner

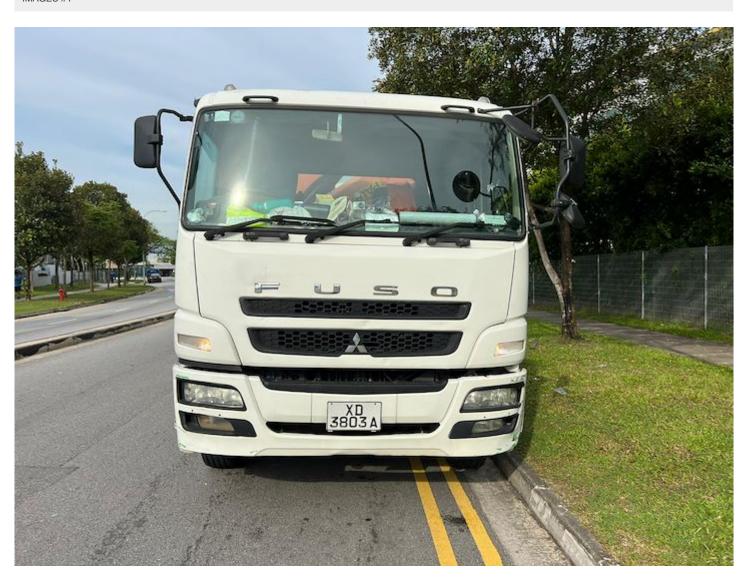
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Refer to Police Report HO: 1/20:	20 1012 2021
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	* 817.5
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claration	
e decision the exposing particulars are true in every respect.	
CO. REG. NO. 1	
	N. d 10022
cyholder's Signature / Date & Time Driver's Signature (If chiver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Eynocors signature ( Date & Time & Time & Time	Name as in NRIC/ID cord)
S. Lillie	2







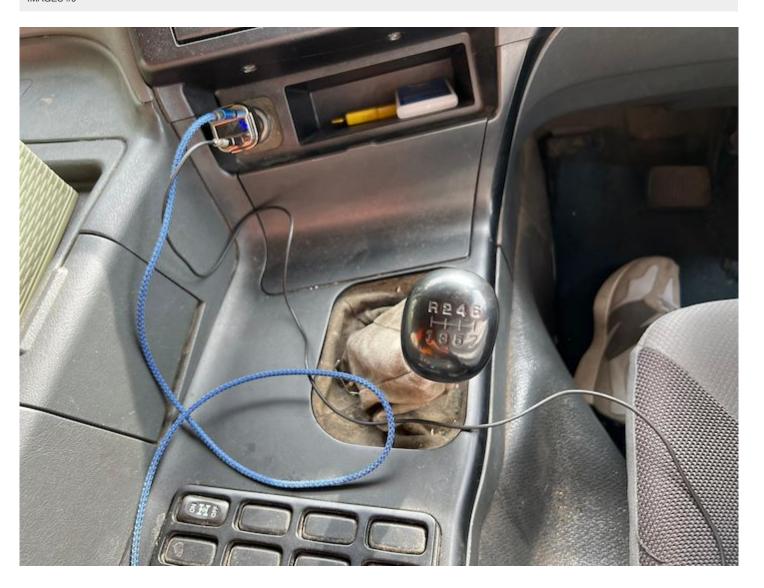












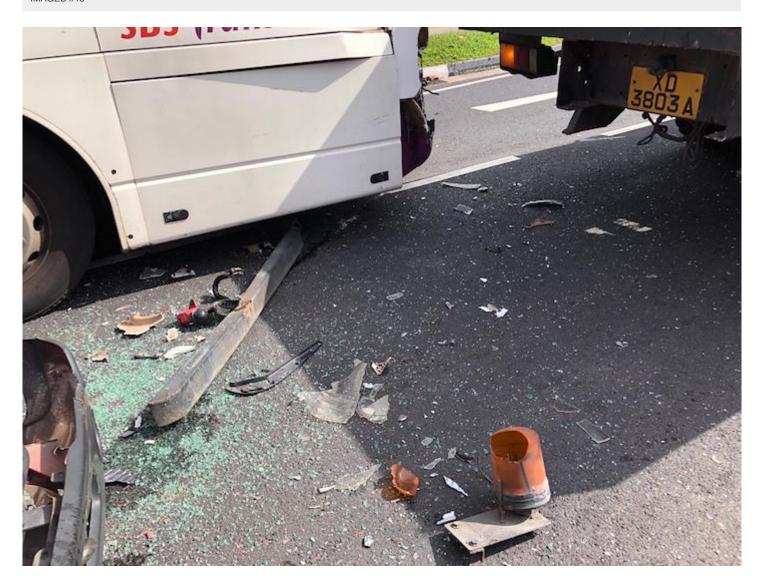






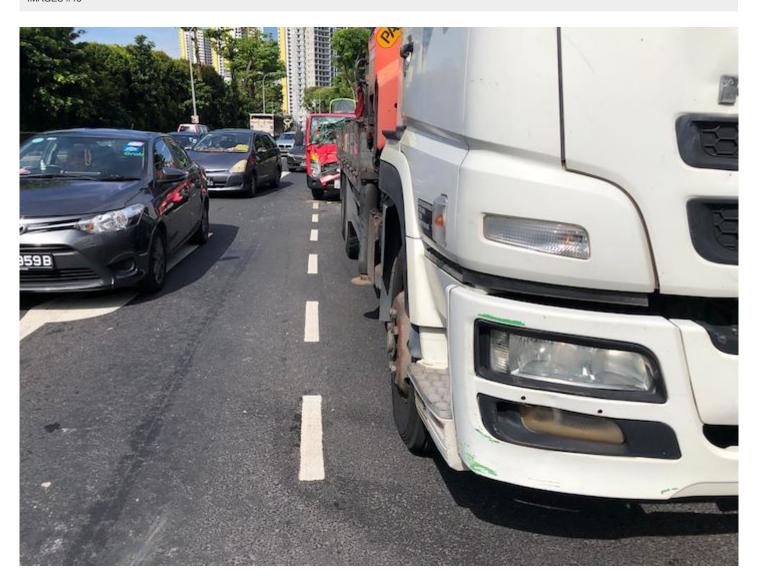














Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



1 of 3 Report No. T/20221018/7051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2022 17:27		Made:	Vide Report No.: D/20221017/0067	Station Diary No.:
Informa	nt's Partic	ulars		
Name of Informant: CHUA THIAM CHYE			Address: 302D ANCHORVALE LIN	NK #11-20 SINGAPORE 544302
ID Type / ID No.: NRIC NO / S1672205G		05G	Contact No.: Home/Office:	Mobile: 98295559
Nationality: SINGAPORE CITIZEN		EN	Email: CHUATHIAMCHYE2205	@GMAIL.COM
Sex: Male	Age: 58	Date of Birth: 15/06/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Informati Class:	On: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident; 17/10/2022 15:3	Type of Location Straight Road
Location: WEST COAS	T ROAD			
1100011011		Road Surface:		Road Speed Limit:
Clear		Dry		
		Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBB8310T	Lorry				The Contract of the Contract o	0
SBS3085L	Bus/Coach/Mi					0
XD3803A	Lorry					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20221018/7051

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221018/7051

## CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance	No	Effective	Expiry Date
GBB8310T	NTUC Income Insurance Co-Operative Limited				
XD3803A	LONPAC INSURANCE BHD.				

Details of Perso	n Involved	I SHITTE		S Day of the		
Any Pedestrian I	nvolved: No		92	8		
No. of Pedestrians Injured: NIL Use o				f Pedestrian Crossing: NA		
Driver						
Name	CHUA THIAM CHYE			ID No.	S1672205G	
Related Vehicle	XD3803A (Lorry)			Contact No.	98295559	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	ovanatii too	Date	NIL		
No. of Days granted Medical Leave N			Degree of	Sligh	it.	

## Brief Details.

ON 17/10/2022 AT ABOUT 1530hrs, I WAS TRAVELLING ALONG CLEMENTI AVENUE 2 TOWARDS WEST COAST. UPON REACHING THE TRAFFIC JUNCTION, I SLOW DOWN, ALL OF A SUDDEN I FELT AN HARD IMPACT FROM THE REAR. THEN I REALISED A VEHICLE GBB 8310T HAD COLLIDED ONTO MY REAR. I FELT TWO IMPACT FROM THE COLLISION. THERE'S ANOTHER VEHICLE INVOLVE. THEN I REALISED A BUS SBS 3085L HAD COLLIDED. I FELT PAIN ON MY NECK AND BACK DUE TO THE COLLISION. THAT'S ALL



Sketch Plan

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

Informant is not able to provide sketch



3 of 3 Report No. T/20221018/7051

CONTINUATION OF REPORT

Singular Department The Report	Signature Of Informant:
Signature Of Officer Recording The Report: Not applicable	The identity of the person making this report has
	been authenticated by Singpass, No signature is required.
Signature Of Interpreter:	Date/Time
Not applicable	18/10/2022 17:27
0.0	Classification Of Const
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
MOHAMMED FEROZ BIN HUSSIEN	
Contact No.: 65476206	

NP168



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Roffics Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SN0922AI0004 Vehicle Registration No: XD 3803A Name(as shown in NRIC): CHUA THIAM CHYE NRIC/FIN/Passport No : S1672205G (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate 302D ANCHORVALE LINK #11-20 Address \_Singapore(544302) 88384223 Contact (Tel) Mobile No.: Email Address Date of Accident : \_\_17.10.2022 1755hrs Time of Accident : CLEMENTI AVE 2 Place of Accident Insurance Company: LONPAC INSURANCE BHD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: IN ADDITIONAL ON MY REPORT, THERE'S TWO IMPACTS ON MY VEHICLE. SBS 3085L HAD COLLIDED ONTO MY REAR LEFT SIDE PORTION. CHUA THIAM CHYE Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 25,10,2022 Name: Rosal NAHARS NRIC/FINNo.: Date: