

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 | 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 your vehicle? | No - Claiming third party |
| 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 | Male |
| 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 | 3 |
| 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/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 | - |
| 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.
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 Traffic Police Department for investigation.**
6. 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/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
(Name as in NRIC/ID card)

Sketch Plan

| | |
|--|---------------------------------------------------------|
| | <p>① XD 3803A</p> <p>② GBB 8310T</p> <p>③ SBS 3085L</p> |
|--|---------------------------------------------------------|

Describe Circumstance of the Accident

Refer to Police Report No: 7/2022 1013/7051



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

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

[Signature] 18/10/2022

2

Scanned with CamScanner








































**SINGAPORE
POLICE FORCE**

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



T/20221018/7051

1 of 3

Report No. T/20221018/7051

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--------------------------------------------|------------|-------------------------------------|----------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made: 18/10/2022 17:27 | | Vide Report No.: D/20221017/0067 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUA THIAM CHYE | | | Address: 302D ANCHORVALE LINK #11-20 SINGAPORE 544302 | | |
| ID Type / ID No.: NRIC NO / S1672205G | | | Contact No.: Home/Office: | | Mobile: 98295559 |
| Nationality: SINGAPORE CITIZEN | | | 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 Information: Class: | | Date of Expiry: |

| | | | | |
|--------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------------------------|-----------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/10/2022 15:30 | Type of Location: Straight Road |
| Location: WEST COAST ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-----------------------|------|-------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBB8310T | Lorry | | | | | 0 |
| SBS3085L | Bus/Coach/Mi nibus | | | | | 0 |
| XD3803A | Lorry | | | | | 0 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**

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



T/20221018/7051

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 Person Involved | | | | |
|-----------------------------------|-----------------|-----------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of 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 | | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight | |

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

**SINGAPORE
POLICE FORCE**

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



T/20221018/7051

3 of 3

Report No. T/20221018/7051

CONTINUATION OF REPORTSketch 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 /
MOHAMMED FERAZ BIN HUSSEN
Contact No.: 65476206

NP168

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

Date/Time:
18/10/2022 17:27

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: N1400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same 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
 Address : 302D ANCHORVALE LINK #11-20 Singapore (544302)
 Contact (Tel) : _____ Mobile No. : 88384223
 Email Address : _____
 Date of Accident : 17.10.2022 Time of Accident : 1755hrs
 Place of Accident : CLEMENTI AVE 2
 Insurance Company : LONPAC INSURANCE BHD

(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:

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
 Date: 25.10.2022

[Signature]
 Reporting Centre Personnel's Signature
 Name: ROSELYN WAPARS
 NRIC/FIN No.: _____
 Date: _____